



Joe Fox, R.F.
State Forester

ARKANSAS FORESTRY COMMISSION

3821 West Roosevelt Road Little Rock, Arkansas 72204-6396
(501) 219-6359 FAX: (501) 312-7051

Form A85.400 (a)

MEDICAL CLEARANCE STATEMENT

Employee Name _____

DOB: _____

Firefighters employed by the Arkansas Forestry Commission are required to demonstrate physical fitness by walking one mile in 16 minutes annually. Non-firefighting employees must take the fitness standard if they are on the fireline for any other job-related duties, i.e. photographs, training observations, *et cetera*.

_____ Based on my physical examination findings, the above-named employee is cleared to participate in the physical fitness test.

_____ Based on my physical examination findings, the above-named employee is not cleared to participate in the physical fitness test.

Printed Name of Qualified Medical Provider

Signature of Qualified Medical Provider

Date

Medical Provider office telephone and fax

Address

City

State

Zip Code

Return this original form to:

Arkansas Forestry Commission
Human Resources Department
#1 Natural Resource Drive
Little Rock, AR 72205

www.arkansasforestry.org