

Warren Township Rescue Squad
Volunteering in Our Community
for Over 75 Years



PO Box 4306
6 Bardy Rd.
Warren, NJ 07059

MEDICAL CERTIFICATION

AS A MEMBER OF THE WARREN TOWNSHIP RESCUE SQUAD, ONE MAY BE CALLED UPON TO ASSIST IN THE LIFTING/MOVING OF PATIENTS AND EQUIPMENT, PERFORM CPR, AND DRIVE AN AMBULANCE. AS A LICENSED MEDICAL DOCTOR IN THE STATE OF NEW JERSEY, I CERTIFY – TO THE BEST OF MY KNOWLEDGE – THAT _____ IS FREE OF ANY MEDICAL CONDITIONS THAT WOULD CAUSE HARM TO HIM/HERSELF OR OTHERS AND THAT THE APPLICANT IS PHYSICALLY AND MENTALLY ABLE TO PERFORM:

LIMITED DUTIES

FULL DUTIES

AS A MEMBER OF THE WARREN TOWNSHIP RESCUE SQUAD.

COMMENTS:

SIGNED: _____

DATE: _____

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS - INCLUDING THE DATES – OF HEPATITIS VACCINATIONS.

PLEASE RETURN THIS FORM TO:

APPLICATIONS 1 ST LIEUTENANT, WTRS PO BOX 4306 WARREN, NJ 07059
