

Applicant's Name: _____ ID No _____

**BALTIMORE COUNTY FIRE DEPARTMENT
MEDICAL EVALUATION FOR
HEALTH CARE PROVIDER**

Dear Provider:

Attached is a description of the essential physical requirements of the position for, Probationary Firefighter. Please check any items listed that the worker may not be able to perform, indicate your opinion below.

If necessary for the protection of the health and safety of this applicant or others, please indicate special instructions for first aid providers and/or supervisors.

Based on the indicated essential job functions, history and physical exam, I believe that the examinee:

- Should be able to perform all of the listed essential functions without accommodations.**

- May not be able to perform some of the essential functions. Consider reasonable accommodations.**

- May not be able to perform some of the listed essential functions. Additional evaluation is necessary. Please call to discuss this case.**

This individual has a medical condition that may result in the following:

If this occurs, you should take the following emergency action:

Date: _____ Signed: _____
Medical Evaluator/Provider