



COUNTY OF HUNTERDON

DEPARTMENT OF PUBLIC SAFETY – OFFICE OF EMERGENCY MANAGEMENT
EMERGENCY SERVICES TRAINING CENTER



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Hunterdon County Emergency Services Training Center

Firefighter 1 Medical Clearance From

To: All Fire Department Chiefs and Training Officers

From: Frank Ur, HCESTC Coordinator

Date: 1/22/2018

Chief and Training Officers,

Over the past year all the Tier 1 Academies have met and discussed implementing a new policy that all cadets entering our Firefighter one programs go through an extensive medical evaluation prior to start of their first Firefighter one course. We hope this will bring into light any medical issues, new or pre-existing that the cadet may have. In return, this will ensure that the cadet is physically able to perform the rigorous and demanding tasks that is called upon during the endeavor of the cadet becoming a firefighter. As you all know we have had incidents in the past that have proven to be prevented if the student had gone through a thorough medical evaluation. The Division of Fire and Safety has urged the Fire Academies to review our policies, procedures, and documentation process in the area of medical clearances or physical examinations. The Division has taken a front line to ensure that the Academies and its staff are providing the best platform from which we can continue to set the benchmark in the fire service.

Attached to this memo is the Fire Academies newly instituted Medical Clearance Form, which is to be completed by a medical professional conducting the physical examination of your firefighter recruit candidate. This form is a significantly pared down version of the guideline document contained in the NFPA 1582 Standard. It is very similar in content / provisions to the NJ State Relief Association document, while at the same time offers the medical professional information necessary to properly conduct a medical clearance examination, based upon the job performance requirements of a front line firefighter. If you have any questions or concerns please feel free to contact me.

Respectfully,

Frank J Ur

Frank J Ur

Coordinator H.C.E.S.T.C.

Name of Examinee: _____

Employer: _____

Information for the Medical Professional

Essential Job Tasks and Descriptions from NFPA 1582, 2007 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and 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 nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
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 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], 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 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), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
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.

Name of Examinee _____

Employer _____

E. Medical History (completed by examinee before examination)

INSTRUCTIONS: Please answer all questions accurately and completely. If you do not understand any question, you should request clarification from the examining physician. The information provided regarding your medical history and health habits will be used to make a medical assessment of whether you can safely and effectively perform the essential functions of a public safety position. Detailed medical information will be treated confidentially. It is essential that you answer all questions accurately and completely. Please note that a history of a health problem will be carefully evaluated and will not necessarily disqualify you from employment.

Do you now have or have you ever had any of the following: (Circle Yes or No)

1. Fracture of skull, jaw or facial bones	Y	N	40. Stroke, aneurysm or bleeding in head	Y	N
2. Concussion or other injury to head	Y	N	41. Multiple sclerosis or muscular dystrophy	Y	N
3. Thoracic outlet syndrome	Y	N	42. Myasthenia gravis or ALS	Y	N
4. Fracture of neck, vertebrae or spine	Y	N	43. Epilepsy or seizures	Y	N
5. Recurrent back or neck pain	Y	N	44. Dementia or memory loss	Y	N
6. Degenerated or herniated disc	Y	N	45. Migraines or other severe headaches	Y	N
7. Back injury or other abnormality	Y	N	46. Paralysis or muscle weakness	Y	N
8. Back, spine or neck surgery	Y	N	47. Other neurological disorders	Y	N
9. Osteoporosis	Y	N	48. Eczema or other skin disease	Y	N
10. Arthritis or joint injury or disease	Y	N	49. Skin grafts	Y	N
11. Amputation involving hand or foot	Y	N	50. Bleeding disorder/anticoagulation	Y	N
12. Carpal tunnel syndrome	Y	N	51. Sickle cell disease or trait	Y	N
13. Other hand or wrist problems	Y	N	52. Blood clots or thrombosis	Y	N
14. Dislocation of any joint	Y	N	53. High or low blood cell counts	Y	N
15. Injury or abnormality of arms or legs	Y	N	54. Enlarged or ruptured spleen	Y	N
16. Need for corrective lenses	Y	N	55. Diabetes or high blood sugar	Y	N
17. Deficiency of color vision	Y	N	56. Thyroid or other endocrine disorder	Y	N
18. Disease of the eyes or sinuses	Y	N	57. Cancer, malignancy or tumor	Y	N
19. Loss of hearing	Y	N	58. Mental or emotional disorder	Y	N
20. Exposure to loud noise	Y	N	59. Mental health treatment of any type	Y	N
21. Disease of the ear or vertigo	Y	N	60. Lupus, scleroderma, dermatomyositis	Y	N
22. Deformity of mouth or jaw	Y	N	61. Heat stroke, frostbite or burns	Y	N
23. Speech impediment or disorder	Y	N	62. AIDS, HIV infection or hepatitis	Y	N
24. Tuberculosis	Y	N	63. Any history of alcohol or drug abuse	Y	N
25. Pneumothorax or collapsed lung	Y	N	64. Current use of any prescribed drug	Y	N
26. Bronchitis, asthma or other lung disease	Y	N	65. Allergies or chemical sensitivities	Y	N
27. Abnormal electrocardiogram (EKG)	Y	N	66. Occupational (work) injuries	Y	N
28. Heart disease or cardiac abnormality	Y	N	67. Disability or compensation claim	Y	N
29. Irregular heart rhythm	Y	N	68. Asbestos or toxic chemical exposures	Y	N
30. Angina/chest pain/shortness of breath	Y	N	69. Required light or restricted duty	Y	N
31. Hypertension/high blood pressure	Y	N	70. Military rejection or medical discharge	Y	N
32. Organ transplant	Y	N	71. Medical treatment in past 12 months	Y	N
33. Liver, pancreas or gall bladder disease	Y	N	72. CAT Scan, MRI or other special tests	Y	N
34. Ulcer or bowel disease	Y	N	73. Smoked cigarettes or tobacco products	Y	N
35. Intestinal bleeding	Y	N	74. Are you pregnant?	Y	N
36. Hernia of any type	Y	N	75. Any sleep disorder	Y	N
37. Kidney or bladder disease	Y	N	76. Heavy snoring	Y	N
38. Abnormal balance or coordination	Y	N	77. Shortness of breath with light activities	Y	N
39. Fainting, blackouts or dizzy spells	Y	N	78. Other health conditions	Y	N

