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.

Norton Sound Regional Crew

Village: **Stebbins**	☐	Date: **Feb. 11**	Village: **Koyuk**	☐	Date: **Feb. 27**
Village: **St. Michael's**	☐	Date: **Feb. 13**	Village:	☐	Date:

Clinic Exam Scheduled by Appointment

Please select a clinic exam option from the table below.

Clinic: **Fairbanks**	☐	Preferred Date: _____	Clinic: **Anchorage**	☐	Preferred Date: _
Clinic: **Galena**	☐	Preferred Date:	Clinic: **Kotzebue**	☐	Preferred Date: _____
Clinic: **Wasilla**	☐	Preferred Date: _ _____	Clinic: **Bethel**	☐	Preferred Date: _____
Clinic: **Kenai**	☐	Preferred Date:	Clinic: **Soldotna**	☐	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