

# Sample Form

## Physical Medical Examination Barry Brady Act-Annual Fitness for Duty Status

Calendar Year: \_\_\_\_\_

**Directions:** Medical Provider, please complete this form for the fire department patient you are evaluating. The department does not wish any specific health information on the patient's condition; just their "Fitness for Duty" status.

Candidate/Employee, please return completed form to the fire department's Barry Brady Act coordinator for processing.

**Fire Department Candidate/Employee:** \_\_\_\_\_

**Date(s) of Physical Medical Exams/Cancer Screenings:** \_\_\_\_\_

\_\_\_\_\_

**Date(s) of Cancer Screenings:** \_\_\_\_\_

\_\_\_\_\_

The Fire Department candidate/employee, named on this form, was seen at our medical facility on the date(s) noted to complete their physical medical examination and/or cancer screenings for colon cancer, skin cancer, multiple myeloma, and non-Hodgkin's lymphoma.

This candidate/employee was found to be:

Fit for Duty

Not Fit for Duty

\_\_\_\_\_

*Physician*

\_\_\_\_\_

*Date*