



**State of Nevada  
Department of Health and Human Services  
Division of Public and Behavioral Health  
Emergency Medical Systems**

## **Physician Statement**

**This form is to be completed when applying for an initial attendant license or renewing an existing attendant license pursuant to NAC 450B.320.1(d)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

EMS #: \_\_\_\_\_

### **Medical Provider Statement:**

The above individual:

Is of sound physical and mental health, free from physical defects, and diseases that may impair their ability to drive or attend an ambulance, air ambulance, or agency vehicle.

Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Physician:

Physician Assistant:

Advanced Practice Registered Nurse: