MEDICAL PHYSICAL

NAME	DATE OF BIRTH
DATE OF EXAM	SSN#

APPLICANT COMPLETE THIS SECTION:

	yes	no		yes	no
Frequent/severe headaches	☐	☐	Mental disorders of any sort; depression/anxiety	☐	☐
Dizziness/fainting spells	☐	☐	Substance dependence or failed a drug test; or substance	☐	☐
Unconsciousness for any reason	☐	☐	abuse/use of an illegal substance in the last 5 years	☐	☐
Eye/vision trouble	☐	☐	Alcohol dependence/abuse	☐	☐
Hay fever/allergy	☐	☐	Suicide attempt	☐	☐
Asthma/lung disease	☐	☐	Motion sickness requiring medication	☐	☐
Heart or vascular trouble	☐	☐	Military medical discharge	☐	☐
High/low blood pressure	☐	☐	Medical rejection by military service	☐	☐
Stomach/liver/intestinal prob	☐	☐	Rejection for life or health insurance	☐	☐
Kidney stone/blood in the urine	☐	☐	Admission to hospital	☐	☐
Diabetes	☐	☐	Other illness, disability, or surgery	☐	☐
Neurological disorders:	☐	☐	History of non-traffic conviction	☐	☐
epilepsy, seizures, stroke	☐	☐	Tobacco use _____pks/day _____chew		
paralysis, etc	☐	☐			

EXPLANATION for above yes answers:

Ht. (without shoes):	Wt:	Temp:

VISUAL ACUITY:

	Distance:	Near:
a.	Without glasses R20/____L20/_____Both 20/_____	R20/____L20/____Both 20/_____
b.	With glasses R20/____L20/_____Both 20/_____	R20/____L20/____Both 20/_____

c. Depth perception_____Tracking_____Convergence_____
d. Color vision-Ishihara plates_____
e. Pupils: Equal_____Reaction_____
f. Field of vision Rt. Eye_____Lt. Eye_____

NOTE ANY ABNORMALITY:

EARS :

Drum perforation or drainage

☐ no ☐ yes

NOTE ANY ABNORMALITY:

HEAD (Note any defect, disease, or injury involving eyes, ears, nose ,mouth, throat)

Dentistry recommended

☐ NO ☐ YES

LUNGS

Rate:

Spirometry: date & results

done at CMC :

CARDIOVASCULAR SYSTEM

Pulse _____BP_____sounds_____rhythm_____

PULSES

Femoral_____

Popliteal_____

Dorsal Pedis_____

Posterior Tibial_____

RESTING EKG: (Every 5years annual after 45)

NOTE ANY ABNOMALITY:

NERVOUS SYSTEM: (Describe any pathology or abnormal reflexes)

ABDOMEN: (Note any masses, tenderness, hernias)

RECTAL EXAM: (Note any fistula, hemorrhoids, prostate problems)--

HEMOCCULT RESULTS annually after age 50:

GENITOURINARY SYSTEM: (Note any abnormalities)--MALE:testicular exam/female PAP

BREAST EXAM:

URINALYSIS RESULTS dip only:

MUSCULO-SKELETAL

Spine	toe touch	symmetry	posture
upper ext tremities		limited function	missing parts
lower extremities		limited function	missing parts

SKIN: (scars, varicosities, disease, abnormalities)

LAB TESTS:

LIPID PROFILE_____

GLUCOSE_____

CARBON DIOXIDE _____

PSA after age 50_____

LEAD _____

HEP C ANTIBODY baseline_____

URINE-heavy metal screen baseline_____

NOTES:

Examiner's name and address:

_____

Cascade Medical Clinic

211 N.W. Larch

Redmond, OR 97756

Examiner's signature & date

_____

Medical Evaluation Samples and Templates

Physician's Report of Findings (Candidate)

Candidate's Name:_____

The results from your medical examination performed on_____ 20_____

By_____are as follows:

The **physical exam** was ☐ Normal ☐ Abnormal ☐ Not applicable

Blood pressure was____/____ which is ☐ Normal ☐ Abnormal
Comments:

The **hearing test** was ☐ Normal ☐ Abnormal ☐ Not applicable
Comments:

The **pulmonary function test** was ☐ Normal ☐ Abnormal ☐ Not applicable
Comments:

The **vision test** was ☐ Normal ☐ Abnormal ☐ Not applicable
Comments:

The **lab results** were ☐ Normal ☐ Abnormal ☐ Not applicable
See enclosed results. Any lab value marked with an H or L is outside the normal limits and should be discussed with your primary doctor to determine the importance of the finding.
Comments:

The **chest x-ray** was ☐ Normal ☐ Abnormal ☐ Not applicable
Comments:

The **treadmill stress test** was ☐ Normal ☐ Abnormal ☐ Not applicable
The test was terminated due to: ☐ Reached 12 METs ☐ Stopped by candidate
☐ Abnormal findings on EKG
Comments:

Please discuss all abnormal findings with your primary doctor. Abnormal findings might be signs of significant medical conditions that should be addressed by your primary doctor.

Today's Date(mm/dd/yy):_____Patient ID #_____

HEALTH ASSESSMENT QUESTIONNAIRE

Name: Last:_____,First:_____MI:_____

Phone # _____E-mail address:_____

DEMOGRAPHICS

1. Date of birth(mm/dd/yy):_____ INJ/ILL# _____
2. Ethnicity: *Mark all that apply*

☐ White	☐ Black/African American	☐ Asian/Pacific Islander
☐ Hispanic	☐ Native American	☐ Mid-East/Asian Indian
☐ Alaskan Native	☐ South East Asian	☐ Other

3. Gender: ☐ Female ☐ Male

4. Marital Status:
- ☐ Married, spouse in household
- ☐ Married, spouse not in household
- ☐ Living as married/domestic partner
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

5. Educational Level:
- ☐ High School
- ☐ Some College, no degree
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Some Post Bachelor's classes
- ☐ Master's Degree
- ☐ Doctorate Degree
- ☐ Post Doctorate Degree

CURRENT EMPLOYMENT

6. Are you currently employed as a firefighter? ☐ Yes ☐ No - Year Retired:____

7. Year of Hire: _____Have you ever left for more than 6 months ☐ Yes _____Months

8. Do you currently work at another job? ☐ Yes Number of hours per week:_____

9. Current primary assignment: ☐ Admin Since:_____ ☐ Operations Since:_____

How many stations have you been assigned to for more than one year? _____

ILLNESS/INJURY EXPERIENCE IN THE PAST YEAR

10. Please estimate how many days of non-work-related sick leave (including dependent care) you have taken in the past year. _____ Days

11. Please estimate how many Industrial Injury hours you have had in the past year: _____Hrs

12. In the past year have you been on Light Duty prior to returning to full duty?
☐ Yes ___ Days ☐ No

13. In the past year have you been placed on Long Term or Permanent alternative duty?
☐ No ☐ Yes Permanent: Since ____ Long Term: Date: _____for _____months

Patient ID #_____ *Physicians Initials*_____

TABACCO AND ALCOHOL

Smoking:

14. Have you smoked at least 100 cigarettes (5 packs) in your entire life?

☐ Yes ☐ No go to Question 18.

15. About how many cigarettes do you (or did you) usually smoke per day?_____

If less then 1 per day, enter01,' If 95 or more per day, enter 95 (1 pack = 20 cigarettes)

16. For about how many years have you smoked (or did you smoke) this amount?_____

If less than 1 year, enter 01

17. How often do you smoke now?

☐ Every day ☐ Some days ☐ Not at all

18. If you currently use any tobacco products, what kind do you regularly use? Mark all that apply.

☐ Cigarettes ☐ Every day ☐ Some days ☐ Special Occasions
☐ Cigars ☐ Every day ☐ Some days ☐ Special Occasions
☐ Pipe ☐ Every day ☐ Some days ☐ Special Occasions
☐ Chew ☐ Every day ☐ Some days ☐ Special Occasions
☐ Do not currently use tobacco (Go to Question 21)

19. During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit? ☐ No ☐ Yes # of days you quit_____

20. Were you enrolled in a tobacco cessation program this year? ☐ Yes ☐ No

Alcohol:

21. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? ☐ Yes *If No, go to Question 24.*

22. During the past 30 days, how many days per week I or month did you have at least one drink of any alcoholic beverage?_____ **days per week / or**_____ **days in past 30 days.**

23. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? _____**Number of drinks**

FAMILY HEALTH HISTORY

24. Do you have a male parent, sibling, or offspring who was diagnosed with a heart attack, angina, or coronary heart disease at an age younger than 55 years old? ☐ Yes ☐ No

25. Do you have a female parent, sibling, or offspring who was diagnosed with a heart attack, angina, or coronary heart disease at an age younger than 55 years old? ☐ Yes ☐ No

26. Do you have a male parent, sibling, or offspring who was diagnosed with cancer?

☐ No ☐ Yes diagnosed with:_____

27. Do you have a female parent, sibling, or offspring who was diagnosed with cancer?

☐ No ☐ Yes diagnosed with:_____

28. Do you have a grandparent, parent, sibling, or offspring who was diagnosed with diabetes?

☐ Yes ☐ No

*Physicians Initials*_____

Patient ID #_____

YOUR HEALTH HISTORY

29. Below is a list of health problems. Please indicate if and how recently you were diagnosed, and whether you are currently experiencing the problem.

Health Problem *Diagnosed by a health professional*	Diagnosed	Currently Experiencing This	Currently Taking	Medications & Dosages
Diabetes: Type_____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Hypertension *High blood pressure*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Hyperlipidemia *High cholesterol, high triglycerides*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Cancer:	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Heart Disease:	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Respiratory Disease *Asthma, emphysema, COPD, etc.*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Gastrointestinal Disease *ulcer, acid reflux, colitis, etc.*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Reproductive Health *dysfunction, fetal abnormality, etc.*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Neurologic Disease *seizure disorder, stroke, etc.*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Hepatitis: Type:_____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Allergies:	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Psychiatric Disorder *depression, anxiety, bipolar, PTSD, etc.*	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Shoulder Injury:_____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Knee Injury:_____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Back Injury/Disease: Upper_____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Arthritis: _____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)
Other: _____	☐ Yes Yr____	☐ Yes	☐ Yes	1._____(_____) 2._____(_____)

Additional Information or Medications:

_____

_____

_____

_____

*Physicians Initials*_____

Patient ID #_____

30. Which, if any, of the following surgeries have you had *(please check one box per line).*

Surgery	Never	Within the last 12 Months	Previous to the past 12 Months	Brief Description
Chest: Bypass_____	☐	☐	☐	_____
Back: Upper_____	☐	☐	☐	_____
Neck	☐	☐	☐	_____
Shoulder: Both_____	☐	☐	☐	_____
Knee: Both_____	☐	☐	☐	_____
Hip: R Leg: R Ankle: R Foot: R	☐	☐	☐	_____
Other:_____	☐	☐	☐	_____

31. We would like to ask about screening tests you have had in the past year, and whether results were normal or required follow-up.

Screening Test	Within the past year	Normal	Abnormal	Brief Description
PSA: *Prostate Specific Antigen*	☐	☐	☐	_____
Testicular	☐	☐	☐	_____
DRE: *Digital Rectal Exam*	☐	☐	☐	_____
FOB: *Fecal Occult Blood (blood in stool)*	☐	☐	☐	_____
Colonoscopy	☐	☐	☐	_____
Pap Smear	☐	☐	☐	_____
Breast	☐	☐	☐	_____
Mammogram	☐	☐	☐	_____
Skin: *biopsy or exam by physician*	☐	☐	☐	_____
Other:_____	☐	☐	☐	_____

*Physicians Initials*_____

Patient ID #_____

CURRENT ACTIVITY

32. On the average, over the last month, how many days each week did you get at least 30 minutes of exercise?

Exercise is physical activity that causes you to increase your heart rate, breathe harder, or sweat.

Average days per week_____

33. How many days per week did you exercise or take part in cardiovascular or aerobic activities that made you sweat and breathe hard for at least 30 minutes?

Examples: basketball, tennis, jogging, fast bicycling etc.

Average days per week_____

34. How many days per week did you exercise to strengthen or tone your muscles?

Examples: weightlifting, kettlebell training, core training, functional training, etc.

