



Baltimore County Volunteer Firefighter's Association

REQUEST FOR APPOINTMENT or CHANGE OF COMPANY MEDICAL INFORMATION COORDINATOR

Company Medical Testing Coordinators are persons authorized to receive a report on members or applicants that indicate only that the member tested positive or negative for the illegal use of drugs or alcoholic beverages, as well as other information pertinent to a member's medical fitness for service. Such information will be released **ONLY** to the two company members so designated through the use of this form. This form must bear the original signature of the Company President. Each Member Company is entitled to have a maximum of two Medical Information Coordinators at any one time.

STATION NUMBER		COMPANY NAME	
LAST NAME		FIRST NAME	MIDDLE INITIAL
HOME ADDRESS			
CITY		STATE	ZIP
EMAIL ADDRESS			
CELL AND/OR HOME PHONE NUMBER			

FULL NAME OF MEMBER WHO IS BEING <u>REMOVED</u> AS COMPANY MEDICAL INFORMATION COORDINATOR:

PRINTED NAME OF COMPANY PRESIDENT	SIGNATURE OF COMPANY PRESIDENT
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RECEIVED IN VOLUNTEER ASSOCIATION OFFICE: