



Fire/Rescue Medical Program

Provided by Sound Medical Systems and HealthSure

Islandia • Medford

www.firerescuemedical.com

FIRE DEPARTMENT/EMERGENCY SERVICE

Sound Medical Systems
3001 Expressway Drive North Suite 104
Islandia, NY 11749
631 435 0110

Date: _____

FIRE/RESCUE APPLICATION FOR MEDICAL CERTIFICATION

Fire District/Emergency Service: _____

Current Classification: _____
TERM USED IN YOUR DEPARTMENT TO DESCRIBE YOUR CURRENT FIRE/RESCUE CLASSIFICATION

New Classification : _____
TERM USED IN YOUR DEPARTMENT FOR THE CLASSIFICATION FOR WHICH YOU ARE APPLYING

ARE YOU A NEW OR PROBATIONARY CANDIDATE? YES NO (CIRCLE ONE)

Last Name (PRINT) : _____ First Name: _____

Date of Birth : _____ Age on date of exam: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Email address: _____

Daytime Phone # - to be used to call results: _____

PLEASE CHECK ALL THAT APPLY FOR THE JOB DESCRIPTION FOR WHICH YOU ARE APPLYING:

☐ INDOOR STRUCTURAL FIREFIGHTER

☐ USE OF SCBA

☐ EXTERIOR FIREFIGHTER

☐ FULL BUNKER GEAR

☐ POLICE

☐ TASKS THAT REQUIRE SIGNIFICANT EXERTION

☐ EMS

☐ ADMINISTRATIVE

☐ FIRE POLICE/SUPPORT

☐ VEHICLE DRIVER

☐ I WOULD LIKE TO RECEIVE PREVENTATIVE HEALTH INFORMATION PERTINENT TO MY ROLE AS
FIRE/RESCUE PERSONNEL. PLEASE USE MY:

☐ EMAIL

☐ ADDRESS ABOVE

☐ EMPLOYER ADDRESS

UNLESS AUTHORIZED BY YOU IN WRITING, NO PART OF YOUR MEDICAL RECORD WILL BE DISCLOSED TO
ANY OUTSIDE AGENCY INCLUDING YOUR EMPLOYER. NO DIAGNOSES ARE DISCLOSED. YOUR RECORD IS
STRICTLY CONFIDENTIAL AND INFORMATION CAN ONLY BE RELEASED WITH YOUR SIGNED STATEMENT.