

Fire Academy

Medical Examination Questionnaire

INSTRUCTIONS TO THE EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT: The person being examined is an applicant for the position of Firefighter in the state of Arizona. Firefighters are required to perform a variety of strenuous and difficult job functions. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a Firefighting academy where both physical and mental stress is encountered. Please use the "Medical History Form" provided by the applicant in conjunction with the medical examination as a basis for completing this report.

PART I. APPLICANT'S INFORMATION (Please type or print)

1. NAME (First- Middle-Last): _____ 2. BIRTH DATE (Month-Day-Year): _____
 3. Social Security Number: _____ 4. Weight (without coat or shoes): ____ 5. Height (without shoes): ____
 6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY

DISTANCE
 Uncorrected: R20/____ L20/____ B20/____
 Corrected: R20/____ L20/____ B20/____
NEAR VISION
 Uncorrected: R20/____ L20/____ B20/____
 Corrected: R20/____ L20/____ B20/____

9. HORIZONTAL FIELD OF VISION

Right: _____ Left: _____ Both: _____
 Check if Present:
 Scatoma: _____
 Quadrantonopia (large blind spot): _____

10. COLOR PERCEPTION

(NOTE ANY DEFICIENCIES)
 Red: _____ Green: _____
 Yellow: _____ Color Plates: _____

11. CORRECTION

None: _____ Spectacles: _____
 Hard Contact Lenses: _____
 Soft Contact Lenses: _____
 Required if uncorrected vision is 20/80 or more.

12. HEARING (Audiometer must be used):

	500HZ 2000HZ	1000HZ 3000HZ
dbL	_____	_____
dbR	_____	_____

Hearing aid used? _____ Note any abnormalities in Comments - Section VII

PART III. CONTAGIOUS DISEASES

13. Does the applicant have contagious hepatitis? YES _____ NO _____
 14. Does the applicant have contagious tuberculosis? YES _____ NO _____

PART IV. CONDITIONS

15. Based upon your examination and review of the applicant's Medical History Questionnaire, please check any of the listed conditions that apply:

Angina pectoris	Diabetes, insulin, dependent or ketosis-prone	Paralysis	Substance abuse
Asthma	Fixation of major joint	Pilonidal cyst	Valvular heart disease (uncorrected)
Cancer - metastatic or leukemia	Herniated lumbar disc	Prosthetic device, (e.g. limbs, hearing aid, colostomy)	Wasting disease, chronic, (e.g. multiple sclerosis, myasthenia gravis, amyotrophic lateral sclerosis)
Cardiac arrhythmias or murmurs	Hypertension, uncontrolled	Recurrent dislocation of major joint	
Cerebral vascular accident	Inguinal hernia	Schizophrenia, manic depressive, psychosis	Any other physical or mental condition that may interfere with the applicant's ability to effectively function as a peace officer on a continuing basis or may create a reasonable probability of substantial harm to the applicant or others.
Chest pains of unknown origin	Liver or renal dysfunction	Scoliosis greater than 15 degrees	
Chronic respiratory disease	Migraine headache	Seizure disorders	
Contagious disease not covered in Part III	Myocardial infarction history		
	Neurosis		

PART V. ADDITIONAL INFORMATION

16. MEDICAL CONDITIONS (From Sections III and IV):
Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.

17. SYMPTOMS:
Please describe the specific symptoms of the condition(s) checked on the reverse side.

18. EFFECTS OF SYMPTOMS:
Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a Firefighter.

19. TREATMENT:
Please describe the type and duration of any treatment indicated.

20. PROGRESSIVE NATURE OF CONDITION(S):
Are any of the condition(s) stated in #16 progressive in nature? YES _____ NO _____

PART VI. CERTIFICATION: Important – Physician/Physician Assistant, Please Read Carefully (Physician's Assistant certification accepted)

21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, the applicant:

- a. Is capable of performing the duties of a Firefighter without accommodations.
- b. Is capable of performing the duties of a Firefighter with the following accommodations (list in comments section below):
- c. Has a condition which requires further evaluation by a specialist in the field of:
- d. Is not capable of performing the duties of a Firefighter.

PHYSICIAN ASSISTANT/PHYSICIAN'S NAME AND ADDRESS (type or print):

PHYSICIAN ASSISTANT/PHYSICIAN'S SIGNATURE: _____ Date: _____

Medical Occupational Specialist:

PART VII. COMMENTS

PART VIII. MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)

I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to Arizona Western College. I also certify that I have provided the examining physician with full, complete and accurate medical history.

APPLICANT'S SIGNATURE: _____ DATE: _____