

Non-Profit Organization
Founded 1933



VOLUNTEER MEDICAL SERVICE CORPS OF LANSDALE

P.O. Box 208 175 Medical Campus Drive
LANSDALE, PENNSYLVANIA 19446

Ambulance Phone: 911 Business Office FAX (215) 362-5075 Staff Office FAX (215) 361-7333 Information Phone: (215) 855-3779



AUTHORIZATION for the RELEASE of INFORMATION AND RECORDS

I, _____ (PRINT YOUR NAME), hereby authorize the following organizations to forward to the Personnel Department Head of the Volunteer Medical Service Corps of Lansdale information and / or records concerning my affiliation with such organizations.

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____ DATE: _____

| <u>Organization (s):</u> | <u>Type(s) of information / records:</u> |
|--------------------------|--|
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| 5) | |

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MEDICAL RELEASE FORM

The following is to be completed by the applicant's or member's Physician.

I hereby certify that _____ (PRINT APPLICANT'S OR MEMBER'S NAME)
is physically able to serve in the Emergency Medical Services as a / an:
(PLEASE CIRCLE AS APPLICABLE)

- 1) YES / NO Emergency Ambulance Driver, First Aider, First Responder, Emergency Medical Technician, Paramedic, etc. which involves the assisting, lifting and / or carrying patients and EMS equipment.
- 2) YES / NO Rescue Crew Member which involves the heavy lifting, carrying and operating of power tools and rescue equipment.
- 3) YES / NO Has no physical limitations that may impair his / her function as an Emergency Health Care Provider.
If "NO" please explain limitations: _____

Signature of Physician: _____ Date: _____

Address of Physician: _____
