



## Public Safety—Paramedic Medical Examination Fit for Duty Form

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Examination \_\_\_\_\_ Date of Report \_\_\_\_\_

I have examined \_\_\_\_\_ and find him/her to be physically capable of performing the duties of an Emergency Medical Technician (EMT) as stated in the Mitchell Community College physician overview document.

☐ YES ☐ NO

**The evaluation performed today on this examinee included a physical examination by a licensed physician.**

### PHYSICIAN INFORMATION

Name \_\_\_\_\_ State License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Report \_\_\_\_\_

Signature of Physician \_\_\_\_\_