

# Medical Exam

Sunrise Multispecialist Medical Center – Dr. Grubbs, 867 S. Tustin Ave., Orange, CA 92886, (714) 771-1420. Call beforehand to make your appointment for a Tuesday, Wednesday or Friday morning. You need only the attached form. **Cost: \$425.00**

Concentra Medical – Dr. Rivera – 800 N. Tustin Ave. Suite A, Santa Ana, CA 92705, (714) 245-0800. Take your treadmill and pulmonary results from your fitness test (that you took in Fire Tech 121 class). **Cost: \$304.00**

## OR

If you are going to see your **own physician** for your N.F.P.A. 1582 Medical Examination, you will need to follow the instructions below:

1. The attached form **must** be used with the N.F.P.A. 1582 Standards booklet.
  - a. A letter from a California Licensed doctor stating:
    - i. meets all standards of N.F.P.A. 1582.
    - ii. specifies level of vision, how many color plates missed
    - iii. list hearing response levels.
  - b. The letter signed by a cardiologist with the information about 12 lead EKG/treadmill on stationary of the specialist must include the following:
    - i. duration of the treadmill
    - ii. resting heart rate
    - ii. maximum heart rate
    - ii. maximum blood pressure
    - v. doctor's medical judgement of exercise tolerance
  - c. A letter signed by a radiologist on back and chest x-rays must include the following elements, and be on the stationary of the specialist:
    - ii. five views of lumbar spine
    - ii. two chest views
    - iii. doctor's medical judgement on back and chest
  - d. A copy of the lab work including:
    - i. a full blood panel

**Turn in a copy of your signed medical report to Fire Technology and keep the originals for yourself.**



## E-1 PHYSICAL EXAM SUMMARY

### Santa Ana College Basic Fire Academy Medical NFPA 1582

Student's Name:

Examining Physician:

Date of Exam:

Address:

Phone Number:

Components Performed	Within Normal Limits	Abnormal, Able to Perform Job Tasks	Abnormal, Unable to Perform Job Tasks	Significant Changes Noted from Previous Exam (If Applicable)
<input type="checkbox"/> Physical Exam				
<input type="checkbox"/> Audiogram				
<input type="checkbox"/> Pulmonary Function				
<input type="checkbox"/> Treadmill Stress				
<input type="checkbox"/> EKG-12 Lead				
<input type="checkbox"/> Chest X-ray				
<input type="checkbox"/> Mammogram				
<input type="checkbox"/> Pelvic/Pap				
<input type="checkbox"/> Laboratory Tests				
<input type="checkbox"/> Other				

Explanation of Abnormal Results/Significant Changes:

- Medically cleared as meeting the standards of NFPA 1582.
- Denied medical clearance, does not meet NFPA 1582 standards.

X

\_\_\_\_\_  
Doctor's Signature

## MEDICAL REQUIREMENTS FOR FIRE FIGHTERS

H of P.I.. Mr./Ms. \_\_\_\_\_ is in an entry level fire training program at Santa Ana College in the Fire Technology department. The purpose of this physical is to establish fitness to accomplish fire fighting tasks without physical limitations.

Medical History

\_\_\_ D.M.  
 \_\_\_ HTN  
 \_\_\_ CVD  
 \_\_\_ Asthma

Surgical History

\_\_\_ Orthopedic  
 \_\_\_ ENT  
 \_\_\_ Optho  
 \_\_\_ Other

Medications

Allergies

Social History

\_\_\_ Smoke  
 \_\_\_ PPD  
 \_\_\_ Quit  
 \_\_\_ PkYr  
 \_\_\_ Alcohol  
 \_\_\_ Amount  
 \_\_\_ Frequency

ROS

GI  
 \_\_\_ Hematochezia  
 \_\_\_ Stool Caliber  
 \_\_\_ Bowel Habits  
 G.U.  
 \_\_\_ Stones  
 \_\_\_ Hematuria  
 CV  
 \_\_\_ Chest Pain  
 \_\_\_ SOB  
 Resp  
 \_\_\_ Cough  
 \_\_\_ Wheezes  
 \_\_\_ SOB

