

**Colorado Firefighter Heart and Cancer Benefits Trust**  
c/o McGriff, Seibels & Williams, Inc.  
PO Box 1539  
Portland, OR 97207  
Fax Number: 503-943-6622  
Email: cfhtrust@mcgriff.com



## **Prior Heart Incident Assessment Grant Physician's Statement Form**

The below statement will be used to determine eligibility for this individual's request for grant funding from the above listed organization to attend Colorado State University's (CSU) Firefighter Heart Health and Lifestyle Awareness Program.

This CSU program provides in-depth screening of many of the factors known to contribute to heart disease. To qualify for Colorado Firefighter Trust grant funding, a firefighter must currently be enrolled in the Trust and have suffered a significant past heart incident other than angina or hypertension. The below statement can be used in lieu of the official medical records as long as the description is specific enough and does not solely include the heart conditions stated above.

### **Physician's Statement**

**Firefighter Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Cardiac event or Condition Discovered:**

**Condition treatment and prognosis:**

For the purposes of the patient obtaining Prior Heart Condition Assessment Grant funds, the below signed hereby certifies that the above stated cardiac conditions are accurate for the applicant firefighter.

Name of Physician: \_\_\_\_\_ Clinic/Hospital Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_