



Frelinghuysen Township
Volunteer Fire Department
Station 84

PHYSICAL EXAMINATION CERTIFICATION

I hereby certify that as a practicing physician in the State of New Jersey, I have given the applicant my standard physical examination and he/she appears to be physically and mentally fit unfit to perform the duties of a firefighter

Date:

Examined at:

Physician's Signature: Physician Printed Name:

I, the undersigned, hereby swear the above information is true to the best of my knowledge. It is understood that a criminal background check will be performed by a contractor of the Township's choice.

Signature of Applicant: _____

Date: _____