



**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. The form cannot be sent by FAX or email and 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.

COMPANY MEDICAL INFORMATION COORDINATOR

STATION NUMBER		COMPANY NAME		
LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY			STATE	ZIP
HOME TELEPHONE	WORK TELEPHONE	EMAIL ADDRESS		
CELL 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: