

# RIDGE FIRE ACADEMY



Medical Clearance Form (candidate)

To Participate in the Ridge Physical Ability Test

In Consideration for Employment

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Candidate Last Name (print)

First Name

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To The Examining Physician

In order to assure that candidates for the position of Firefighter are able to adequately perform the critical tasks associated with the job, it is the policy of Ridge Fire Academy that candidates must participate in and pass a job simulation physical ability test (see attached description of test). By signing below, you are indicating that (1) you are familiar with the medical history and current condition of the candidate named above, and (2) that in your opinion, the candidate should be able to participate in the described test without foreseeable medical danger to himself/herself.

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PHYSICIAN SIGNATURE

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PHYSICIAN NAME (print or stamp)

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PHYSICIAN ADDRESS

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Date of Examination

**Note to Candidate: Bring this completed form with you on your test date. You will not be able to participate if this form has not been completed**