



Westfield Volunteer Rescue Squad

Celebrating Over 70 Years of Service

Physical Health Eligibility Form

To the Applicant:

Please complete the top section of this form and provide it to your general practitioner for completion. A signed and completed form is required for participation as a member of the Westfield Volunteer Rescue Squad.

Applicant Information

- **Name:** _____
 - **Date of Birth:** _____
 - **Address:** _____
 - **Phone Number:** _____
 - **Email:** _____
-

To the Healthcare Provider:

The individual named above has applied to serve as a member of the Westfield Volunteer Rescue Squad. This role may involve physically demanding activities, including lifting patients on stretchers, prolonged standing, and working in high-stress environments. Please assess the applicant's physical and mental fitness for participation in these activities.

Physical and Mental Health Assessment

1. **Does the applicant have any medical condition(s) that would limit their ability to perform physically demanding tasks, including lifting up to 75 pounds?**

- Yes
 No

If yes, please explain: _____

2. **Does the applicant have any condition(s) that may impair their ability to work in high-stress, fast-paced situations?**

- Yes

No

If yes, please explain: _____

3. **Is the applicant currently on any medications that may affect their ability to operate safely as a member of the squad?**

Yes

No

If yes, please explain: _____

4. **Do you recommend any restrictions or accommodations for the applicant?**

Yes

No

If yes, please explain: _____

Provider Certification

Based on my evaluation of this individual, I certify that:

The applicant is physically and mentally fit to serve as a member of the Westfield Volunteer Rescue Squad.

The applicant is not fit to serve at this time.

Additional Comments (if applicable):

Healthcare Provider Information

• **Name:** _____

• **Practice Name:** _____

• **Address:** _____

• **Phone Number:** _____

• **Signature:** _____

• **Date:** _____

Instructions for Submission:

Please return the completed form to the applicant to submit to the WVRS. Thank you.