AFS EFF/AD Medical Standards Exam Request

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.	Personal Information										
Address: Street Address Apartment/Unit # City State ZIP Code Phone:	Full Name:						_ Date:				
Street Address Apartment/Unit # City State ZIP Code Phone: Email:		Last	First		М.І.	Suffix					
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. Yukon Flats Regional Crew Village: Fort Yukon Date: COMPLETED Village: Arctic Village Date: Feb 22, 2019 Village: Date: Clinic Exam Scheduled by Appointment Please select a clinic exam option from the table below.	Address:	Street Address					Apartment/	Unit #			
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. Yukon Flats Regional Crew Village: Fort Yukon Date: COMPLETED Village: Arctic Village Date: Feb 22, 2019 Village: Date: Clinic Exam Scheduled by Appointment Please select a clinic exam option from the table below.		City				State		ZIP Code			
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Please select a clinic exam option from the table below.	Village: Arc	tic Village 🗆 🛛	Date: Feb 22, 2019	Village:		Date	e:				
Please select a clinic exam option from the table below.											
Clinic: Fairbanks							w.				
	Clinic: Fairb	oanks 🗆 F	Preferred Date:	Clinic: A	nchorage	Pref	erred Da	te: _			
Clinic: Galena Dreferred Date: Clinic: Kotzebue Dreferred Date:	Clinic: Gale	na 🗆 F	Preferred Date:	Clinic: K	otzebue	Pref	erred Da	te:		_	
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Clinic: Kenai Preferred Date: Clinic: Soldotna Preferred Date:	Clinic: Kena	ai 🗆 F	Preferred Date:	Clinic: S	oldotna	Pref	erred Da	te:	-		

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