

SAMPLE LETTER

(A reasonable facsimile of this letter, on the medical examiner's letterhead is appropriate. If the medical examiner's name and address do not appear on the letterhead, they must be provided in the letter)

Date: _____

I, _____, hereby acknowledge receipt of the following form(s) provided by the medical examiner:

- _____ Firemen and Police Officers' Medical History Form (OD-1)
- _____ Firemen and Police Officers' Lung Examination Form (OD-02)
- _____ Firemen and Police Officers' Extensive Heart Examination Form (OD-3)
- _____ Firemen and Police Officers' Limited Heart Examination Form (OD-4)
- _____ Hearing Examination Form (OD-5)

Fireman/Police Officer:

Name: _____

Address: _____

Signature: _____

Medical Examiner:

Name: _____

Address: _____

Signature: _____