



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 (b)

MEDICAL CLEARANCE STATEMENT

NEW HIRES

Employee Name _____

DOB: _____

Firefighters employed by the Arkansas Forestry Commission are required to demonstrate physical fitness by walking one mile in 16 minutes annually.

_____ 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

04/13/15