



Scarborough Fire Department

Scarborough, Maine



Standard Operating Procedures

Book:	Organization
Chapter:	Forms, Records & Reports
Subject:	1500 - Medical Exam Compensation Request Form
Revision Date:	7/19/05
Approved by:	<i>B. Michael Thurlow</i>

Name: _____ Employee No.: _____ Date: _____

Signature: _____

Respiratory Follow up Physical Haz Mat Physical

Date of Physical: _____

Physical Conducted by: US Healthworks OH & R Other _____

~ Office Use Only ~

Paperwork received from Provider _____ Initials _____

Approved for Payment

Fire Account #: 07171201-041154-71001

Rescue Account #: 07171001-041154

Authorized by: _____ Date: _____

Processed with Call Company Payroll week ending _____ Initials _____