|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinic Performing Exam** | |  | **Address** |  | |
| **Physician Name** |  | | **Phone Number** | | ( ) |
| **CFNP** |  | | **Fax Number** | | ( ) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Employing Agency** | | |  | **Address** |  | |
| **Department** |  | | | **Phone Number** | | ( ) |
| **Health Coordinator** | |  | | **Fax Number** | | ( ) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate** |  | | | | | | | **Address** |  | | | | |
| **Position / Job Title** | | |  | | | | | **Phone Number** | | |  | **Mobile** |  |
| **Date of Birth** | |  | | **Age** |  | **Sex** | ❒ Male ❒ Female | | | **Social Security Number** | | |  |
|  | |  | |  |  |  |  | | |  | | |  |

Incomplete forms or missing information may result in a delay clearing you for firefighter duties. Submitting information that is misleading or untruthful may result in termination, criminal sanctions, or failure to be cleared for duty.

This history form and review does not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the Interagency Medical Standards Program Manager or their representative for the purpose of fit for duty clearance as a firefighter.

Candidate’s Signature (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_

**🗷 Baseline** ❒ Exit ❒ Periodic Exam

**🗷** Medical History Review

**🗷** Physical Examination

**🗷** Far Vision Only (corrected and uncorrected); Color; Peripheral; Depth Perception

**🗷** Audiogram (500 Hz – 8000 Hz)

**🗷** EKG (12 lead with interpretation)

**🗷** Pulmonary Function Test (attach tracings)

**🗷** PPD test (Mantoux) – PPD placement

**🗷** PPD test (Mantoux) – PPD read

**🗷** Lab Collection – CBC, Urinalysis, Glucose, BUN, Creatinine, Liver Function, Lipid Panel, PSA

**🗷** Chest X-Ray

**🗷** Physician must sign completed exam

PPD

1. Have you ever had a Mantoux or tuberculosis test before? ❒ Yes ❒ No

2. Was the test positive? ❒ Yes ❒ No

3. Have you ever had INH prophylazis (preventative treatment)? ❒ Yes ❒ No

4. Have you ever had treatment for active TB? ❒ Yes ❒ No

5. Have you ever had a BCG vaccine? ❒ Yes ❒ No

I understand that I must return to the examining facility to have my PPD interpreted within 48-72 hours after administration.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arm Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

Given By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test results – induration (hardness): \_\_\_\_\_\_ mm Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

|  |  |  |
| --- | --- | --- |
| **Smoking History**  This information is needed since tobacco use increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your tobacco use status and complete this section. | | |
| **❒ Never Smoked** | **Current Smoker**  **❒ Yes ❒ No**  Number of cigarettes per day ­­­­­­­­\_\_\_\_\_\_\_\_\_\_  Number of cigars per day \_\_\_\_\_\_\_\_\_\_  Number of pipe bowls per day \_\_\_\_\_\_\_\_\_\_  Amount of chewing tobacco per day \_\_\_\_\_\_\_\_\_\_  Total years of tobacco use \_\_\_\_\_\_\_\_\_\_ | **Former Smoker**  **❒ Yes ❒ No**  Number of cigarettes per day ­­­­­­­­\_\_\_\_\_\_\_\_\_\_  Number of cigars per day \_\_\_\_\_\_\_\_\_\_  Number of pipe bowls per day \_\_\_\_\_\_\_\_\_\_  Amount of chewing tobacco per day \_\_\_\_\_\_\_\_\_\_  Total years of tobacco use \_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Describe your Physical Activity Program**  Type of Activity or Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Intensity ❒ Low ❒ Moderate ❒ High Duration of minutes per session \_\_\_\_\_\_\_\_\_\_\_\_  Examples Walking Jogging, Cycling Sustained heavy breathing and perspiration Frequency, in days per week \_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Medications**  List all medications you are currently taking, including those prescribed and over-the-counter (including herbal) as well as the reasons that you are taking them. (Use additional sheets as necessary)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of last Tetnus (Td) Shot:**  **\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_**  *Booster recommended every 10 years* |

|  |  |
| --- | --- |
| **Summary of your medical history**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Allergies**  \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| ***Examiner: Use this space to comment on positive history or findings on this page*** |

