



Texas State Firefighters' & Fire Marshalls' Assn.
707 W. FM 1626 Austin, TX 78748 Phone: 512-454-3473 Email: infop@sffma.org

DATE: _____

The medical office of _____

has provided the necessary examination of firefighter, _____

in accordance with NFPA 1582 guidelines.

Our office finds this firefighter: **“FIT FOR DUTY”**

Examiner's Signature and/or Office STAMP:

NAME OF FIREFIGHTER: _____

DEPARTMENT NAME: _____