

EMPLID: _____

ASPHY(B)

DATE: _____



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
MEDICAL EXAMINATION**

Per FS633.34, as of July 1, 2005 the medical examination needs to be completed by a physician, surgeon, or physician assistant per ch. 458; or an osteopathic physician, surgeon, or physician assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

The examining medical professional needs to be aware of the type of physical activities the student will be performing during firefighting training. The examination should reveal any condition or deficiency which would interfere with the performance of described activities. **Of major concern is if the safety or health of the student would be compromised by permitting him/her to engage in the described training due to any pre-existing or current medical condition, injury, illness or deficiency revealed during the medical examination.**

ESSENTIAL FIREFIGHTING FUNCTIONS WHICH STUDENTS ARE EXPECTED TO PERFORM, ARE:

Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks which would include the lifting, carrying, and raising of heavy ground ladders, using heavy equipment and tools to perform forcible entry or vehicle extrication, working with heavy hose lines that have considerable reaction.

Perform the tasks described in above item and other physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute

Work for long periods of time, requiring sustained physical activity and intense concentration.

Make rapid transitions from rest to near maximal exertion without warm-up periods.

Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (400°F) humid (100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.

THIS FORM IS TO BE FILLED IN BY THE EXAMINING MEDICAL PROFESSIONAL (PLEASE PRINT)

Firefighter

Applicant

Name: _____

Last

First

M.I.

SS# _____ Height _____ ft. _____ in. Weight

_____ lbs. Far visual acuity uncorrected - binocular

20/_____

Far visual acuity corrected – binocular 20/_____

Correction accomplished

utilizing: (circle one) Hard contacts - soft contacts - spectacles

Peripheral vision: Degree of visual field performance in the horizontal meridian without correction.

left eye _____ right eye _____

Blood pressure reading: systolic _____; diastolic _____

Clinical evaluation of 12 lead EKG:

EMPLID: _____

ASPHY(B)

DATE: _____



AUDITORY-HEARING DEFICIT IN THE PURE TONE THRESHOLDS AS INDICATED:

	Left Ear	Right Ear
0500 Hz	_____	_____
1000 Hz	_____	_____
2000 Hz	_____	_____
3000 Hz	_____	_____

Please check whether each of the following systems are normal (N) or abnormal (AB):

1. Dermatological system
2. Ears, eyes, nose, mouth, throat
3. Cardiovascular system
4. Respiratory system
5. Gastrointestinal system
6. Genitourinary system
7. Endocrine and metabolic systems
8. Musculoskeletal system
9. Neurological system

N	AB

If there are any abnormalities noted during the examination or EKG, a written clarification of the extent and type of abnormality must accompany the medical examination. It is in the best interest of the student that the examining Medical Professional carefully note all abnormalities which might predispose the student to injury or aggravation of the condition because of the nature of the tasks required of the tasks required for a firefighter.

FIRE FIGHTER MEDICAL EXAMINATION

COMMENT ON ABNORMALITIES:

Based on the results of this medical evaluation, the student is / is not medically fit to engage in firefighter training.
(please circle)

Per Florida statute 633.34 Firefighters; qualifications for employment: Any person applying for employment as a firefighter must be in good physical condition as determined by a medical examination given by a medical professional as identified in FS 633.34 (5). Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582. Said examination evidencing good physical condition shall be submitted to the division, on this form before an individual is eligible for admission into a firefighter training program as defined in s. 633.35.

Examining Medical Professional Information

Name (print or type)

Signature _____

Date _____ Phone Number _____

Office Address: _____
