

Kansas Search & Rescue Response System
Agency Fit for Duty Form

Based on the individuals listed below having satisfactorily completed the agency's annual physical/medical requirements, including examination by a physician, I verify that he/she is fit for duty as a member of the Kansas Search & Rescue Response System. A new form must be submitted each year.

Month/Year of Exam: _____

Agency: _____

Name of Agency Chief/Director or Designee

Signature