

**DES PLAINES FIREFIGHTERS' PENSION FUND
PHYSICIAN'S CERTIFICATION REGARDING ENTRY-LEVEL PHYSICAL CONDITION**

This is to certify that I have examined _____, a firefighter seeking membership in the Des Plaines Firefighters' Pension Fund on _____ (date of exam) and I certify as follows:

Does the firefighter demonstrate any impairment caused by heart disease, stroke, tuberculosis, any disease of the lungs or respiratory tract, or cancer?

- | | | | | | |
|-----|---|-----|-----|----|-----|
| (a) | Heart Disease | Yes | [] | No | [] |
| (b) | Stroke | Yes | [] | No | [] |
| (c) | Tuberculosis | Yes | [] | No | [] |
| (d) | Any disease of the lungs or respiratory tract | Yes | [] | No | [] |
| (e) | Cancer | Yes | [] | No | [] |

If "yes", please explain the nature of the firefighter's condition in connection with the above-outlined medical issues:

Signature of Physician: _____

Print Name: _____

Address: _____

Phone No. _____

Date: _____