FRANKLIN COUNTY FIRE ADVISORY BOARD

MEDICAL EVALUATION SHEET

Department:_____

Firefighter's Name:_____

Firefighter's Address:_____D.O.B:_____

Signature:_____Phone #:_____

By signing this document you hereby certify that the above named firefighter is a lawful member of your fire department and has had a physical and classified by a physician:

Chief's Name:_____Date:_____

Chief's Signature:_____

By signing this document you hereby certify that the above named firefighter has been approved by the Town/Village Board/Board of Commissioner's (Jurisdiction Having Authority) and should be added to the Franklin County Self Insurance Plan:

Authorized Name:_____Date:_____

Authorized Signature:_____

CATEGORY "A" FIREFIGHTERS:

This evaluation is valid for three years for individuals who are less than 30 years of age, for two years for individuals between 30 and 39 years of age, and for one year for individuals 40 and over. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. ***An EKG and a pulmonary function test shall be performed, if deemed necessary by the medical examiner.***

CATEGORY "B,C,D,E" FIREFIGHTERS:

The medical examiner performing this evaluation will determine the time interval for this category. However, the time interval shall not exceed five years. Individuals must also be re-evaluated whenever there is any change in his or her health status, or if recommended by a medical examiner to be done sooner. ***An EKG shall be performed, if deemed necessary by the medical examiner.***

Date of next physical exam:_____

Attn Medical Examiner: The extensiveness and frequency of the physical examination given should be based on the firefighters physical duties, age and health status.

PHYSICAL CLASSIFICATIONS BY DUTIES OF FIREFIGHTERS

Firefighter "A"- Interior/ Exterior Firefighter (SCBA)

A firefighter in the level "A" category may be required to wear a self contained breathing apparatus (SCBA) or respirator along with appropriate personal protective gear such as full firefighter turn out gear in any hazardous atmospheric conditions. This firefighter should also be capable of using hand tools (axes, pike poles, ladders, etc.) and power tools (chainsaws, demo saws, extrication tools, etc.). In addition, this firefighter will need to be able to stretch and operate hose lines with up to 125 pounds of pressure, and heavy physical exertion for periods of time up to forty minutes.

Firefighter "B-SCBA"- Exterior / Support Role Firefighter (SCBA)

A firefighter in the level "B-SCBA" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear and a SCBA. The "B-SCBA" firefighter performs Non-Interior firefighter support roles including exterior firefighting support, pump operations, aerial apparatus operations, and similar support roles on the fire ground. They must be able to pick up hose lines & equipment, and may be required to load trucks with tools & hose lines, etc.

Firefighter "B" – Exterior / Support Role Firefighter

A firefighter in the level "B" category must be able to wear appropriate personal protective gear such as full firefighter turn out gear. This firefighter will be limited to EMS operations & fire ground support only. They must be able to pick up hose lines & equipment, and may be required to reload trucks with tools & hose lines, etc. (Tanker drivers, EMT's, MVA support, Fire investigators, etc).

Firefighter "C"- Support Role (No Firefighting Duties)

A firefighter in the level "C" category must be able to wear an ANSI- Compliant Safety vest & helmet. They will be directing traffic, teaching fire prevention, or taking photographs, preparing and delivering meals or lifting light equipment (25 pounds or less). This firefighter will not be required to perform any duties involving heavy exertion or heavy lifting.

Firefighter "D"- Administrative Role (No Firefighting Duties)

A firefighter in the level "D" category will serve as an administrative member only. They will not participate in any on-scene operations. Their duties will include clerical work, meetings and radio operations.

EMS Only "E" – Emergency Medical Services Only (Non-Fire Based)

An EMS/EMT in the level "E" category will perform only EMS duties. The EMS/EMT must be able to wear an ANSI-Compliant Safety vest & Helmet and be able to lift equipment (25 pounds or less). EMT's must meet New York State physical requirements for EMT certification.

Circle the class of firefighter that this evaluation is being performed for:

Class "A"	**Class "B"**	**Class "B-SCBA"**	**Class "C"**	**Class "D"**	**Class "E"**

Based on my evaluation, the above listed firefighter,

( ) Has no medical or physical condition, which, in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter under classification circled above.

( ) Has a medical or physical condition, which in my opinion, would interfere with the performance of his/her firefighting duties as a firefighter.