**MEDICAL HISTORY**

|  |  |  |
| --- | --- | --- |
| **Note: For every item checked “Yes” provide dates, treatments, and current status. Use the blank spaces below.** | | |
| **A.** Have you ever been treated with an organ transplant, prosthetic device (e.g. artificial  hip), or an implanted pump (e.g. for insulin) or electrical device (e.g. cardiac  defibrillator )? | ❒ Yes ❒ No |  |
| **B.** Have you had or have you been advised to have an operation? | ❒ Yes ❒ No |  |
| **C.** Have you ever been a patient in any type of hospital? | ❒ Yes ❒ No |  |
| **D.** Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past year for other minor illnesses? | ❒ Yes ❒ No |  |
| **E.** Have you been rejected for military service because of physical, mental, or other reasons? | ❒ Yes ❒ No |  |
| **F.** Have you ever been treated for a mental or emotional condition? | ❒ Yes ❒ No |  |
| **G.** Have you ever been diagnosed with or treated for alcoholism or alcohol dependence? | ❒ Yes ❒ No |  |
| **H.** Have you ever been diagnosed as being dependent on illegal drugs, or treated for drug abuse? | ❒ Yes ❒ No |  |
| **I.** Have you ever received, is there pending, or have you applied for a pension or compensation for a disability? | ❒ Yes ❒ No |  |
| **J.** Do you have any allergies? | ❒ Yes ❒ No |  |
| **K.** Are you allergic to any medications? | ❒ Yes ❒ No |  |

*Examiner: Use this space to comment on positive history or findings on this page:*

**Head and Neck**

**NL ABNL**

❒ ❒ Head, Face, Neck (thyroid), Scalp

❒ ❒ Nose / Sinuses / Eustachian tube

❒ ❒ Mouth / Throat

❒ ❒ Pupils equal / reactive

❒ ❒ Ocular motility

❒ ❒ Ophthalmoscopic findings

❒ ❒ Speech

**Vision** (Must complete A and B)

*Color Vision A*:

Type of ❒ Ishihara plate (# of plates = \_\_\_\_\_\_\_\_\_\_\_\_)

❒ OPTEC 2000 Vision Tester

❒ Titmus Vision Tester

❒ Famsworth D-15

❒ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Correct \_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ tested

*Color Vision B*: (Red, Green, and Yellow) (Ishihara does not

test for yellow)

Able to see red / green / yellow? ❒ Yes ❒ No

Type of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician, please use a qualitative testing method

*Far Vision Acuity:* (Near vision not required)

Uncorrected

Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_ Both 20 / \_\_\_\_\_

*Only soft contact lens wearers do not need uncorrected vision recorded*

Corrected

Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_ Both 20 / \_\_\_\_\_

*Peripheral Vision:* Right \_\_\_\_\_\_\_\_\_° Left \_\_\_\_\_\_\_\_\_ °

*Depth Perception:*

Type of test:

❒ Stereo Numbers: Number Correct: \_\_\_\_ of \_\_\_\_ tested

❒ Stereo Animals: \_\_\_\_ seconds of arc

❒ \_\_\_\_ % Shepard Frye

❒ Other: type of test Response: \_\_\_\_ seconds of arc

**Vision Yes No**

Any eye disease ❒ ❒

Do you wear eyeglasses ❒ ❒

❒ far ❒ near ❒ both

Do you wear contact lenses ❒ ❒

❒ hard ❒ soft

Do you have a history of frequent headaches ❒ ❒

Blurred vision ❒ ❒

Difficulty reading ❒ ❒

Glaucoma ❒ ❒

Cataracts ❒ ❒

Color blindness ❒ ❒

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Otoscopic Exam**

**Right Left**

**NL ABNL NL ABNL**

Canal / External Ear ❒ ❒ ❒ ❒

Tympanic Membrane ❒ ❒ ❒ ❒

**Audiogram**  (Attach Printout)

Type of Test:

❒ Baseline

❒ Periodic

❒ Exit

Calibration Method:

❒ Oscar ❒ Biological Date \_\_\_ / \_\_\_ / \_\_\_

*Hearing must be done without hearing aid, and must meet OSHA standard for testing*

