



**RHODE ISLAND  
STATE FIRE TRAINING ACADEMY**  
4 Green Lane, Exeter RI 02822  
Telephone: (401) 294-5417



Timothy P. McLaughlin  
State Fire Marshal

MARK S. PARE, E.F.O.  
Director

**MEDICAL RELEASE FORM**

**APPLICANT INFORMATION:**

Name of Student: \_\_\_\_\_ ID (last 4 Social Security #) \_\_\_\_\_

Department: \_\_\_\_\_

Program (Please select):

Firefighter I     Firefighter II     Firefighter I/II     Challenge Exam

**DIRECTIONS: ONLY ONE SECTION BELOW NEEDS TO BE COMPLETED.**

**(A) FIRE DEPARTMENT SIGN OFF:**

**NOTE: This section MUST be signed by the Chief of Department or a designee. In addition, documentation from the applicant's physician or healthcare professional must be enclosed along with this form.** (examples: fit-for-duty sheet or signed letter on healthcare professional's letterhead)

I verify that the student listed above had a physical evaluation on \_\_\_\_\_ and has been determined to be fit for duty.

Print Name: \_\_\_\_\_ Position/Rank \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(B) HEALTH CARE PROVIDER SIGN-OFF:**

**NOTE: This section MUST be completed and signed by a physician or other licensed healthcare professional.**

After referring to the "Essential Job Tasks and Student Activities", I authorize the applicant listed above for full duty status by filling out the information below.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Official Name of Healthcare Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_