



FDNY BUREAU OF HEALTH SERVICES

NOTICE TO CANDIDATES – FORM 7

BHS MEDICAL ASSESSMENT

YOU HAVE BEEN SCHEDULED FOR A MEDICAL ASSESSMENT IN CONNECTION WITH YOUR APPLICATION FOR FIRE DEPARTMENT EMPLOYMENT, IN ORDER TO DETERMINE WHETHER YOU ARE PHYSICALLY AND PSYCHOLOGICALLY FIT TO PERFORM THE DUTIES OF THE TITLE FOR WHICH YOU ARE A CANDIDATE.

THE FIRE DEPARTMENT BUREAU OF HEALTH SERVICES (BHS) WILL CONDUCT A PHYSICAL EXAMINATION OF YOU, AND YOU WILL BE ADMINISTERED VARIOUS TESTS, INCLUDING LABORATORY TESTS AND X-RAYS. THE PHYSICAL EXAMINATION AND TESTS ARE INTENDED SOLELY TO DETERMINE YOUR FITNESS FOR DUTY AND NOT TO PROVIDE MEDICAL TREATMENT.

THEREFORE, YOU DO NOT HAVE A PHYSICIAN-PATIENT RELATIONSHIP WITH ANY OF THE FIRE DEPARTMENT PERSONNEL CONDUCTING YOUR MEDICAL ASSESSMENT.

YOU ARE ENCOURAGED TO CONSULT WITH YOUR PRIMARY MEDICAL CARE PROVIDER WITH RESPECT TO ANY MEDICAL CONDITION THAT YOU MAY HAVE.

CONTINUING OBLIGATION TO NOTIFY BUREAU OF HEALTH SERVICES (BHS)

WE ANTICIPATE THAT SEVERAL MONTHS MAY ELAPSE FROM THE TIME OF YOUR BHS MEDICAL ASSESSMENT TO THE TIME OF YOUR APPOINTMENT TO THE TITLE FOR WHICH YOU ARE A CANDIDATE (ASSUMING THAT YOU ARE APPOINTED TO SUCH TITLE).

ON THE DATE OF YOUR BHS MEDICAL ASSESSMENT, YOU WILL BE REQUIRED TO COMPLETE THE CANDIDATE MEDICAL ASSESSMENT FORM (BHS FORM 1B).

IF, PRIOR TO THE DATE OF YOUR APPOINTMENT TO THE TITLE FOR WHICH YOU ARE A CANDIDATE, YOU BECOME AWARE OF ANY CHANGE IN YOUR MEDICAL CONDITION THAT WOULD HAVE BEEN REPORTED ON THE MEDICAL ASSESSMENT FORM (BHS FORM 1-B) OR THAT OTHERWISE POTENTIALLY AFFECTS YOUR ABILITY TO PERFORM THE DUTIES OF THE TITLE FOR WHICH YOU ARE A CANDIDATE, YOU ARE REQUIRED TO COMPLETE THE ATTACHED MEDICAL ASSESSMENT FORM – UPDATE (BHS FORM 1-C), AND FAX IT TO "FDNY BUREAU OF HEALTH SERVICES, ATTENTION: CANDIDATE EVALUATION UPDATE" AT 718-999-0087.

RECEIPT OF NOTICE TO CANDIDATES

I have received and understand the foregoing Notice to Candidates.

Signature: _____ **Date:** _____

Printed Name: _____