

Bay Roberts Fire Rescue

P O Box 114, Bay Roberts, NL, A0A 1G0 Office Telephone # (709) 786-2126, Fax # (709) 786-2128

FIREFIGHTER MEDICAL EXAM FORM

Firefighter Applicant Name: _____, _____, _____
Last First Initial

_____, _____, _____
Social Insurance Number (Optional) Height Weight

To Be Filled Out By the Examining Physician.

Far Visual Acuity Uncorrected Binocular 20/ _____

Far Visual Acuity Corrected Binocular 20/ _____

Correction accomplished utilizing (check one)

Hard Contacts _____ Soft Contacts _____ Glasses _____

Peripheral Vision Left Eye _____ Right Eye _____

Can this person identify the following colours?

Red _____, _____ Green _____, _____ Yellow _____, _____
Yes No Yes No Yes No

Blood Pressure Reading: Systolic _____, Diastolic _____

PLEASE CHECK WHETHER EACH OF THE FOLLOWING ARE NORMAL (N) OR ABNORMAL (AB)

	Normal	Abnormal
Dermatological System		
Ears, Eyes, Nose, Mouth, Throat		
Cardiovascular System		
Respiratory System		

	Normal	Abnormal
Gastrointestinal System		
Genitourinary System		
Endocrine and Metabolic Systems		
Musculoskeletal System		
Neurological System		

DO YOU SUFFER FROM ANY EXCESSIVE OR IRRATIONAL FEARS OR PHOBIAS, IF SO DOES THIS CONCERN ANY OF THE FOLLOWING. PLEASE CHECK YES OR NO

	Yes	No
Heights		
Confined Spaces		
Fire		
Water		
Flying		

If There Are Any Others, Please Specify:

MEDICAL HISTORY

Do You Have, or Ever Had, or Been Treated For Any of the Following Medical Conditions. Please Check Yes Or No.

	Yes	No
Asthma, Bronchitis, Tuberculosis or other lung disease		
Nose or throat disease		
Ear disease, Vertigo (loss of balance or dizziness)		
High blood pressure		
Chest pain, angina or palpitations		
Fits, blackouts or epilepsy		
Head injury or concussions		
Stroke or paralysis		
Loss of vision or eye disorders		
Psychosis, nervous breakdown, depression or mental illness		

	Yes	No
Gallbladder disease, jaundice or hepatitis		
Kidney disease, kidney stones or bladder disease		
Bone or joint disease		
Back or spinal injury, chronic or recurrent back pain		
Cancer tumors or growths		
Motion sickness		
Tropical disease, malaria or dysentery		
Other operations or serious illness		
Are you currently on any medications		

If you answer yes to any of the above, give details:

If there are any abnormalities noted during the examination, a written clarification of the extent and type of abnormality must accompany the medical examination. It is in the best interest of the patient that the examining physician, carefully note all abnormalities that might pre-dispose this person to injury or aggravation of the condition because of the nature of the tasks required of a firefighter.

COMMENTS:

Based on the results of this medical examination, this person is medical fit _____ or is not _____ medical fit to engage in firefighting duties.

_____, _____
 Physician Name (Please Print) Physician Signature

 Date Office Telephone Number

 Office Address