AFS EFF/AD Medical Standards Exam Request

		Persona	I Information			
Full Name:					Date:	
	Last	First	M.I.	Suffix		
Address:						
	Street Addres			Apartment/U	Jnit #	
	City			State	ZIP Code	
Phone:			Email:			
Social Secu	irity No.:		Date of Birth:		Sex:	MF
locations notice.	s shown a		xam in Village			advance
		Please select an on-site ex				
Each reg	ional fire cre	ew has different locations for ex form which can be downloade				region's
Paradise Regional Crew						
Village: Kal	tag 🗆	Date: 11/14/2018				
Clinic Exam Scheduled by Appointment Please select a clinic exam option from the table below.						
Clinic: Fairt	banks 🗆	Preferred Date:	Clinic: Anchorage	Prefer	rred Date: _	
Clinic: Gale	na 🗆	Preferred Date:	Clinic: Kotzebue	□ Prefer	rred Date:	
Clinic: Was	illa 🗆	Preferred Date:_	Clinic: Bethel	□ Prefer	rred Date:	
Clinic: Kena	ai 🗆	Preferred Date:	Clinic: Soldotna	Prefer	rred Date:	

Disclaimer and Signature

I understand that by requesting an exam I am clearly stating my ability and intent to participate in a physical exam at the selected time and location.

Signature:

Date:

FAX Completed Forms To: 1-907-356-5609 Must be received at least one week before exam dates shown above. Call to confirm we received your FAX: 1-833-532-8810