AFC Unit _____ A85.100

ARKANSAS FORESTRY COMMISSION
PHYSICAL EXAMINATION (Firefighters)

Job Title _____
(Description Attached)

- Routine examination through age 40 (Blood pressure, body movements associated with the job description, eyes, ears, etc.) with no blood tests. Additional for over age 40 – an EKG and tests for cholesterol and triglyceride. -

Name of Applicant _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State)

Sex _____ Weight _____ Height _____ Date of Birth _____

HISTORY

Back Injury _____ If yes, give details: _____

Have you ever drawn compensation? _____ If yes, explain: _____

Are you now suffering from any injury or ailment _____

Are you taking any type of medication_____

When did you last see a doctor _____ Reason: _____

PHYSICAL EXAMINATION

General Appearance _____

Physical Impairments _____

Eyes: R20/_____ L20/_____ Diseases or Impairments _____

Hearing: R_____ L _____ Diseases or Impairments _____

Nose and Throat _____ Lungs _____

Heart _____ Blood Pressure _____ Pulse _____

Exercise Tolerance _____ ABD _____

Hernia: Yes _____ No _____ Reflexes _____

Extremities _____ Neurological _____

Urine _____ Albumin _____ Sugar _____

No limiting conditions for this job _____

Limiting conditions as follows

_____

_____

_____ _____

Physician's Signature Date

4/2/90