

An important note about your Junior firefighters!

Please use the special consent form in advance for anyone getting an exam **under the age of 18.** It is vital that a parent or guardian consent **BEFORE** they get an exam or medical testing performed.

Junior Firefighter Medical Consent & Release

I consent, by my signature below, to allow Occumed of Western New York, Inc. and their agents, to perform a physical examination on me to determine medical clearance for the performance of my duties as a "Junior" firefighter or EMS responder. Occumed of Western New York, Inc. is allowed to release qualification certificates to my Fire Company, department or district, which describes my operating capacity as a Junior firefighter or in the related emergency service functions in which I serve. Occumed of Western New York, Inc. will keep **ALL THE DETAILED FINDINGS** of the exam and related tests *at their office in strict confidence* and no release of these findings will take place without my advance written consent. I also consent, by my signature below, to have my blood drawn if it is approved by my fire company.

_____/_____/_____
Firefighter Name – Print CLEARLY Firefighter Signature Date

Your Address: _____ Phone #: (____) _____
_____ Best time to reach you: ____ am/pm

Law requires your parent/guardian to co-sign for your exam – Please do so below:

_____/_____/_____
PARENT/GUARDIAN (PLEASE PRINT) PARENT/GUARDIAN SIGNATURE DATE

Relationship to the above Junior Firefighter: _____

Phone # to contact you if required: (____) ____ - _____

Are you a new recruit (circle one)? Yes / No

What Fire Company/Department do you belong to: _____

Remember to BRING this form to the exam session.

Thank You for your advance cooperation.