

**Ridgefield Fire Department
Employee Annual Occupational Medical Evaluation
Firefighter**

Verification Form

Physician Statement: I am a licensed, practicing Physician attesting that I am capable and have the professional experience to perform self-contained breathing apparatus (SCBA) medical evaluations and also have the professional experience to perform necessary procedures listed below in accordance with the National Fire Protection Association, Standard 1582, 2007 Edition.

| Procedure |
|--|
| Medical History |
| Physical Examination: |
| Blood Tests |
| Urine Laboratory Tests |
| Audiology |
| Spirometry |
| Chest Radiographs |
| Electrocardiograms |
| Mammography |
| Immunizations and Infectious Disease Screening |

*As a result of today's medical physical, _____ is medically
(Employee Name)
fit to perform the essential job functions of a firefighter including the use of SCBA.*

Physician Name: _____

Physician Signature: _____ Date: ____/____/____