**Hearing Yes No**

Any ear disease ❒ ❒

Loud, constant noise or music in the last 14 hours ❒ ❒

Loud, impact noise in the last 14 hours ❒ ❒

Ringing in the ears ❒ ❒

Difficulty hearing ❒ ❒

Ear infections or cold in the last 2 weeks ❒ ❒

Dizziness or balance problems ❒ ❒

Eardrum perforation ❒ ❒

Use of a hearing aid ❒ Left ❒ Right ❒ Both ❒ ❒

Use of protective hearing equipment when working around

loud noise ❒ foam ❒ pre-mold/plugs ❒ ear muffs ❒ ❒

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Frequency | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz | 8000 Hz |
| Right Ear dB @ |  |  |  |  |  |  |  |
| Left Ear dB @ |  |  |  |  |  |  |  |

Verify Audiogram if >40 dB for 5k, 1k, 2k, or 3k ❒ Audio verified

*Examiner: Use this space to comment on positive history or findings on this page:*

**Cardio/Pulmonary Assessment**

**NL ABNL**

❒ ❒ Lungs / Chest

❒ ❒ Heart (thrill, murmur)

❒ ❒ Major blood vessels

❒ ❒ Peripheral blood vessels

❒ ❒ Resting 12 lead EKG (Supine Only)

*(Attach with signed interpretation)*

❒ ❒ Chest X-Ray

*Please explain any ABNL answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vital Signs**

Height \_\_\_\_\_\_\_ (in.) Weight \_\_\_\_\_\_\_ (lbs)

Resp. \_\_\_\_\_\_\_ / min Temp. \_\_\_\_\_\_\_

Blood Pressure \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ (sitting)

Pulse \_\_\_\_\_\_\_ / min ❒ Regular ❒ Irregular

*If blood pressure is > 180/100 repeat after 10-15 minutes*

**Vascular Yes No**

Any vascular disease ❒ ❒

Enlarged superficial veins, phlebitis, or blood clots ❒ ❒

Anemia ❒ ❒

Hardening of the arteries ❒ ❒

High Blood Pressure ❒ ❒

Stroke or Transient Ischemic Attack (TIA) ❒ ❒

Aneurysms ❒ ❒

Poor circulation to hands and feet ❒ ❒

White fingers with cold / vibration ❒ ❒

**Respiratory Yes No**

Any respiratory disease ❒ ❒

Asthma (including exercise induced asthma) ❒ ❒

Bronchitis or Emphysema ❒ ❒

Excessive, unexplained fatigue ❒ ❒

Use of inhalers ❒ ❒

Acute or chronic lung infection ❒ ❒

Collapsed lung ❒ ❒

Scoliosis (curved spine) with breathing limitations ❒ ❒

History of Tuberculosis ❒ ❒

(Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)

**Spirometry** (3 good attempts required)

(Attach all 3 tracings)

Technician ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Calibration Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ /\_\_\_\_\_\_

Daily calibration performed: ❒ yes ❒ no

Machine Make / Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examinee effort: ❒ Good ❒ Fair ❒ Poor

|  |  |  |  |
| --- | --- | --- | --- |
| Actual  FVC | Actual  FEV1 | Actual  FEV 1/FVC | Actual  FEF 25-75 |
| % Predicted  FVC | % Predicted  FEV 1 | % Predicted  FEV 1/ FVC | % Predicted  FEF 25-75 |

**Coronary Risk Factors Yes No**

Blood Pressure > 140/90  ❒ ❒

Diabetes or Fasting Glucose > 126 mg/dl ❒ ❒

Total Cholesterol > 200 mg/dl or HDL > 40 mg/dl ❒ ❒

Family history of CVD in males <55 ❒ ❒

Age (men > 45, women > 55) ❒ ❒

No regular exercise program ❒ ❒

Current smoker ❒ ❒

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heart Yes No**

Any heart disease or heart murmurs ❒ ❒

Heart or chest pain (angina) with or without exertion ❒ ❒

Heart rhythm disturbance or palpitations ❒ ❒

History of Heart Attack ❒ ❒

Organic heart disease (including prosthetic heart valves,

mitral stenosis, heart block, heart murmur, mitral valve

prolapse, pacemakers, implanted defibrillator,

WPW, etc. ❒ ❒

Heart surgery ❒ ❒

Sudden loss of consciousness ❒ ❒

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Examiner: Use this space to comment on positive history or findings on this page:*

*Examiner: Use this space to comment on positive history or findings on this page:*

