

PHYSICIAN REVIEW / CLEARANCE TO TEST
Forsyth County Emergency Services - EMS Division Pre-Employment Fitness Test

Applicant Name: _____

Dear Physician:

The purpose of this communication is to inform you of the above named applicant's intentions to participate in the Forsyth County Emergency Services - EMS Division's **Pre-Employment Physical Agility Test**. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether, in your medical opinion, the applicant may or may not participate in the Physical Agility Test. We have enclosed information regarding the Physical Agility Test.

Please check the appropriate box.

I have examined this applicant and his / her medical history and I have reviewed the information regarding the Physical Agility Test and based on my evaluation:

_____ Participation by this applicant is **NOT** advised at the present time. (If you advise against participation, please **DO NOT** disclose the medical condition on this form.)

_____ The applicant may participate in the Physical Agility Test.

(Signature of Physician / Physician's Assistant / Nurse Practitioner)

Date: ___ / ___ / _____

(Name of Medical Provider Printed)

(Name, Address, and Telephone Number of Practice or Medical Facility)