



LEONARDTOWN Volunteer Rescue Squad, Inc.

P.O. Box 299, Leonardtown, St. Mary's County, Maryland 20650



HEALTH CERTIFICATE REQUEST

TO WHOM IT MAY CONCERN:

_____ DOB: _____
has applied for membership with our squad. We request your evaluation of this person's qualifications to assist the Leonardtown Volunteer Rescue Squad, Inc. (LVRS) in the provision of emergency medical services to our neighbors while maintaining maximum safety for both patients and caregivers.

The primary duty of this individual will be to render emergency medical care in the community. These activities are often performed in an environment that is physically demanding and mentally stressful. Members are required to make critical decisions, perform heavy lifting and drive emergency vehicles in medical emergencies.

This information will be held strictly confidential within the squad. As a volunteer organization, we appreciate any professional courtesy that can be extended regarding the completion of the certificate.

Does the individual listed above have:

No	Yes	
___	___	Any injuries that may interfere with EMS duties as listed above? Comments: _____ _____
___	___	Take any regular medication? Please list and give reason. _____ _____
___	___	Have any sight, hearing or impairment that would limit ability? Comments: _____ _____
___	___	Have any physical/mental condition requiring medical supervision? Comments: _____ _____
___	___	Other comments: _____ _____ _____

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I last examined _____ on
_____. I have reviewed the history and feel that this individual is mentally
and physically able to perform the duties listed above for the Leonardtown Volunteer Rescue
Squad. I have noted any limitations.

Date Physician Signature Print

Phone Address

Please return to LVRS in the enclosed envelope.

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