



Town of Fuquay-Varina
401 Old Honeycutt Road
Fuquay-Varina, NC 27526
Public Works Departments

Please Return To:
Town of Fuquay-Varina
Attn: Public Works Department
401 Old Honeycutt Road
Fuquay-Varina, NC 27526

MEDICAL RELEASE FORM

TO BE FILLED OUT BY PERSON DESIRING SERVICE

NAME: _____ AGE: _____ DATE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

OWNER OF PROPERTY: _____

PHONE: _____ DRIVER'S LICENSE NUMBER: _____

NUMBER OF PERSONS LIVING IN HOUSEHOLD: _____

TO BE FILLED OUT BY YOUR PHYSICIAN

Information will be kept confidential

For Use of Public Works Only

DATE OF LAST CHECK-UP: _____

LIST MEDICAL DISABILITIES:

Please explain in detail, reasons the above individual is not physically capable of pushing a roll out garbage container.

I, _____, hereby, certify that I have examined the above individual and find them physically incapable of meeting the requirement for performing the task indicated above.

DATE: _____

Signature of Certifying Physician

ADDRESS: _____ PHONE: _____

FOR TOWN USE ONLY

DATE OF SITE INSPECTION: _____ Approved [] Denied []

Sanitation Supervisor