

BROWARD FIRE ACADEMY  
2600 SW 71<sup>ST</sup> TERRACE  
DAVIE, FL 33314  
754.321.1300 FAX 754.321.1302  
[www.browardfireacademy.org](http://www.browardfireacademy.org)

### PHYSICIAN STATEMENT

- **The Physician Statement is valid for 6 months**
- **The Physician Statement must be signed by a doctor**
- **Keep a photo copy of this document for your records**

I am familiar with the requirements of the Broward Fire Academy's Physical Ability Test.

I examined \_\_\_\_\_  
(Patient's Name)

on \_\_\_\_\_, and found nothing to indicate that it  
(Date)

would be medically inadvisable for him/her to attempt the  
aforementioned test.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type or Print the following:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_