



Township of East Hawkesbury
Canton de Hawkesbury Est
5151, County Road 14
St-Eugène, ON, K0B 1P0
Tel. 613-674-2170



East Hawkesbury Fire Department
Service d'Incendies de Hawkesbury Est
5151, County Road 14
St-Eugène, ON, K0B 1P0
Tel. 613-674-2170

MEDICAL EXAMINATION REPORT

Applicant Information

Name:(last)_____ **(First)**_____ **(Initials)**_____

Address:_____

City:_____ **Province:**_____ **Postal Code:**_____

Business Telephone#_____

To be completed by Physician

Is the applicant prescribed any medications that may affect his/her performance of duties as firefighter?
Yes_____ **No**_____

Is the applicant medically fit to perform the duties of a firefighter? **Yes**_____ **No**_____

I, the undersigned, am a legally qualified practitioner, licensed to practise in the Province of Ontario.
This report confirms my evaluation and medical opinion of the applicant.

Name:(last)_____ **(First)**_____ **(Initials)**_____

Address:_____

City:_____ **Province:**_____ **Postal Code:**_____

Business Telephone#_____

Signature_____ **Date** _____