

WORKPLACE HEALTH SERVICES
A Service of Wyoming County Community Health System
Warsaw, NY 14569
(585) 786-8940, 4549 Fax: (585) 786-1269

Requisition for Fire Fighter Medical Services

Name: _____

Fire Department: _____ Appointment Date: _____

Liaison: _____

New member _____ Existing member _____

The fire department liaison officer/contact will initial all requested services:

Please check one of the following:

- _____ Exterior fire fighter physical
- _____ SCBA (interior) fire fighter physical
- _____ Periodic fire fighter physical
- _____ Return to duty exam; for a medical condition of a nature or duration that could affect performance as a member
- _____ Other services as requested by department liaison:

NOTE: Upon completion and review of findings the qualification form will be forwarded to the department liaison/contact listed above, unless otherwise notified.

- [] Bill Fire Department
- [] Bill Wyoming County Compensation
- [] Bill Other: _____