



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 _____