



Fire Department  
**Medical Examination Report**

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**Applicant Information**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initials) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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**Physician Information**

Name : (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Initials) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone # \_\_\_\_\_

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**To be completed by Physician**

- Is the applicant prescribed any medications that may affect his/her performance of duties as a Firefighter?  
Yes  No
- Is the applicant medically fit to perform the duties of a Firefighter? Yes  No

The applicant has been provided with a Volunteer Firefighter Recruit Orientation Guide that includes Volunteer Firefighter duties and responsibilities for the assistance of the physician.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for the purpose of determining eligibility for employment with the Corporation of the Municipality of North Middlesex.