

This page must be completed by your physician and you must submit it to the Fire Academy Coordinator on the first day of class!

Print Cadet Candidate Name:
Print Personal Physician Name:

Physician's Statement

I understand that the above named Cadet Candidate intends to participate in the South Texas College Firefighter Academy. He or she will be required to participate in arduous physical training, a physical fitness program, and wear a tight-fitting self-contained breathing apparatus, all without physical limitation.

I have conducted an appropriate physical examination and (check one):

- Recommend this candidate be allowed to participate in the Academy
- Do NOT recommend this candidate be allowed to participate in the Academy.

Physician's Signature:	Date:
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Remarks: