

Fire District No. 1 Township of Florence

401 Firehouse Lane
Florence, NJ 08518
609-499-1393

Physicians Certification

I certify that I examined _____ on _____ and that I have reviewed the Essential Functions of the various designated positions as outlined by the Florence Township Fire Department. Based on my examination, said member is physically capable of operating at the following level(s). (Check all that apply)

- _____ Firefighter
_____ Firefighter (Driver/Operator)
_____ EMT
_____ Fire Police Officer
_____ Not currently physically capable

Physicians Signature

Physicians Printed name

Date

Mandatory Physical Examination protocol

- Physical Examination
- Pulmonary Function Test (PFT)
- Electrocardiograph (EKG)
- Lab Work
 - CBC
 - CMP
 - HbA1C
 - Fasting Lipid
 - Urine Analysis