**Endocrine Yes No**

Any endocrine disease ❒ ❒

Thyroid disease ❒ ❒

Obesity ❒ ❒

Unexplained weight loss or gain ❒ ❒

Diabetes (Insulin requiring) ❒ ❒

If yes, units per day \_\_\_\_\_\_. Year diagnoses \_\_\_\_\_\_

Diabetes (Non-insulin requiring) ❒ ❒

Year diagnosed \_\_\_\_\_\_

If you have diabetes

Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last hemoglobin A1C \_\_\_\_\_\_\_\_% date performed \_\_\_\_\_\_\_\_\_\_

Have you ever had a hypoglycemic episode ❒ ❒

If yes, last date \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for diabetes ❒ ❒

If yes, dates \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

*Examiner: Use this space to comment on positive history or findings:*

**Gastrointestinal Assessment**

**NL ABNL Yes No**

❒ ❒Auscultation ❒ ❒ Organomegaly

❒ ❒ Palpation ❒ ❒ Tenderness

❒ ❒ Hernia

(Specify type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Gastrointestinal Yes No**

Any gastrointestinal disease ❒ ❒

Hernias ❒ ❒

Colostomy ❒ ❒

Persistent stomach / abdominal pain / active ulcer ❒ ❒

Hepatitis or other liver disease ❒ ❒

Irritable bowel syndrome ❒ ❒

Rectal bleeding ❒ ❒

Vomiting ❒ ❒

*Examiner: Use this space to comment on positive history or findings:*

**Genitourinary Assessment**

**NL ABNL**

❒ ❒ External genitalia ❒ Deferred

*Note: this clearance exam does not require a pelvic exam or PAP smear for females, or a rectal or prostate exam for males*

**Genitourinary Yes No**

Any genitourinary disease ❒ ❒

Blood in urine ❒ ❒

Kidney stones ❒ ❒

Difficult or painful urination ❒ ❒

Infertility (difficulty having children) ❒ ❒

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Examiner: Use this space to comment on positive history or findings on this page:*

**Musculoskeletal Assessment**

**NL ABNL**

❒ ❒ Upper extremities (Strength)

❒ ❒ Upper extremities (Range of motion)

❒ ❒ Lower extremities (Strength)

❒ ❒ Lower extremities (Range of motion)

❒ ❒ Feet

❒ ❒ Hands

❒ ❒ Spine, other musculoskeletal

❒ ❒ Flexibility of neck, back, spine, hips

*Please explain any ABNL answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Musculoskeletal Yes No**

Any musculoskeletal disease ❒ ❒

Moderate to severe joint pain, arthritis, tendonitis ❒ ❒

Amputations ❒ ❒

Loss of use of arm, leg, fingers, or toes ❒ ❒

Loss of sensation ❒ ❒

Loss of strength ❒ ❒

Loss of coordination ❒ ❒

Chronic back pain ❒ ❒

Chronic back pain associated with leg numbness,

weakness, or pain ❒ ❒

Back surgery within last 2 years ❒ ❒

Are you ❒ right handed ❒ left handed

*Please explain any YES answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neurological Assessment**

**NL ABNL**

❒ ❒ Cranial nerves (I-XII)

❒ ❒ Cerebellum

❒ ❒ Motor / Sensory (Including vibratory and

proprioception

❒ ❒ Deep tendon reflexes

❒ ❒ Mental status exam

*Please explain any ABNL answers, including dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neurological Yes No**

Any neurological disease ❒ ❒

Tremors, shakiness ❒ ❒

Seizures (current or previous) ❒ ❒

Spinal cord injury ❒ ❒

Numbness or tingling ❒ ❒

Head / Spine surgery ❒ ❒

History of head trauma with persistent problems ❒ ❒

Chronic or recurring headaches (migraines) ❒ ❒

History of brain tumor ❒ ❒

Loss of memory ❒ ❒

Insomnia (difficulty sleeping) ❒ ❒

*Please explain any YES answers, including dates:*

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*Examiner: Use this space to comment on positive history or findings on this page:*

**Dermatology Assessment**

**NL ABNL**

❒ ❒ Skin

*Please explain any ABNL answers, including dates:*

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**Dermatology Yes No**

Any skin disease ❒ ❒

Sun sensitivity ❒ ❒

History of chronic dermatitis ❒ ❒

Active skin disease ❒ ❒

Moles that have changed in size or color ❒ ❒

*Please explain any YES answers, including dates:*

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*Examiner: Use this space to make additional comments about this examination:*

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| **Examining Physicians Signature** | | **Examining Physicians Printed Name** | **Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_** | |
| **Examiner’s Address** |  | | **Phone Number** | ( ) |

**Essential Structural Firefighting Functions**

*The medical requirements in this standard were based on in-depth consideration of essential structural fire-fighting functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for Fire Fighter Professional Qualifications*.

