

Chappaqua Volunteer Ambulance Corps.
233 N. Greeley Avenue, Chappaqua, NY 10514

Member Health Record

Name: _____

Address _____

Physician's name
(please print) _____

Address _____

The individual named above is a member of, or has applied for membership in the Chappaqua Volunteer Ambulance Corps (CVAC). Service on the ambulance corps requires that the individual be able to:

- Communicate effectively in person and via telephone and radio equipment
- Lift, carry and balance up to 220 pounds with one other person
- Read English language manuals and maps
- Demonstrate good manual dexterity
- Withstand varied environmental conditions of heat, cold, and moisture
- Work with others to make and implement patient care decisions
- Work in low light situations and confined spaces

Physician's declaration

The individual named above was examined by me on _____.

On the basis of medical history and physical examination, I find this individual:

Fit for duty on the Ambulance Corps

NOT Fit for duty on the Ambulance Corps

Please complete the attached immunization record and provide any additional necessary comments.

Name

Date

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Member Immunization Record

NYS DOH recommends the following immunizations. Please provide dates, when available, for these immunizations:

| Immunization | Date(s) |
|--------------------|---------|
| Tetanus/Diphtheria | |
| Measles | |
| Mumps | |
| Rubella | |
| Chicken Pox | |
| Hepatitis B | |
| TB (PPD) Screening | |
| Polio | |

Additional Comment(s):