

**Firefighters and  
Police Officers  
Extensive 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)

**STRESS EKG\***

NORMAL

ABNORMAL  
(Specify)

\*If 40 years old or older or if abnormalities with resting EKG and no contraindications to performing test exist.

**STETHOSCOPIC EXAMINATION OF THE HEART**

NORMAL

ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
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It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature	Date
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**Please sign one copy of this form and submit it to your employer or organization.**

Employee's Signature	Date
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