

**Firefighters and  
Police Officers  
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
----------------------	------