



(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

CANDIDATE NAME: _____ SSN: _____

COMPANY: RIAFC (Rhode Island Association of Fire Chiefs)

FIRE DEPARTMENT _____

NOTE: _____ DATE OF BIRTH: _____

SERVICES

___ **Grant Physical (Basic comp. for all candidates)**

- OSHA Respirator Questionnaire
- 5 Panel Rapid Drug Test
- Physical Examination
- Vision
- Audiometry
- PFT
- TB Testing
- EKG

Providers Discretion

- ___ General Health Panel
- ___ Chest X Ray 1 view
- ___ PSA (Over 40)

Titers (No need with proof)

- ___ Hep B Titer
- ___ Hep C Titer
- ___ MMR Titer
- ___ Varicella Titer

Vaccinations:

- ___ Influenza
- ___ Hepatitis B Vaccine
- ___ Hepatitis A Vaccine
- ___ MMR Vaccine
- ___ Tdap Vaccine
- ___ Varicella Vaccine

___ **Baseline Examination**

- OSHA Respirator Questionnaire
- 5 Panel Rapid Drug Test
- Physical Examination
- Vision
- Audiometry
- PFT
- TB Testing
- EKG
- General Health Panel
- Chest X Ray 1 view
- PSA (Over 40)

Titers (No need with proof)

- ___ Hep B Titer
- ___ Hep C Titer
- ___ MMR Titer
- ___ Varicella Titer

___ **Annual Examination**

- OSHA Respirator Questionnaire
- Physical Examination
- Vision
- Audiometry
- PFT
- TB Testing
- EKG
- Gen Health Panel
- PSA (Over 40)
- Influenza

BILLING _____ All billing is sent to individual Fire Department att: Chief

Authorized By: _____
(signature)

Printed Name: _____

Title: _____

Date: _____

Phone: _____





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