

Interdepartmental Referral Form

(Medical Examination/Evaluation)

Requested by: **Dallas Police & Fire Pension System**

Department: _____ Date: _____

Employee's name: _____

Present assignment duties: _____

Purpose of referral: _____

Date of appointment for examination _____ Referred by: _____

Report of Physical Examination or Evaluation

Date of examination: _____ Date of report: _____

Brief statement of findings:

1. Can the applicant perform the regular duties of a Police Officer or Firefighter?

Yes or No

2. If the answer is no, can the applicant perform a sedentary position?

Yes or No

3. If the answer is Yes, any limitations or accommodations that must be followed should be listed.

Additional comments: _____

Recommendations: _____

Director of Public Health

By: _____

Please return completed form to:

**Dallas Police & Fire Pension System
4100 Harry Hines Blvd., Suite 100
Dallas, Texas 75219**