



**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 (MFA) 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: _____
