



# SPRING HILL COMMUNITY AMBULANCE CORPS

48 BRICK CHURCH ROAD  
SPRING VALLEY, NY 10977  
(845) 354-3435 main • (845) 354-0618 administration  
(845) 354-3284 fax • <http://www.springhillems.org>

## HEALTHCARE PROVIDER CERTIFICATION

### PERSONAL DATA

COMPLETE THIS SECTION PRIOR TO PROVIDER VISIT - LEAVE NO ITEM INCOMPLETE

NAME \_\_\_\_\_  
LAST FIRST MI

HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES \_\_\_\_\_  NONE

### VITAL SIGNS

PULSE \_\_\_\_\_ RESP \_\_\_\_\_ TEMP \_\_\_\_\_

BP \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_

### VISUAL ACUITY

WITHOUT GLASSES		WITH GLASSES	
RIGHT	LEFT	RIGHT	LEFT
/	/	/	/

### KNOWN CHRONIC CONDITIONS OR OTHER MEDICAL RESTRICTIONS

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**PHYSICAL EXAMINATION**

	UNREMARKABLE	COMMENTS/PERTINENT FINDINGS
EYES	<input type="checkbox"/>	
EARS	<input type="checkbox"/>	
NOSE	<input type="checkbox"/>	
THROAT	<input type="checkbox"/>	
NECK	<input type="checkbox"/>	
LUNGS	<input type="checkbox"/>	
HEART	<input type="checkbox"/>	
ABDOMEN	<input type="checkbox"/>	
BACK/SPINE	<input type="checkbox"/>	
EXTREMITIES/ JOINTS	<input type="checkbox"/>	
NEUROLOGIC	<input type="checkbox"/>	
GENITALIA/ HERNIA*	<input type="checkbox"/>	

\*if indicated

**PROVIDER CERTIFICATION**

I have reviewed the candidate's medical history and performed a physical examination of the candidate, and my professional recommendation is as follows:

- CLEARED WITHOUT RESTRICTION.** There is no medical reason that the candidate should not:
- Lift, carry and/or balance 125 pounds (250 pounds with assistance)
  - Remain unaffected by loud noises and/or bright or flashing lights
  - Demonstrate good manual dexterity
  - Bend, stoop, and/or crawl on uneven terrain
  - Withstand variable environmental conditions, such as heat, cold, and moisture
  - Work in low-light conditions or confined spaces

**NOT CLEARED.** The candidate is not recommended for work duty because:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

MD    DO    LNP    PA

TEL NO \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_