

UA Sprinkler Fitters Local 669 Joint Apprenticeship and Training Committee

7050 OAKLAND MILLS ROAD • SUITE 100 • COLUMBIA, MARYLAND 21046 Telephone: (410) 312-5202 • Toll Free: (800) 638-0592 • Fax: (410) 309-1609

Medical Procedure

STEP 1: You may choose any licensed physician to perform the exam. The contractor is responsible for paying for the exam.

Please have the applicant take the form with them to the doctor. The applicant will fill out Part A, and the doctor will fill out Part B. The applicant is to then return the medical exam form to you (the contractor).

STEP 2: The contractor is to mail or email this completed form along with the rest of the hiring packet to the JATC for review and processing. <u>Please remember that the medical exam is only good for 6 months from the date the medical exam was completed by the physician.</u>

*If you have any questions, please contact the JATC office at 800/638-0592.

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MEDICAL EXAMINATION FORM

PA	RTA: APPLICANT STATEMEN	IT To be completed and signed by the app to physical exam.	licant and reviewed by medical example	niner prior		
1,-	Name	SS #	Are you at least 18 years ol	d? Yes No		
		City				
	Home Phone #					
2.	Employment: Have you ever l	nad to change work because of your health	? Yes No			
	If yes, explain					
		ver received any compensation payments for Yes No If yes, explain				
3.	Personal History: A. Circle	any of the following conditions which you ha	ave been or are now subject to:			
	Dizziness or Fa	inting Convulsions Heart Trouble	Backaches Shortness of	Breath		
	B. Do you still suffer any effect	ts from any broken bones, dislocation or se	erious injury? Yes No	If yes, explain		
	C. Have you ever had any ph	ysical ailments which may affect your ability	to perform as an apprentice in the	sprinkler fitting industry?		
	Yes No If yes	, explain				
	D. Do you have a fear of heig	hts or confined spaces? Yes No	lf ves, explain			
	E. Are you taking any prescrip	ption drug or other medication at the direction	on of a physician? Yes No	If yes, provide the		
	name of the medication/dru	ig, and if taken pursuant to a prescription, p	rovide the name and address of the	prescribing physician.		
		answers shown above are complete and tr				

Signature of Applicant

Date

PART B: CERTIFICATION OF EXAMINING PHYSICIAN

JOB DESCRIPTION: The above named individual is applying for employment as a sprinkler fitter apprentice. A sprinkler fitter apprentice is primarily involved in the installation of piping for fire sprinkler systems. To perform the job successfully the individual must be capable of handling material in excess of 100 pounds and working with tools off scaffolds, ladders and mobile platforms at heights sometimes exceeding 100 feet. Therefore, the position entails a need for physical strength and dexterity. The sprinkler fitter apprentice may also be required to work in confined spaces and in trenches eight feet or more below ground level many times under adverse weather and environmental conditions.

willfully providing misinformation or omitting information in response to the above questions will be cause for my disgualification.

Having reviewed the applicant's statement, including the personal history, the job description and having given the above named individual a thorough medical examination, I attest that this individual has no condition, illness or disability that would prevent the applicant from performing the work of the sprinkler fitting trade without significant hazard to the applicant or co-workers.

	, M.D.		
Signature of Medical Examiner		Date	
Street	City		State
Televiser Number		Name of Medical Evenings	(Places Type or Print)

Telephone Number

Name of Medical Examiner (Please Type or Print)

Revised January 2017