



Pleasantville Volunteer Ambulance Corps
Physical Fitness Certification

Physicians Please Note: Ambulance duty involves reacting calmly to emergency situations and operating an emergency vehicle under stressful conditions. Lifting patients onto stretchers and into the ambulance are important parts of our general duties. You are asked to keep this in mind when examining the individual. Thank you.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Date Of Examination: _____

History:

Have you now or have you ever been treated for any of the following: (Please check all that apply and explain under comments)

Diabetes Recurrent Headache Alcohol use/Abuse Vision Problems
 Back or Leg Medicine use/Abuse Respiratory Problems Scoliosis
 Cardiac Problems Menstrual/GYN Emotional Problems Hypertension

Other: _____

Comments: _____

Physical Examination:

Blood Pressure: _____ Pulse: _____ Respirations: _____ Vision O.D. _____ O.S. _____

Corrective Lenses: (Check if applicable) Hearing Aid: (Check if applicable) _____

Hearing A.D. _____ A.S. _____ Heart: _____ Lungs: _____ Abdomen & GI: _____

Skeletal: _____ G.U. _____ GYN (If Applicable) _____

Comments: _____

Vaccines:

1. TB:

Date Admin: _____ Lot# _____ Exp. Date: _____ Result: _____ Date Read: _____

2. Hepatitis B

Dates of Series: _____ 1st: _____ 2nd: _____ 3rd: Lot: _____

I have examined the above-named patient and find the candidate physically: Fit or Unfit (Check Appropriately) to serve on active duty with the Pleasantville Ambulance Corps.

Please list any restrictions (If any) _____

Physician's Official Stamp: _____ Physicians Name: _____

Physicians Signature: _____