



# WESTCOFIRE SAFER GRANT

Phone: 855-VOL-FIRE • Email: [benefits@volunteerfirefighter.org](mailto:benefits@volunteerfirefighter.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:** \_\_\_\_\_