Average days per week_____

35. In a typical week, how many clays do you take part in any physical activity long enough to work up at sweat.

Average days per week_____

36. I exercise for 30 minutes almost every day.

Strongly Disagree ☐1 ☐2 ☐3 *Don't disagree or Agree* ☐4 ☐5 ☐6 *Strongly Agree* ☐7

37. Do you take any vitamins or supplements? ☐ No
☐ Yes_____

38. Addition information you would like to convey or discuss during this visit?

_____

_____

_____

_____

_____

WHEN YOU HAVE COMPLETED THIS DOCUMENT
PLEASE SAVE, TO A SAFE PLACE,
WITH YOUR NAME AS PART OF THE FILE NAME

Example: HEALTH HISTORY_ John Smith

Then send or print, and bring to your appointment along with your Patient Info Packet.

JOB DESCRIPTIONS I ANALYSIS

Firefighter Physical Ability Job Function Overview

Static Strength
Carry and raise ladders
Equipment Drag 3-1/2" hose uphill
Wear complete turnout gear and carry a ladder & hose
Carry injured people up stairs
Lift heavy objects off trapped people
Push a disabled auto out of traffic
Lift hose and pump can
Carry 5-gallon water bags, shovels, and backpack

Dynamic Strength
Pull hoses
Pull self and equipment over fences
Carry equipment in and out of buildings
Climb hillsides in "bunker clothes" in grass fires
Dive to rescue a drowning victim
Climb ladders with equipment, hoses and personal protective clothing and equipment

Stamina
Pull ceiling
Repeat fires, successive fires in 24-hour shifts
Salvage and cleanup, taking down walls
Climb stairs with equipment
Shift hose lines
Shovel in a grass fire
Pull a drowning victim to shore
Hold and operate the "rescue equipment e.g. jaws of life," especially in awkward positions

Extent Flexibility
Fire cleanup operations
Carry out an injured person
Lay hose lines
Cleanup
Crawl through attics
Extricate victim from a car or overturned tractor
Roof work
Remove victims from cars
Carry victims down winding stairs
Chop a hole in the roof
Climb hillside covered with brush

Gross Body Coordination
Climb a ladder through opening in a roof
Stand on pitched roof using a chain saw
Get out of a burning structure
Operate a charged hose line
Get through building's small places

Explosive Strength
Run up stairs with
Jump to avoid falling object
Kick door in
Run and carry ladders over objects
Remove person from burning building
Cut a hole in the roof
Advance charged hose line
Breach a wall

Trunk Strength
Lift hose
Perform cardiopulmonary resuscitation
Lift people on an EMS run
Pick up bodies
Overhaul and cleanup

Effort
Repeat fires over 24-hour work shift
Multiple tasks at a fire
Remove a person trapped in a vehicle
Make a rescue

Dynamic Flexibility
Pull ceiling
Chop through a wall
Extend ladders
Saw, kick down door
Cardiopulmonary-resuscitation
Shoveling in a brush fire
Sandbagging (in
Cutting up trees

Gross Body Equilibrium
Balance on pitched roof
Balance with backpack on an inclined
Make rescue from bridge or superstructure
Walk on a concrete beam
Balance on a ladder on roof
Carry a body down the ladder

Mobility
Move within a dark building
Climb stairs, ground ladders, aerial ladders
Climb over piles of fire debris
Flee falling objects
Walk fast for alarm
Forging streams or rivers
Crawl and search through smoke
Remove boxes and other debris
Moving among animals leaving fire

Arm-Hand Steadiness
Apply traction
Hold hose lines
Hold the hose line
Steady Ladder movements
Apply first aid methods e.g. administer IV, splinting

Manual Dexterity
Disassemble machinery
Repair chain saw
Operate hand tools
Assemble and connect equipment
Aerial extension
Aid car work
Tie knots on hose
Use a spanner wrench

Near Vision
Read instructions
Read chemical labels on containers
Read prescription bottles

Color Vision
Use color-coded safety equipment
Identify objects in a fire
Conduct search and rescue in dark building

Smell
Detect leaking chemicals
Smell material burning

Hearing Conversation-Noisy Environment
Localize sound in rescues
Avoid unseen hazards
instructions (verbal)
Radio instructions
Under adverse conditions -high ambient noise levels

