

**Firemen And
Police Officer's
Limited Heart
Examination Form**

Name (Last, First, Middle)	Sex	Date of Examination
Address	Age	Date of Birth
Personal Physician's Name	Occupation	

PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

EKG

NORMAL

ABNORMAL
(Specify)

STETHOSCOPIC EXAMINATION OF THE HEART

NORMAL

ABNORMAL
(Specify)

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature	Date
----------------------	------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature	Date
----------------------	------