Exercise

FH

\_\_\_ DM  
 \_\_\_ HTN  
 \_\_\_ CVD

Physical

Insert Physical Here

Audio

\_\_\_ HFHL  
 \_\_\_ Speech Range

Vision

\_\_\_ Near  
 \_\_\_ Far  
 \_\_\_ Corrected

EKG/TMT

\_\_\_ HR  
 \_\_\_ Target  
 \_\_\_ Interp  
 \_\_\_ Stage Achieved

Blood

H/H \_\_\_\_\_  
 WBC \_\_\_\_\_  
 Glu \_\_\_\_\_  
 Chol \_\_\_\_\_  
 HDL \_\_\_\_\_  
 Ratio \_\_\_\_\_  
 Risk \_\_\_\_\_  
 LFTs  
 SGOT \_\_\_\_\_  
 SGPT \_\_\_\_\_  
 GGT \_\_\_\_\_  
 Other \_\_\_\_\_

Stool OB

\_\_\_ Positive  
 \_\_\_ Negative

Pulm

FVC \_\_\_\_\_  
 % Pred \_\_\_\_\_  
 FEV1 \_\_\_\_\_  
 % Pred \_\_\_\_\_

UA

\_\_\_ Blood  
 \_\_\_ Protein  
 \_\_\_ Glucose

## E-2 MEDICAL EXAMINATION

1. NAME (Last) (First) (Middle)			2. Sex	3. DATE OF EXAMINATION			
4. DATE OF BIRTH	5. SOC. SEC. OR EMPLOYEE NO.	6. OCCUPATION		7. DATE LAST EXAMINATION			
8. REASON FOR PRESENT EXAMINATION <input type="checkbox"/> PRE-ACADEMIC PLACEMENT							
9. TEMP.	10. PULSE	11. BLOOD PRESSURE	12. HEIGHT Ft. In.	13. WEIGHT	14. TITMUS SNELLING		
15. VISION	UNCORRECTED			CORRECTED			16. COLOR VISION (Use Code)*
DISTANT	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/	
NEAR	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/	
							17. PERIPHERAL

## CLINICAL EVALUATION

	AREA EXAMINED	*USE CODE	REMARKS (DESCRIBE ALL "Code 1s" IN DETAIL)
18.	Head and Neck		
19.	Thyroid		
	Lymph Nodes		
20.	Eyes		
	Fundi		
21.	Ears		
22.	Nose and Sinuses		
23.	Mouth and Throat		
24.	Teeth		
25.	Chest and Lungs		
	Breast		
26.	Heart		
27.	Abdomen		
28.	Inguinal, e.g., Hernia		
29.	Genitalia		
30.	Pelvis		
31.	Anus and Rectum		
	Prostate		
	Proctoscopic		
32.	Spine		
33.	Skin		
34.	Arms		
	Hands		
35.	Legs		
	Feet		

\*Code: 0-within normal limits    1-significantly abnormal    X-not examined

**CLINICAL EVALUATION** (continued)

AREA EXAMINED		*USE CODE		REMARKS (DESCRIBE ALL "Code 1s" IN DETAIL.)	
36.	Peripheral-Vascular				
37.	Neurologic				
38.	Emotional Status				
39.	Other				
40.	Urine Dip:	Glucose:	Albumin:	S.G.:	
		Heme:	Leukocyte-Esterase:	Other	
41. Flex	42. Step Test	43. Body Fat	44. PFT	45. Audio	
46. Chest X-ray (Use 0, 1, or X)		47 EKG (Use 0, 1, or X) and specify test used		48. Hemocult	
49. Back Eval.	50. Tetanus	51. PPD	52. Stress Test		
53. Other X-ray or Laboratory Findings					
54. Physician's summary, remarks, and diagnoses, including recommendations made to patient (include code numbers for diagnoses and conditions found)					
55. Recommendation/Restrictions			56. R.N. Signature		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			57. Physician's Signature		
			58. Patient Signature		
59. Work Qualifications		60. Contact Person:		61. Date	62. Initial

