

# AFS EFF/AD Medical Standards Exam Request

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I. Suffix

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: **M** **F**

**Please select only ONE exam from the options (Either On-site or Clinic) below. On-site exams will be provided at most villages on the dates shown. Clinic exams will be provided at the locations shown and generally scheduled at the firefighter's request with appropriate advance notice.**

## On-site Exam in Village

**Please select an on-site exam option from the table below.**

Each regional fire crew has different locations for exams. For those other locations you must use that region's form which can be downloaded at <https://afs.ak.blm.gov/eff.php>.

### Kusilvak Regional Crew

Village: <b>St. Mary's</b> <input type="checkbox"/> Date: <b>Feb. 18, 2019</b>	Village: <b>Mountain Village</b> <input type="checkbox"/> Date: <b>Feb. 20, 2019</b>
Village: <b>Marshall</b> <input type="checkbox"/> Date: <b>Feb. 15, 2019</b>	Village: <b>Pilot Station</b> <input type="checkbox"/> Date: <b>Feb. 25, 2019</b>

## Clinic Exam Scheduled by Appointment

**Please select a clinic exam option from the table below.**

Clinic: <b>Fairbanks</b> <input type="checkbox"/> Preferred Date: _____	Clinic: <b>Anchorage</b> <input type="checkbox"/> Preferred Date: _____
Clinic: <b>Galena</b> <input type="checkbox"/> Preferred Date: _____	Clinic: <b>Kotzebue</b> <input type="checkbox"/> Preferred Date: _____
Clinic: <b>Wasilla</b> <input type="checkbox"/> Preferred Date: _____	Clinic: <b>Bethel</b> <input type="checkbox"/> Preferred Date: _____
Clinic: <b>Kenai</b> <input type="checkbox"/> Preferred Date: _____	Clinic: <b>Soldotna</b> <input type="checkbox"/> Preferred 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**