



CITY OF PULLMAN

FIRE DEPARTMENT

620 S. Grand Ave., Pullman, WA 99163

(509) 332-8172 Fax (509) 332-4460

www.pullman-wa.gov

Medical Clearance Form

Updated 10-5-16

Dear Doctor:

_____ will be taking a medical physical as required by the Pullman Fire Department for the position of firefighter. This form acknowledges that the patient can satisfactorily perform all the duties as outlined in their assigned job description.

Under the job description provided by the Pullman Fire Department, this individual:

is medically cleared with no restrictions for the firefighter position described above

is medically cleared with limited restrictions for the firefighter position described above. This allows the employee to work a light duty role with limitations.

Explain: _____

is **NOT** medically cleared for any firefighter position (light or full) described above

Explain: _____

Employee Notification

I certify that the above named individual for whom this medical clearance is provided has received a copy of this recommendation:

Physician Signature

Date

Physician Name: _____ Physician Phone Number: _____

Physician Address: _____

Return the signed form to the Pullman Fire Department to 620 S. Grand, Pullman, WA 99163.