



Nackawic Fire Department  
115 Otis Drive  
Nackawic, New Brunswick  
E6G 2P1  
Phone: (506) 575-2244  
Fax: (506) 575-2035

## Schedule (2)

### Medical Consent – Volunteer Fire Department

To: Dr. \_\_\_\_\_,

I, \_\_\_\_\_, am being considered for the position of Volunteer Firefighter with the Town of Nackawic. I hereby authorize you to assess my abilities and to perform whatever tests that you, in your discretion, deem appropriate to provide an opinion as to my abilities. The duties of the position will be minimum Level I Fire Fighter duties only information regarding my ability to perform such duties is to be released to the Fire Chief of the Town of Nackawic.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_