

**KINGSTON FIRE & RESCUE  
MEDICAL CERTIFICATE**

DEAR DOCTOR:

PLEASE COMPLETE THIS FORM IF YOUR PATIENT HAS BEEN OFF WORK MORE THAN THREE CONSECUTIVE WORKING DAYS.

AUTHORIZATION FOR THIS REQUEST IS FOUND BELOW.

FIREFIGHTER'S  
NAME\_\_\_\_\_

DATE OF FIRST ATTENDANCE IN THIS  
ILLNESS\_\_\_\_\_

NATURE (NOT DIAGNOSIS) OF  
ILLNESS\_\_\_\_\_

PROBABLE DURATION OF ILLNESS (PRIOR TO ASSUMING REGULAR  
DUTIES)\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

FIRE & RESCUE AGREEMENT:

- (G) A FIRE FIGHTER WHO IS ABSENT FOR MORE THAN THREE CONSECUTIVE WORKING DAYS MUST FURNISH A CERTIFICATE FROM his/her PHYSICIAN WITHIN SEVEN DAYS FROM THE COMMENCEMENT OF SUCH ABSENCE STATING THE NATURE AND PROBABLE DURATION OF THE ILLNESS AND THE FIRST AND MOST RECENT DATES OF his/her ATTENDANCE UPON THE FIRE FIGHTER IN CONNECTION WITH SUCH ILLNESS.
- (H) A FIRE FIGHTER WHO IS ABSENT FOR MORE THAN ONE MONTH MUST FURNISH, IMMEDIATELY FOLLOWING EACH SUCH PERIOD OF ABSENCE, A CERTIFICATE FROM his/her PHYSICIAN STATING THE NATURE OF his/her ILLNESS, THE LATEST DATE OF ATTENDANCE OF THE FIRE FIGHTER AND THE PROBABLE DATE ON WHICH THE FIRE FIGHTER WILL RETURN TO DUTY.