



Medical Clearance-Return to Service

Patient Name: _____ DOB: _____

Address: _____

This is to advise that the above noted individual is a patient of mine. I am aware of their medical history and their current health status.

My patient has given me authorization to release the requested information to Royal Canadian Marine Search and Rescue (RCMSAR).

I am aware:

- that my patient is a volunteer with RCMSAR and
- that the environment and the situations in which they carry out their duties with RCMSAR can be physically and mentally demanding, extremely stressful and can result in both them and other members of the crew being put into potentially high-risk situations.

Given the foregoing, I can attest that my patient **(check the one that applies)**:

___ Is medically fit (physically, mentally, emotionally) to perform to their volunteer duties, or

___ Is not medically fit (physically, mentally, emotionally) to perform to their volunteer, or

___ Is medically fit to perform their volunteer duties under the following limitations:

Physician Name: _____

MSP Practitioner Number: _____

Signature: _____

Date: _____

Patient Name: _____

Patient Signature: _____

Date: _____