

<b>ALABAMA FIRE COLLEGE</b> <small>SERVE - SHARPEN - SUCCEED</small>	<b>MEDICAL EXAMINATION</b>		Revised 08/05/25	p. 1 of 1
	To be filled out and signed by a licensed physician (or such physician's designee) within the past 12 months.			

<b>Student Name (print)</b>				
<b>Height</b>		<b>Weight (lbs.)</b>		<b>Is the student able to communicate verbally?</b> Yes      No
<b>Vision Status</b>	<b>Left eye: 20 /</b>	<b>Right eye: 20 /</b>	<b>Corrected:</b>	
<b>Blood Pressure</b>	<b>/</b>	<b>Pulse Rate</b>		

	Normal	Abnormal	If 'Abnormal' please explain.
Skin			
Head & neck			
Eyes			
Ears, nose, & throat			
Teeth & mouth			
Lungs & chest			
Cardiovascular			
Abdomen & lymphatics			
Genitalia/hernia			
Neurological			

**Orthopedic screening:**

Upper extremities			
Lower extremities			
Spine & back			

<b>Date of Tetanus / Booster (cannot be over 10 yrs)</b>			
<b>Date of Mantoux PPD (TB) Test</b>		<b>Results:</b>	
<b>Date of Chest X-ray</b>		<b>Clear?</b>	Yes      No
<b>Date of Measles Vaccination</b>		<b>Exempt</b>	<b>Immune</b>
<b>Dates of Hepatitis Vaccination</b>	1:	2:	3:

<b>Additional comments</b>

The student has provided me a copy of the “Essential Functions” for the Program, and he or she is able to perform these functions. This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I performed the above limited examination of \_\_\_\_\_ and based upon the medical history given, and upon my evaluation, I am of the opinion that he/she IS\_\_\_\_\_ / IS NOT \_\_\_\_\_ physically and medically able to participate in Alabama Fire College Program in Emergency Medicine.

Physician's Signature	Date	Phone
Physician's Name		
Address		