**Essential functions are performed in and affected by the following environmental factors:**

(1) Operating both as a member of a team and independently at incidents of uncertain duration

(2) Spending extensive time outside exposed to the elements

(3) Tolerating extreme fluctuations in temperature while performing duties; fire fighters are required to perform physically demanding work in hot (up to 400°F), humid (up to 100 percent) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms

(4) Experiencing frequent transition from hot to cold and from humid to dry atmospheres

(5) Working in wet, icy, or muddy areas

(6) Performing a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders

(7) Working in areas where sustaining traumatic or thermal injuries is possible

(8) Facing exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents, either through inhalation or skin contact

(9) Facing exposure to infectious agents such as Hepatitis B or HIV

(10) Wearing personal protective equipment that weighs approximately 50 lb. while performing fire-fighting tasks

(11) Performing physically demanding work while wearing positive-pressure breathing equipment with 1.5 in. of water column resistance to exhalation at a flow of 40 L/min

(12) Performing complex tasks during life-threatening emergencies

(13) Working for long periods of time, requiring sustained physical activity and intense concentration

(14) Facing life-or-death decisions during emergency conditions

(15) Being exposed to grotesque sights and smells associated with major trauma and burn victims

(16) Making rapid transitions from rest to near-maximal exertion without warm-up periods

(17) Operating in environments of high noise, poor visibility, limited mobility; at heights; and in enclosed or confined spaces

(18) Using manual and power tools in the performance of duties

(19) Relying on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, to maintain personal safety, and to make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation

**Medical Standards**

*This standard shall contain medical requirements for members, including full-time or part-time employees and paid or unpaid volunteers. It also shall provide information for physicians regarding other areas of fire department medicine, including infection control and fireground rehabilitation.*

*The purpose of this standard shall be to specify minimum medical requirements for candidates and current members. It also shall provide other information regarding fire department activities that assist the department physician in providing proper medical support for members.*

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| **Category A Medical Condition**  A medical condition that would preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others. | **Category B Medical Condition**  A medical condition that, based on its severity or degree, could preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others. |

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| **Head** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Deformities of the skull such as depressions or exostoses  (2) Deformities of the skull associated with evidence of disease of the brain, spinal cord, or peripheral nerves  (3) Loss or congenital absence of the bony substance of the skull  (4) Any other head condition that results in a person not being able to perform as a member |

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| **Neck** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Thoracic outlet syndrome  (2) Congenital cysts, chronic draining fistulas, or similar lesions  (3) Contraction of neck muscles  (4) Any other neck condition that results in a person not being able to perform as a member |

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| **Eyes and Vision** | |
| **Category A Medical Condition**  (a) Far visual acuity. Far visual acuity shall be at least 20/30 binocular, corrected with contact lenses or spectacles. Far visual acuity uncorrected shall be at least 20/100 binocular for wearers of hard contacts or spectacles.  (b) Peripheral vision. Visual field performance without correction shall be 140 degrees in the horizontal meridian in each eye. | **Category B Medical Condition**  (1) Diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis  (2) Ophthalmological procedures such as radial keratotomy or repair of retinal detachment  (3) Any other eye condition that results in a person not being able to perform as a member |

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| **Ears and Hearing** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  a) Hearing deficit in the pure tone thresholds in the unaided worst ear that is  (1) Greater than 25 dB in three of the four frequencies  a. 500 Hz  b. 1000 Hz  c. 2000 Hz  d. 3000 Hz  OR  (2) Greater than 30 dB in any one of the three frequencies  a. 500 Hz  b. 1000 Hz  c. 2000 Hz  AND  (3) In addition averages greater than 30 dB for the four frequencies  a. 500 Hz  b. 1000 Hz  c. 2000 Hz  d. 3000 Hz  (b) Unequal hearing loss  (c) Atresia, severe stenosis, or tumor of the auditory canal  (d) Severe external otitis  (e) Severe agenesis or traumatic deformity of the auricle  (f) Severe mastoiditis or surgical deformity of the mastoid  (g) Meniere’s syndrome or labyrinthitis  (h) Otitis media  (i) Any other ear condition that results in a person not being able to perform as a member and results in a person being unable to pass a job- specific functional hearing task test or a hearing in noise test |

