

MEDICAL EVALUATION POLICY

HAZLET FIRE DISTRICT NO. 1
Of Hazlet Township, NJ

Sponsored by
Hazlet Township Board of Fire Commissioners
Fire District No. 1
Of Hazlet Township, NJ

*Hazlet Fire Company #1
North Centerville Fire Company
West Keansburg Fire Company
The Bureau of Fire Prevention*

PURPOSE

The purpose of this document is to define and establish a medical evaluation policy for Hazlet Township Fire Department and its members.

SCOPE

All active firefighters and fire police members of this Fire District. Any employee of Hazlet Fire District #1.

POLICY

The Hazlet Township Board of Fire Commissioners for Hazlet Fire District # 1 strongly recommends that any active member, fire police, employee of The Bureau of Fire Prevention, Hazlet Fire District #1, Hazlet Fire Company #1, North Centerville Fire Company, and West Keansburg Fire Company have a medical examination annually.

The Board of Fire Commissioners recommendation for this annual medical exam to be conducted in by the following;

- The members Primary Care Physician
- Deborah Heart and Lung Center – First Responder Health Assessment
 - There is no charge to the member for this service
 - <https://demanddeborah.org/patients-and-visitors/partnerships-collaborations/first-responder-health-assessment/>
- Captain Buscio Program- Cardiopulmonary Diagnostic
 - There is no charge to the member for this service
 - <http://cardiopulmonarydiagnostic.com/>

The Board of Fire Commissioners has provided a form for the physician to complete, this form is to be filed in the members locked personnel file located at the fire district office.

Hazlet Township Board of Fire Commissioners
Hazlet Fire District #1
Physical Record

To be filled out by a Physician, Nurse Practitioner, or Physician Assistant that is licensed in the State of New Jersey

Name _____

Gender _____ Date of Birth _____ Age _____

I certify as a practicing physician, nurse practitioner, or physician's assistant licensed in the State of NJ, has had a physical.

Date of Examination _____ Place of Examination _____

Print Examiner Name

Examiner Signature

NPI number

Physician

Nurse Practitioner

Physician's Assistant

If a Nurse Practitioner or Physician's Assistant, please indicate the name of the collaborating or supervising physician.

NPI Number

Print Physician's Name