

GLENHAM FIRE DISTRICT

PO BOX 191 - 76 OLD GLENHAM ROAD

GLENHAM, NY 12527

(845)-831-2322 / FAX (845)-831-5480

MEDICAL CERTIFICATE

(FORM TO BE RETURNED TO GLENHAM FIRE DISTRICT)

Name: _____

Type of Physical:

1. New Member _____
2. Annual _____
3. Return to Duty following injury or illness _____

Physical Disabilities (if any) _____

Patient can perform all the duties * of an:

Interior Firefighter	Yes _____	No _____
Exterior Firefighter	Yes _____	No _____
Driver	Yes _____	No _____
Fire Police	Yes _____	No _____

Physician's Name: _____

Physician's Address: _____

Physician's Signature: _____

Dated: _____

***Duties of an ACTIVE VOLUNTEER FIREFIGHTER include, but are not limited to hauling hose, climbing ladders, perform interior firefighting using breathing apparatus, drive fire apparatus to and from alarms, and operate apparatus while at fire scene.**

Pursuant to OSHA Standard 29 CFR 1910.156 and Sec. 27-A of the New York state Labor Law – The Public Employee's Safety and Health Act.