**Applicant Name (Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an employee of the City/Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your health and well-being are vitally important. If you choose to participate, we will work with you to meet the requirements of the Barry Brady Act.

Tennessee’s Barry Brady Act (Act) establishes a rebuttable presumption that if a firefighter contracts one of the six cancers listed below, the cancer arose from employment in the fire service unless the contrary is shown by competent medical evidence.

The nine (9) cancers covered by the Act are:

* Breast Cancer
* Colon Cancer
* Leukemia Cancer
* Pancreatic Cancer
* Prostate Cancer
* Multiple Myeloma Cancer
* Non-Hodgkin Lymphoma Cancer
* Skin Cancer
* Testicular Cancer

The presumption is not automatic. The Act states that a firefighter who desires to utilize the presumption must successfully pass an annual physical medical examination. The examination must include appropriate cancer screening that fails to reveal any evidence of the cancers listed in the Act. The decision to have the cancer screening rests with the employee.

Please indicate your desire by checking **only one** of the two boxes below and signing and dating the form.

**YES**. I desire to have the cancer screening included as part of my annual Physical Medical Examination.

**NO**. I declined to have the cancer screening included as part of my annual Physical Medical Examination.

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Applicant Signature Date

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Witness