



Tallahassee Fire Department

Physician Statement

- This physician statement is valid for physicals completed within the previous 12 months from the date of the scheduled PAT
- This physician statement must be signed by a licensed physician within the 3 weeks prior to the date of the PAT
- Keep a copy of this document for your records

I have reviewed the Tallahassee Fire Department's Physical Ability Test (PAT) description of events.

I examined _____ Last 4 digits of Social Security # _____
(Patient's Name) (Patient's)

on _____, and found nothing to indicate it would be medically inadvisable for him
(Date)

or her to attempt the department's Physical Ability Test.

Physician's Signature: _____

Date: _____

Type of Print the following:

Physician Name: _____

Address: _____

Telephone Number: _____