



Mechanicsville Volunteer Fire Department, Inc.
Post Office Box 37
Mechanicsville, MD 20659
Non Emergency: (301) 884-4709 / Emergency: Dial 9-1-1
www.mvfd.com

Health Certificate

_____ has applied for membership to the Mechanicsville Volunteer Fire Department, Inc. The primary duty of this individual is to protect life, property and the environment from fire and at times render emergency medical care. These activities are often performed in an environment that is physically demanding and mentally stressful. Members are often required to make critical decisions, perform heavy lifting and drive emergency vehicles. Your evaluation on this individual will assist the Mechanicsville Volunteer Fire Department, Inc, in providing the citizens with the best service possible providing maximum safety to all parties involved.

Evaluation:

- | | | | |
|-----|----|----|---|
| YES | NO | 1. | Has had any injury that may interfere with duties. |
| YES | NO | 2. | Takes any regular medication that precludes taking part in any strenuous activity |
| YES | NO | 3. | Has any defects or impairment that limit sight, hearing or use of limbs. |
| YES | NO | 4. | Has any condition (physical or mental) that requires medical supervision. |

If answering YES to any of the above, please explain.

Limitations:

I have examined _____ on the undersigned date, reviewed his/her history and find this individual physically and mentally able to perform the duties of this organization. Any limitations, medications or concerns have been noted above.

Physician signature _____ Date _____

As a volunteer, charitable organization, we would appreciate any professional courtesy that could be extended regarding the completion of this certificate.