Healthcare Provider (MD,PA,NP):_____

Signature:_____Date:_____

Yes	No	Do you currently smoke tobacco, or have you smoked tobacco in the last month?
Yes	No	Have you ever had any of the following conditions?
☐ Seizures (fits) ☐ Diabetes (sugar disease) ☐ Allergic reactions that interfere with your breathing (list source) _____ ☐ Claustrophobia (fear of closed-in places) ☐ Trouble smelling odors		
Yes	No	Have you ever had any of the following pulmonary or lung problems?
☐ Asbestosis ☐ Asthma ☐ Chronic bronchitis ☐ Emphysema ☐ Pneumonia ☐ Tuberculosis ☐ Silicosis ☐ Pneumothorax ☐ Lung cancer ☐ Broken ribs ☐ Any chest injuries or surgeries ☐ Any other lung problem that you've been told about		
Yes	No	Do you currently have any of the following symptoms of pulmonary or lung illness?
☐ Shortness of breath ☐ Shortness of breath when walking fast on level ground or walking up a slight hill or incline ☐ Shortness of breath when walking with other people at an ordinary pace on level Ground ☐ Have to stop for breath when walking at your own pace on level ground ☐ Shortness of breath when washing or dressing yourself ☐ Shortness of breath that interferes with your job ☐ Coughing that produces phlegm (thick sputum) ☐ Coughing that wakes you early in the morning ☐ Coughing that occurs mostly when you are lying down ☐ Coughing up blood in the last month ☐ Wheezing ☐ Wheezing that interferes with your job ☐ Chest pain when you breathe deeply ☐ Any other symptoms that you think may be related to lung problems		
Yes	No	Have you ever had any of the following cardiovascular or heart problems?
☐ Heart attack ☐ Stroke ☐ Angina ☐ Heart failure ☐ Swelling in your legs or feet (not caused by walking) ☐ Heart arrhythmia (heart beating irregularly) ☐ High blood pressure ☐ Any other heart problem that you've been told about		
Yes	No	Have you ever had any of the following cardiovascular or heart symptoms?
☐ Frequent pain or tightness in your chest ☐ Pain or tightness in your chest during physical activity ☐ Pain or tightness in your chest that interferes with your job ☐ In the past two years, have you noticed your heart skipping or missing a beat ☐ Heartburn or indigestion that is not related to eating ☐ Any other symptoms that you think may be related to heart or circulation problems		
Yes	No	Do you currently take medication for any of the following problems?
☐ Breathing or lung problems ☐ Heart trouble ☐ Blood pressure ☐ Seizures (fits)		
Yes	No	Have you ever lost vision in either eye (temporarily or permanently)?
Yes	No	Do you currently have any of the following vision problems?
☐ Wear contact lenses ☐ Wear glasses ☐ Color blind ☐ Any other eye or vision problem		
Yes	No	Have you ever had an injury to your ears, including a broken ear drum?
Yes	No	Do you currently have any of the following hearing problems?
☐ Difficulty hearing ☐ Wear a hearing aid ☐ Any other hearing or ear problem		
Yes	No	Have you ever had a back injury?
Yes	No	Do you currently have any of the following musculoskeletal problems?
☐ Weakness in any of your arms, hands, legs, or feet ☐ Back pain ☐ Difficulty fully moving your arms and legs ☐ Pain or stiffness when you lean forward or backward at the waist ☐ Difficulty fully moving you head up and down ☐ Difficulty fully moving your head side to side ☐ Difficulty bending at your knees ☐ Difficulty squatting to the ground ☐ Climbing a flight of stairs or a ladder carrying more than 25 lbs ☐ Any other muscle or skeletal problem not listed above		

Clinical Evaluation: Check each item in proper column.

Height in inches/cm (no shoes):	Respirations:
Weight in pounds/kg (no shoes):	Blood Pressure:
Temperature:	Heart Auscultation:
Pulse:	Resp. Auscultation (Rt/Lf):

	Normal	Abnormal		Normal	Abnormal
Head, Neck, Face and Scalp			Abdomen and Viscera *(incl. hernia)*		
Nose and Sinuses			Anorectal *(pilonidal)*		
Mouth and Throat			Endocrine System		
Teeth and Gingive			G-U System		
Ears- NYSDOT/DMV standards (if req.)			Upper Extremities *(strength, ROM)*		
Eyes- NYSDOT/DMV standards (if req.)			Lower Extremities *(strength, ROM)*		
Lungs			Spine		
Breast Exam			Skin and Lymphatic		
Heart *(includes est. of cardiac function)*			Neurologic		
Vascular System *(vasicosites, etc)*			Psychiatric		

Urinalysis (Color, Blood, Ketone, Glucose, Protein, PH): Normal Abnormal

EKG: Normal Abnormal

*Mandatory for EMS Operations only. Recommended for all others.

*MMRs after age 1 *(Rubella titer for individuals without MMRs)*		
*PPD within last 3 months		
*DPT/Aducel within last 5 years		
*Hep B series or declination (indicate declination here)		

(Healthcare Provider) Summary of abnormal responses:

_____

_____

Fire Department Members / Candidates only seeking Firefighter B, C, or D Status do not need to complete respiratory questionnaire and evaluation below.

Respiratory Questionnaire:

Yes	No	Have you worn a respirator?
Yes	No	If you've used a respirator, have you ever had any of the following problems?
☐ Eye irritation ☐ Skin allergies or rashes ☐ Anxiety ☐ General weakness or fatigue ☐ Any other problem that interferes with your use of the respirator		
Yes	No	At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? If "yes", name the chemicals if you know them: _____
Yes	No	Have you ever worked with any of the materials, or under any of the conditions, listed below:
☐ Asbestos ☐ Silica (e.g., in sandblasting) ☐ Tungsten/cobalt (e.g., grinding or welding this material) ☐ Beryllium ☐ Aluminum ☐ Coal (for example, mining) ☐ Iron ☐ Tin ☐ Dusty environments ☐ Any other hazardous exposures If "yes", describe exposures: _____		
Yes	No	Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications) If "yes", name the medications if you know them:
Yes	No	Will you be using any of the following items with your respirator(s)?
☐ SCBA		
		How often are you expected to use the respirator(s)
☐ Escape only (no rescue) ☐ Emergency rescue only ☐ Less than 5 hours per week ☐ Less than 2 hours per day ☐ 2 to 4 hours per day ☐ Over 4 hours per day		

Clinical Evaluation: Firefighter "A" Classification (Respiratory Clearance)

Smoking history: Yes No (Start: Stop: Pk/day:)
Pulmonary Function Test completed (if required by physician): Normal Abnormal
Vision Screen Test (if required by physician): Normal Abnormal
Audiogram completed(if required by physician): Normal Abnormal

(Healthcare Provider) Summary of abnormal responses:

_____

_____

_____

_____

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