\*Code: 0--within normal limits    1--significantly abnormal    X--not examined

<b>HEALTH HISTORY</b>	<b>YES</b>	<b>NO</b>	<b>IF "YES," GIVE DETAILS.</b>
<b>HAVE YOU HAD ANY SURGERIES/OPERATIONS:</b>			
On Your Back, Arm, Leg, or Knee?			
To Treat a Hernia?			
Vanucose Veins?			
Other Operations?			
<b>HAVE YOU EVER BEEN HOSPITALIZED?</b>			
<b>HAVE YOU HAD ANY SURGERIES/OPERATIONS?</b>			
Serious Allergy?			
Bad Reaction to Any Medication?			
Advised Not to Take Any Medication (i.e., Aspirin)?			
<b>SKIN—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
Hives/Eczema or Rash?			
Chronic Skin Problems (i.e., Cuts Slow to Heal)?			
Excessive Skin Dryness?			
Problems with "Easy Bruising"?			
Chemical or Jewelry Rash/Sensitivity?			
<b>NEURO—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
A Psychiatric or Emotional Problem?			
Numbness/Weakness/Paralysis?			
Dizziness or Fainting Spells?			
Severe/Frequent or Migraine Headaches?			
Head Injury, Concussion, or Skull Fracture?			
Neurological Disorders?			
Seizures or Blackouts?			
Stroke?			
<b>EYE —HAVE YOU EVER HAD OR HAVE YOU CURRENTLY HAVE:</b>			
Hearing Loss?			
Frequent Ear Infections?			
Ringling in Ears?			
Other Ear Problems?			
Glaucoma or Cataracts?			
Red Eyes?			
Eye Injury/Vision Loss?			
Other Eye Problems (i.e., Strain from VDT Use)?			
Glasses/Contacts?			
Date of Last Vision Screen?			

<b>HEAD/NECK—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
Date of Last Dental Exam:			
Recent Problems with Teeth/Dentures?			
Frequent Mouth Ulcers/Infections?			
Sinus or Hay Fever?			
Frequent Sore Throats?			
Frequent Nose Bleeds?			
Trouble with Thyroid (i.e., Taking Thyroid Medication)?			
Problem Requiring Radiation Treatment to the Neck Area?			
<b>LUNGS—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
Asthma or Wheezing ?			
Coughed Up any Blood?			
Shortness of Breath without Apparent Reason?			
TB or a Positive Skin Test for TB?			
Pneumonia or Pleunisy?			
Do You Cough Every Day, Especially in the Morning?			
Pain or Tightness in Chest?			
More Than Three Episodes of Bronchitis in One Year?			
Ever Smoked Tobacco in any Form?		How Long:    Yrs.    Packs per Day:	When Quit:
Had a Chest X-ray?		Last Time:	
<b>HEART—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
Rheumatic Fever or Heart Murmur?			
Heart Disease?			
Treated for Heart Condition?			
Unusually Cold or Bluish-Colored Hands or Feet?			
High Blood Pressure—if "Yes" How is it Treated?		<input type="checkbox"/> Medicine <input type="checkbox"/> Diet <input type="checkbox"/> Exercise	
Do You Have a History of Elevated Cholesterol?			
Anemia or any Blood Disease?			
Phlebitis, Varicose Veins, or Blood Clots/ Poor Circulation?			
Chest Pain with Activity?			
<b>GI—HAVE YOU EVER HAD OR DO YOU CURRENTLY</b>			
Ulcers?			
Hiatal Hernia?			
Indigestion, Pain, or Unusual Burning in Stomach?			
Vomiting of Blood?			
Bloody/Tarry Bowel Movements?			
Colitis or Nervous Stomach?			
Yellow Jaundice or Hepatitis?			
Problems with your Pancreas?			
Gallbladder Disease?			



