WEP FIREFIGHTER MEDICAL EXAMINATION
Big White Fire Department

Surname: _____Given Names: _____

EXAMINING PHYSICIANS PLEASE NOTE

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

The physician shall determine, using any testing procedures felt necessary, if the applicant is fit for active firefighting duties so that firefighters will not jeopardize themselves and other personnel that they may come in contact with while performing their duties. To function as a member of the fire department, it is essential that the applicant be physically and mentally fit to perform the many and varied duties of a firefighter.

The fee for the service of the physician for this examination is the responsibility of the applicant.

1. Height_____Weight_____B.P._____Posture_____

2. Vision: Without glasses R.20/_____ L.20/_____
   With glasses R.20/_____ L.20/ _____

3. Hearing: R._____ L._____

4. Oral Hygiene: Good Fair Poor

5. History of previous illness: _____
   _____
   _____
   _____

6. Is there any evidence of:

a. Hernia	Yes_____	No_____
b. Asthma	Yes_____	No_____
c. Fainting spells	Yes_____	No_____
d. Dizziness	Yes_____	No_____
e. Allergies	Yes_____	No_____
f. Arthritis	Yes_____	No_____
g. Back trouble	Yes_____	No_____
h. Infectious Hepatitis	Yes_____	No_____
i. Tuberculosis	Yes_____	No_____
j. Heart trouble	Yes_____	No_____
k. Epilepsy	Yes_____	No_____
l. Hypertension	Yes_____	No_____
m. Diabetes	Yes_____	No_____
n. Respiratory trouble	Yes_____	No_____

If yes, please specify:_____
_____
_____

Candidate Name: _____

7. Details of any physical impairment. (Please be specific).
_____
_____
_____

8. Is this your first contact with the patient? Yes_____ No_____
If no, how long have you treated the patient?_____

9. Does applicant have any nervous problem? Yes_____ No_____
If yes, please specify._____
_____

10. Does applicant have any alcohol or drug problems? Yes____ No_____
If yes, please specify:_____
_____

11. Is the applicant taking any regular medication? Yes_____ No_____
If yes, please specify:_____
_____

12. In light of your examination findings and the guidance of this form

DO YOU CONSIDER THE APPLICANT PHYSICALLY AND MENTALLY CAPABLE OF PERFORMING THE DUTIES OF A FIREFIGHTER?

Yes_____ No_____

Date: _____ _____
Signature of Physician

Physician: _____
Mailing address: _____
City/Postal Code: _____
Telephone Number: _____

Candidate Name: _____