

**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?

 YES

 NO

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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