



# TOWN OF VERNON FIRE DEPARTMENT

P. O. BOX 54  
VERNON, CONNECTICUT 06066

Member Name: \_\_\_\_\_ Company: \_\_\_\_\_

- No Restrictions** Based upon the results of the exam I administered, I conclude that you may perform the duties of an interior firefighter, and or ambulance technician with no restrictions on respirator use.
- Some Specific Restrictions (Describe below)**
- No Respirator Use Permitted**

**Restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TB Test:** Date Place \_\_\_\_\_ Date Read \_\_\_\_\_

**RESULTS:** \_\_\_\_\_ **NEGATIVE** \_\_\_\_\_ **POSITIVE**

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next Recommended Physical Exam Due: (month) \_\_\_\_\_ (year) \_\_\_\_\_**

\_\_\_\_\_  
**Physicians Name & Signature**                      **Lic. No.**                      **Date**