Hearing Direction
Localize cries for help - Localize warning cries
Firefighter Physical Ability Job Function Overview

Speed of Limbs
Drive an emergency vehicle
Brake continuously during response
Pull rope to rescue person in the water
Block a punch
Swing an ax
Chopping and clearing brush

Finger Dexterity
Typing
Mechanical repairs
Find a pulse
Operate a throttle on a pump
Couple and uncouple hose

Depth Perception
Climb while balancing on a roof
Go up and down ladders, jumping onto roofs
Dive into a lake — victim rescue
Estimate hose distances
Estimate driving hazards

Far Vision
See end of the aerial ladder
Avoid electrical wires
See hazards in smoky buildings through mask

Night Vision
Drive at night, travel across irregular surfaces
Read addresses at night
Hear Conversation - Quiet Environment
General needs

Sound Discrimination
Instructions in a noisy environment
Radio instructions in a noisy environment
Instructions above the noise of the pump

JOB DESCRIPTIONS / ANALYSIS

Firefighter Environmental Conditions Overview

- Fifty to ninety percent of work time is spent outside a building and exposed to the sun, wind, rain, or snow.
- Firefighters must tolerate frequent extreme fluctuations of temperature. Environment outside building may be 5° to 400°F, but inside firefighters are doing heavy work in hot buildings (up to1000°F) while wearing equipment which significantly impairs body cooling systems. Firefighters must work in environments that vary greatly from low to high humidity.
- Turnout equipment significantly impairs body-cooling mechanisms.
- There is the frequent possibility that firefighters may be working under wet and muddy conditions.
- Firefighters must frequently perform sustained work on slippery surfaces including rooftops.
- Firefighters frequently face the possibility of sustaining a severe injury (cuts, bruises, burns, strains, fractures, or amputations) on the job.
- Firefighters are frequently required to perform work from aerial ladders, scaffolding, roofs, or other elevations over 12 feet from the ground.
- Firefighters are frequently required to perform work in confined spaces or cramped body positions (e.g., attics, cars, under houses, closets).
- Firefighters are often required to work on or about moving machinery or equipment or in the vicinity of vehicles in motion (e.g., chain saws, fire trucks, cutting torches).
- Firefighters are often exposed to vibration when riding in fire trucks or operating chain saws.
- Firefighters are intermittently exposed to noise levels over 90-dba when riding fire trucks under emergency conditions and when fighting fires.
- Firefighters are frequently exposed to the possibility of bum injuries caused by heat, fire, chemicals or electricity.
- Firefighters may have occasional exposure to non-ionizing radiation (ships or rooftops).
- Firefighters have intermittent exposure to dust that may contain carcinogens (such as asbestos or benzopyrene) during clean-up operations.
- Firefighters have frequent potential exposure to respiratory irritants and sensitizes, especially during clean-up operations (irritant chemicals, smoke, isocyanates, etc.).
- Firefighters have frequent potential exposure to toxic substances (such as hydrogen cyanide and hydrochloric acid from plastic's fires, carbon monoxide, nitrogen dioxide, or organic solvents).
- Firefighters may occasionally have skin contact with oil and grease, especially during maintenance and repair of firefighting equipment.
- Firefighters may encounter noxious odors (burning flesh, chemical spills).
- Firefighters may work with or near substances that may explode.
- Firefighters occasionally have contact with un-insulated or unshielded electrical equipment.
- Firefighters may encounter radiation hazards (isotopes in hospitals, laboratories).
- Firefighters riding Aid cars may frequently have exposure to infectious agents (such as hepatitis B virus). There is the possibility of exposure to persons infected with the AIDS virus.
- Firefighters are often exposed to the following stressors:
    - Tight time frames and critical deadlines in life-threatening emergency situations
    - Acutely injured people and their families and friends
    - Crucial decisions in emergency situations that involve public safety and safety of fellow firefighters and self
    - Tasks requiring long periods of intense concentration
    - Unpleasant situations (e.g." burned people or animals)
    - 24-hour shifts, during which sleep is sporadic or non-existent
    - The job of firefighter is complex and extremely variable from shift to shift.
- Firefighters are required to use positive pressure breathing apparatus with 1.5 inches of water column resistance to exhalation at 40 liters per minute.