



**TOWN OF STRATHMORE
FIRE DEPARTMENT
(APPLICANT MEDICAL REPORT)**

LAST NAME	GIVEN NAME	MIDDLE NAME OR INITIALS
PERSONAL HEALTH NUMBER		

This questionnaire is designed as a condition to the rigorous physical fitness requirements that a fire fighter has to endure during training and emergencies.

- 1) Have you ever been bothered by shortness of breath? YES NO
- 2) Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia? YES NO
- 3) Have you any back problems that would prevent you from lifting heavy objects? YES NO
- 4) Has your Doctor ever said you have heart trouble? YES NO
- 5) Do you often feel faint or have spells of severe dizziness? YES NO
- 6) Do you frequently have pains in your heart or your chest? YES NO
- 7) Has a Doctor ever said your blood pressure was too high? YES NO
- 8) Has your doctor ever told you that you have a bone joint problem such as arthritis, which has been aggravated by exercise, or might be made worse with exercise? YES NO
- 9) Is there any good reason not mentioned here why you should not undergo strenuous testing or exertion, even if you wanted to? YES NO
- 10) Do you have any allergies? _____ YES NO
- 11) Are you in good physical shape and accustomed to moderate to vigorous exercise? YES NO
- 12) Is there any medical reason, not mentioned here, why you should not undergo moderate to strenuous physical testing, training or activities, even if you wanted to? YES NO

This is a two part process, whereas the applicant will be required to complete this form receiving approval from the fire department to continue to the second portion of the medical evaluation.

You will not be allowed to participate in the practical physical training evaluations or job related tasks until you present the signed SECTION 2 – PHYSICIANS REPORT from your physician indicating that you are cleared to participate.

DATE:		Applicant Signature:	
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