

Ontario Fire Administration Inc.
Firefighter Candidate Testing
Medical Clearance Form



Candidate Name: _____
Date of birth: _____
Address: _____

Telephone: _____

CONSENT

I, _____, hereby consent to undergo a medical assessment and any appropriate examinations and/or diagnostic tests for the purposes of determining my fitness to participate in Firefighter Candidate Testing by Ontario Fire Administration Inc. I further confirm that I have provided the assessing physician with:

- A copy of my completed Firefighter Candidate Testing “Medical Questionnaire”
- Firefighter Candidate Testing – 2020 Physician Information Booklet

Candidate Signature: _____ Date: _____

MEDICAL FITNESS CERTIFICATION

By applying the physician’s stamp or signature below, I certify that I have personally assessed the person named above and am of the opinion that he/she is medically fit to undertake firefighter candidate testing by Ontario Fire Administration Inc. as outlined in the Firefighter Candidate Testing-2020 Physician Information Booklet.

Date : _____

PHYSICIAN SIGNATURE / STAMP



Ontario Fire Administration Inc.
520 Westney Road South, Unit 22
Ajax, Ontario L1S 6W6
905-426-6756 FAX: 905-426-3032

You are required to present two copies of this form at every assessment. This “Medical Clearance Form” expires six (6) months from certification date.