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| **Dental** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  1) Diseases of the jaws or associated tissues  (2) Orthodontic appliances  (3) Oral tissues, extensive loss  (4) Relationship between the mandible and maxilla that precludes satisfactory post orthodontic replacement or ability to use protective equipment  (5) Any other dental condition that results in a person not being able to perform as a member |

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| **Nose, Oropharynx, Trachea, Esophagus, and Larynx** | |
| **Category A Medical Condition**  (1) Tracheostomy  (2) Aphonia | **Category B Medical Condition**  (1) Congenital or acquired deformity  (2) Allergic respiratory disorder  (3) Sinusitis, recurrent  (4) Dysphonia  (5) Anosmia  (6) Any other nose, oropharynx, trachea, esophagus, or larynx condition that results in a person not being able to perform as a member or to communicate effectively |

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| **Lungs and Chest Wall** | |
| **Category A Medical Condition**  (1) Active hemoptysis  (2) Empyema  (3) Pulmonary hypertension  (4) Active tuberculosis | **Category B Medical Condition**  (1) Pulmonary resectional surgery, chest wall surgery, pneumothorax  (2) Bronchial asthma or reactive airways disease  (3) Fibrothorax, chest wall deformity, diaphragm abnormalities  (4) Chronic obstructive airways disease  (5) Hypoxemic disorders  (6) Interstitial lung diseases  (7) Pulmonary vascular diseases, pulmonary embolism  (8) Bronchiectasis  (9) Infectious diseases of the lung or pleural space  (10) Any other pulmonary condition that results in a person not being able to perform as a member |

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| **Heart** | |
| **Category A Medical Condition**  (1) Angina pectoris, current  (2) Heart failure, current  (3) Acute pericarditis, endocarditis, or myocarditis  (4) Syncope, recurrent  (5) Automatic implantable cardiac defibrillator | **Category B Medical Condition**  (1) Significant valvular lesions of the heart, including prosthetic valves  (2) Coronary artery disease, including history of myocardial infarction, coronary artery bypass surgery, or coronary angioplasty, and similar procedures  (3) Atrial tachycardia, flutter, or fibrillation  (4) Left bundle branch block, second- and third-degree atrioventricular block  (5) Ventricular tachycardia  (6) Hypertrophy of the heart  (7) Recurrent paroxysmal tachycardia  (8) History of a congenital abnormality  (9) Chronic pericarditis, endocarditis, or myocarditis  (10) Cardiac pacemaker  (11) Coronary artery vasospasm  (12) Any other cardiac condition that results in a person not being able to perform as a member |

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| **Vascular System** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Hypertension  (2) Peripheral vascular disease such as Raynaud’s phenomenon  (3) Recurrent thrombophlebitis  (4) Chronic lymphedema due to lymphadenopathy or severe venous valvular incompetency  (5) Congenital or acquired lesions of the aorta or major vessels  (6) Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, and severe peripheral vasomotor disturbances  (7) Aneurysm of the heart or major vessel  (8) Any other vascular condition that results in a person not being able to perform as member |

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| **Abdominal Organs and Gastrointestinal System** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Cholecystitis  (2) Gastritis  (3) GI bleeding  (4) Acute hepatitis  (5) Hernia  (6) Inflammatory bowel disease  (7) Intestinal obstruction  (8) Pancreatitis  (9) Resection, bowel  (10) Ulcer, gastrointestinal  (11) Cirrhosis, hepatic or biliary  (12) Chronic active hepatitis  (13) Any other gastrointestinal condition that results in a person not being able to perform the duties of member |

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| **Reproductive** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Pregnancy, for its duration  (2) Dysmenorrhea  (3) Endometriosis, ovarian cysts, or other gynecologic conditions  (4) Testicular or epididymal mass  (5) Any other genital condition that results in a person not being able to perform as a member |

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| **Urinary System** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Diseases of the kidney  (2) Diseases of the ureter, bladder, or prostate  (3) Any other urinary condition that results in a person not being able to perform as a member |