Please explain “yes” answers by referencing item number on reverse side of this page. Include dates for injuries, illnesses and follow up treatments, etc.

Name of Examinee _____ Employer: _____

F. Medical Examination

INSTRUCTIONS: After reviewing the Medical History provided, conduct a comprehensive examination of all systems necessary to determine the examinee's fitness under the applicable public safety position Medical Standards. The examination should include, but not be limited to, the areas listed below. If the examiner finds that the examinee has physical examination findings relevant to a determination of whether the examinee will likely be able to safely and effectively perform the essential functions of the position being considered, the examiner is responsible for documenting all such conditions.

Height _____ Weight _____ Blood Pressure ____/____ Temperature _____

Resting Pulse _____

<u>Vision Testing</u>	<u>Without Corrective Lenses</u>			<u>With Corrective Lenses</u>		
Distant	Rt. 20/ _____	Lt. 20/ _____	Both 20/ _____	Rt. 20/ _____	Lt. 20/ _____	Both 20/ _____
Near	Rt. 20/ _____	Lt. 20/ _____	Both 20/ _____	Rt. 20/ _____	Lt. 20/ _____	Both 20/ _____

Color Vision Passed Failed

<u>EXAMINATION</u>	<u>Normal</u>	<u>Abnormal (Identify by number and explain if abnormal)</u>
1. Skin	_____	_____
2. Head, face and scalp	_____	_____
3. Ears, tympanic membranes	_____	_____
4. Eyes, pupils, fundi, motion	_____	_____
5. Nose, sinuses, olfaction	_____	_____
6. Mouth, throat, speech	_____	_____
7. Neck, thyroid	_____	_____
8. Heart	_____	_____
9. Varicosities, bruits, pulses	_____	_____
10. Chest, lungs	_____	_____
11. Breasts (if indicated)	_____	_____
12. Abdomen, hernia	_____	_____
13. Rectum (if indicated)	_____	_____
14. Endocrine	_____	_____
15. Spinal mobility, alignment	_____	_____
16. Upper extremities, hands	_____	_____
17. Lower extremities, feet	_____	_____
18. Muscle strength, tone	_____	_____
19. Gait, Rhomberg	_____	_____
20. Balance, coordination	_____	_____
21. Reflexes	_____	_____

Name of Examinee _____ Employer: _____

EXAMINATION CONTINUED:

- 22. Cranial Nerves _____
- 23. Mental Status _____
- 24. General Appearance _____
- 25. Clinical evaluation
of 12 lead EKG _____

Examination should include but is not limited to:

- | | |
|--|---------------------------------------|
| Dermatological system | Cardiovascular system |
| Clinical evaluation of 12 lead EKG | Systolic and Diastolic Blood pressure |
| Respiratory system | Gastrointestinal system |
| Endocrine and metabolic systems | Neurological system |
| Ears, eyes, nose, mouth, throat | Auditory hearing in the pure tone |
| Far visual acuity corrected or uncorrected | Peripheral vision |
| Genitourinary system | Musculoskeletal system |

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.

Name of Medical Professional conducting the examination:

Printed: _____

Signature _____ **Circle one: MD DO PA CNP**

Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter.

The applicant is not medically fit for firefighter training.

Name of Medical Professional conducting the examination:

Printed: _____

Signature _____ **Circle one: MD DO PA CNP**