

PHYSICAL and MEDICAL

Are you allergic to medication? _____ If YES, list: _____

Contact in case of Emergency: _____

Address: _____

Phone: _____

Do you have a fear of heights? Yes _____ No _____ Confined spaces? Yes _____ No _____

Do you have any physical or medical condition which would prevent you or hinder you from performing physical labor and/or activities? Yes _____ No _____

If YES, explain: _____

Will you provide a Doctor's authorization for firefighting? Yes _____ No _____

Signature

Date

After completed, please mail to:

Elizabethtown Fire Department
Byron Graham, Fire Chief
401 W. Swanzy Street
P. O. Box 716
Elizabethtown, NC 28337