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| **Spine, Scapulae, Ribs, and Sacroiliac Joints** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Arthritis  (2) Structural abnormality, fracture, or dislocation  (3) Nucleus pulposus, herniation of, or history of laminectomy, discectomy or fusion  (4) Ankylosing spondylitis  (5) Any other spinal condition that results in a person not being able to perform as a member |

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| **Extremities** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Limitation of motion of a joint  (2) Amputation or deformity of a joint or limb  (3) Dislocation of a joint  (4) Joint reconstruction, ligamentous instability, or joint replacement  (5) Chronic osteoarthritis or traumatic arthritis  (6) Inflammatory arthritis  (7) Any other extremity condition that results in a person not being able to perform as a member |

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| **Neurological Disorders** | |
| **Category A Medical Condition**  (1) Ataxias of heredo-degenerative type  (2) Cerebral arteriosclerosis as evidenced by documented episodes of neurological impairment  (3) Multiple sclerosis with activity or evidence of progression within previous three years  (4) Progressive muscular dystrophy or atrophy  (5) All epileptic conditions to include simple partial, complex partial, generalized, and psychomotor seizure disorders other than those with complete control during previous five years, normal neurological examination, and definitive statement from qualified neurological specialist.  If an epileptic member experiences a five-year seizure-free interval resulting from a change in the medical regimen, that individual shall not be cleared for return to firefighting duty until he or she has completed five years without a seizure on the new regimen. | **Category B Medical Condition**  (1) Congenital malformations  (2) Migraine  (3) Clinical disorders with paresis, paralysis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation, or complaint of pain  (4) Subarachnoid or intracerebral hemorrhage  (5) Abnormalities from recent head injury such as severe cerebral contusion or concussion  (6) Any other neurological condition that results in a person not being able to perform as a member |

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| **Skin** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Acne or inflammatory skin disease  (2) Eczema  (3) Any other dermatologic condition that results in the person not being able to perform as a member |

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| **Blood and Blood-Forming Organs** | |
| **Category A Medical Condition**  (1) Hemorrhagic states requiring replacement therapy  (2) Sickle cell disease (homozygous) | **Category B Medical Condition**  (1) Anemia  (2) Leukopenia  (3) Polycythemia vera  (4) Splenomegaly  (5) History of thromboembolic disease  (6) Any other hematological condition that results in a person not being able to perform as a member |

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| **Endocrine and Metabolic Disorders** | |
| **Category A Medical Condition**  *Diabetes mellitus, which is treated with insulin or an oral hypoglycemic agent and where an individual has a history of one or more episodes of incapacitating hypoglycemia, shall be a Category A medical condition.* | **Category B Medical Condition**  (1) Diseases of the adrenal gland, pituitary gland, parathyroid gland, or thyroid gland of clinical significance  (2) Nutritional deficiency disease or metabolic disorder  (3) Diabetes mellitus requiring treatment with insulin or oral hypoglycemic agent without a history of incapacitating hypoglycemia  (4) Any other endocrine or metabolic condition that results in a person not being able to perform as a member |

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| **Systemic Diseases and Miscellaneous Conditions** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Connective tissue disease, such as dermatomyositis, lupus erythematosus, scleroderma, and rheumatoid arthritis  (2) Residuals from past thermal injury  (3) Documented evidence of a predisposition to heat stress with recurrent episodes or resulting residual injury  (4) Any other systemic condition that results in a person not being able to perform as a member |

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| **Tumors and Malignant Diseases** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Malignant disease that is newly diagnosed, untreated, or currently being treated.  a. Candidates shall be subject to the provisions of 2-3.5 of this standard.  b. Current members shall be subject to the provisions of 2-4.4 of this standard  (2) Treated malignant disease that is evaluated on the basis of an individual’s current physical condition and on the likelihood of the disease to recur or progress.  (3) Any other tumor or similar condition that results in a person not being able to perform as a member |

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| **Psychiatric Conditions** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) A history of psychiatric condition or substance abuse problem  (2) Any other psychiatric condition that results in a person not being able to perform as a member |

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| **Chemicals, Drugs, and Medications** | |
| **Category A Medical Condition**  There shall be no Category A medical conditions. | **Category B Medical Condition**  (1) Anticoagulant agents  (2) Cardiovascular agents  (3) Narcotics  (4) Sedative-hypnotics  (5) Stimulants  (6) Psychoactive agents  (7) Steroids  (8) Any other chemical, drug, or medication that results in a person not being able to perform as a member |