

**Medical Clearance Form (Applicant)
To Participate in a Medic Physical Ability Test
In Consideration for Employment**

Patient Last Name (Print) First Name MI

To the examining physician

In order to assure candidates for the position of EMT or Paramedic are able to adequately perform the critical tasks associated with the job, it is policy of Bladen County EMS 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 patient named above, and (2) that in your opinion, the patient should be able to participate in the described test without foreseeable medical danger to himself/herself.

Physician Signature

Physician Name (Print or Stamp)

Address

Date of Examination

Note to Applicant: Bring this completed form with you on test date.
You will not be allowed to participate if not completed entirely.