



Frelinghuysen Township
Volunteer Fire Company
Station 84

PHYSICAL EXAMINATION CERTIFICATION

I hereby certify that as a practicing physician in the State of New Jersey, I have given the applicant my standard physical examination and he/she appears to be:

- Is physically and mentally fit to perform the duties of a firefighter
- Is not physically and mentally fit to perform the duties of a firefighter

Date of Examination: _____

Examined at: _____

Address: _____

Phone Number: _____ FAX Number: _____

Physician's Signature: _____

Physician's Printed Name: _____

I, the undersigned, hereby swear the above information is true to the best of my knowledge. It is understood that a criminal background check will be performed by a contractor of the Township's choice.

Signature of Applicant: _____

Date: _____