

WESTERLY FIRE DEPARTMENT PHYSICAL FORM

7 UNION ST. WESTERLY R.I. 02891

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Yes No Check one per question

Any issue with eye sight? Provide last eye doctor visit \_\_\_\_\_

Do you wear glasses/contact lens?

Do you have trouble hearing normal conversations?

Do you use hearing aids?

Have you ever been treated for Diabetes?

Are you on medication? List each medication, its dosage and reason for taking medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for Heart Disease, high blood pressure, cholesterol or similar condition? Described condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have pacemaker?

Have you ever been treated for Epilepsy?

Have you ever been treated for Asthma or COPD?

Have you ever been treated for high blood pressure?

