

Dear Physician:

While filling out this medical form, please keep in mind that the duties of an Emergency Medical Technician can be strenuous. They include lifting heavy equipment and loaded stretchers, as well as the ability to think quickly and to withstand the stress associated with the job. Please evaluate this applicant knowing that his or her duties will require excellent physical and mental conditions. Please note anything that may compromise this applicant's performance.

Sincerely,

The Membership Committee

MEDICAL FORM  
New Canaan Volunteer Ambulance Corps  
182 South Avenue  
New Canaan, CT 06840

Applicant's name (please print): \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Hearing \_\_\_\_\_

Visual Acuity (corrected) \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Date of last TB exam \_\_\_\_\_ Hepatitis B Vaccinated (Y/N) \_\_\_\_\_

Has this applicant ever suffered any illness or injury which might be aggravated by strenuous physical activity? Y or N (please specify yes answers) \_\_\_\_\_

Has this applicant ever suffered any dizziness or fainting spells? No \_\_\_\_\_  
Yes (please specify) \_\_\_\_\_

Does this applicant show evidence of any physical condition, such as a back problem, which would prevent lifting loaded stretchers? No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

Does this applicant show evidence of any physical condition which would interfere with the safe operation of an emergency vehicle? No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

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Is he or she under medical treatment now? No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

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Current medications: \_\_\_\_\_

Please evaluate the applicant's over-all physical and mental condition for membership in the New Canaan Volunteer Ambulance Corps. \_\_\_\_\_

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I have examined the above named applicant and hereby certify that to the best of my knowledge he/she is free from any physical or mental conditions which might prevent performance duties as a member of the New Canaan Volunteer Ambulance Corps.

Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_