



**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.**

<b>DATE:</b>		<b>Applicant Signature:</b>	
<b>DATE:</b>		<b>Fire Dept. Approval:</b>	



**DATE OF EXAMINATION:  
(MM/DD/YYYY)**

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**\*SURNAME**

**\*FIRST NAME**

**MIDDLE NAME OR INITIAL**

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10) Indicate with boxes A or B the existence or evidence of a condition under the following categories;

	YES		NO
Head & Neck	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Eyes & Vision	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Ears & Hearing	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Dental	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Nose, Oropharynx, Trachea, Esophagus	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Lungs &/Or Chest Wall	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Heart	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Vascular System	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Abdominal Organs	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Gastrointestinal System	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Reproductive System	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO

	YES		NO
Urinary System	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Spine & Axial Skeleton	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Extremities	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Neurological Disorders	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Skin	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Blood & Blood-Forming Organs	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Endocrine & Metabolic Disorders	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Systemic Diseases	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Miscellaneous Conditions	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Tumors and Malignant Diseases	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO
Chemicals, Drugs & Medications	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> NO

11) If a candidate presents with a condition that temporarily interferes with his/her ability to safely perform essential job tasks, is there a expected recovery date for re-examination?

\_\_\_\_\_ *Suggested re-examination date*

12) In your opinion, does the candidate have a physical and mental medical history which would allow him / her to work as a firefighter?

Yes  No

**Note: Physician is required to sign both pages of medical report.**

**\*PHYSICIAN'S SIGNATURE**

**DATE**

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## **NOTE TO EXAMINING PHYSICIAN:**

The medical examination to be performed is to determine if the person above has maintained an acceptable level of fitness to perform as a firefighter and has not contracted any disabling disease or disability to prevent his/her effective functioning as a firefighter.

The physician shall determine using any testing procedures that he/she feels necessary, if the above named person is fit for active firefighting duties so that the firefighter will **not** jeopardize himself/herself and other personnel that he/she may come in contact with while performing his/her duties.

- 1) The fee for the service of the physician for this examination is the responsibility of the applicant.
- 2) To function as a member of the Fire Department, it is essential that the applicant be physically and mentally fit to perform the varied duties of a firefighter. The physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate's or member's ability to perform the essential job tasks.
- 3) Please review the essential job tasks on the following page for understanding of the physical requirements that a firefighter may have to perform.
- 4) Review the ***Pre-Employment Health Screening*** form which the candidate or member filled in and brought to this appointment. If there are any items of concern checked off please discuss with candidate or member.
- 5) Medical conditions should be placed in either Category A or Category B.
  - a. Category A are conditions where the candidate is unsuitable to perform one or more essential job tasks.
  - b. Category B are conditions where the candidate has a medical condition, but does not pose a significant safety and health risk to themselves, other firefighters or civilians by performing the essential job tasks.
  - c. Descriptions of medical conditions are not required.
- 6) If there is a medical condition under the medical categories, for which this person is either being treated for, previously been treated for, or shows any evidence of having, please select A or B. If no condition exists, then select NO.
- 7) Upon request, the fire department will provide a comprehensive list of medical conditions by medical category to assist the physician in determining whether or not a condition would be considered a category A or category B condition.
- 8) The physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate's or member's ability to perform the essential job tasks.

On the following page is the ***Physician Guidance***, outlining the 13 essential job tasks. It is important to note that although some of the tasks the person may be asked to perform will be as part of a team effort, there may also be times where the person is expected to perform at a high level as an individual.

**Physician Guidance:** The following are the essential job tasks from NFPA 1582 - *Standard on Comprehensive Occupational Medical Program for Fire Departments* that an auxiliary firefighter may be requested to perform through the course of his / her duties. Typically, these are not the day to day activities requested of auxiliary fire fighters, but essentially they can be called upon to perform some of these to varying degrees of physical exertion (from minimal, moderate to vigorous).

Auxiliary fire fighters are provided opportunities to work within their capabilities as much as possible to avoid significant safety and health risk to themselves, other firefighters or civilians, but upon occasion can be requested to perform at a higher level.

- (1) Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
- (2) Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
- (4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
- (5) Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
- (6) Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
- (7) Advancing water-filled hose lines up to 2 ½ in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
- (8) Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
- (9) Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
- (10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
- (11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
- (12) Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers)
- (13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.