

Nokomis Volunteer Fire Department
Fitness for Duty Form

I hereby certify that _____ has completed a physical
(Employee Name)
examination through my office and certify that the employee is:

() Physically fit for full Firefighter Duty

() Physically unfit for duty (*)

(*) Limitations/ Reasons:

Examination completed and certified by:

| | | |
|----------------------------|------------------------------|---------------|
| _____ Physician (Print) | _____ Physician Signature | _____ Date |
|----------------------------|------------------------------|---------------|

Physician Address

Please return form to:

Nokomis Volunteer Fire Department
Office of the Fire Chief
111 Pavonia Rd.
Nokomis, Fl. 34275