

Wrightsville Beach Fire Department
Pulmonary Test

Name: _____ Date: _____

Location of test: _____

Pass: _____ Fail: _____ Score: _____

Signature of person administering examination

ATTACH COPY OF PRINTOUT OF TEST FROM COMPUTER TO THIS SHEET.

Medical Approval form

I have examined _____ and find him / her to be physically capable of performing the duties of a firefighter as outlined in the requirements of the North Carolina Firefighter Certification Manual.

Doctor's Name _____

Doctor's Signature _____

Date ___ / ___ / ___

Doctor's ID number _____