<b>KIDNEYS—HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</b>			
Bladder or Kidney Infections?			
Kidney Stones?			
Burning or Discomfort on Urination, or Frequent Urination?			
Hernia?			
Blood in Urine?			
<b>MISCELLANEOUS—HAVE YOU HAD OR DO YOU CURRENTLY HAVE:</b>			
Diabetes or Sugar in your Blood or Urine?			
Cancer of any Kind?			
<b>MUSCLE-SKELETAL—HAVE YOU HAD OR DO YOU CURRENTLY HAVE:</b>			
Arthritis, Rheumatism, Neck, Back, or Spine Injury or Disease?			
Been Treated for a Back Problem?			
Recurrent Stiffness or Back Pain?			
Bursitis, Tendonitis?			
Recurrent Pulled Muscles or Sprains?			
Hand or Wrist Injury or Problem?			
Hip or Knee Injury or Problem?			
Ankle or Foot Injury or Problem?			
Frostbite?			
Job Requiring Heavy Lifting or Standing, or Sitting for Long Periods of Time?			
Any Broken Bones?			
<b>FOR FEMALES ONLY—HAVE YOU HAD OR DO YOU CURRENTLY HAVE:</b>			
Menstrual Irregularities?			
Recurrent Problems of the Female Organs?			
Breast Masses or Lumps?			
Do You Practice Monthly Breast Self-Exam?			
Have You ever had a Mammogram?			
Date of Last Pap Smear:			
<b>FOR MALES ONLY—HAVE YOU HAD OR DO YOU CURRENTLY HAVE:</b>			
Prostate or Testicular Problems?			
Breast Tenderness, Swelling, or Lumps?			
Do You Practice Monthly Testicular Self Exam?			

**GENERAL LIFESTYLE I.**

*Check the Answer That Best Describes You*

General Health			<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
% Seatbelt Use			<input type="checkbox"/> 0-24%	<input type="checkbox"/> 25-49%	<input type="checkbox"/> 50-5%	<input type="checkbox"/> 75-100%
Daily Stress			<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
Average Hours Sleep			<input type="checkbox"/> 6 Hrs or Less	<input type="checkbox"/> 7-8 Hrs	<input type="checkbox"/> 8 Hrs or More	
Average Meals Daily			<input type="checkbox"/> 1 Meal	<input type="checkbox"/> 2 Meal	<input type="checkbox"/> 3 or More	
Number of Eggs per Week			<input type="checkbox"/> 0-1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or More	
Average Number Red Meat Meal per Week			<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or More	
Average Number of Alcohol Beverages/ Beers per Week			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-14	<input type="checkbox"/> 15 or More	
	<b>YES</b>	<b>NO</b>	<b>IF "YES," GIVE DETAILS.</b>			
Do You Exercise Three Times per Week? 30-40 Minutes Each Time? Identify Types of Exercise.						
Are You More Than 30% Above Your Ideal Weight?						
Have You Received a Tetanus Booster in the Last 10 Years?						
Have You Been Immunized Against Hepatitis B?			Year Immunized?			
Do You Take Any Prescription Medication?						
Do You Take Nonprescription Medication (or "Over the Counter") Drug on a Regular Basis?						

**GENERAL LIFESTYLE II.**

Do You Participate in a Workplace Wellness/Help Promotion Program?			
Which of the Following Would You like to See Offered and Would You Participate In?			
Cholesterol Screen			
Blood Pressure Screen			
Weight Loss			
Nutrition Program			
Stress Management			
Smoking Cessation			
Blood Drive			
Health Risk Appraisal			
Self-Directed Exercise			
Health Education Program			
Women's Health			

<b>WORK HISTORY I. HAVE YOU EVER:</b>			
Been Restricted in Your Work or Given "Light Duty" Because of Your Health or Injury?			
Left a Job Because of Health Problems?			
Been Injured on the Job and Treated by a Doctor?			
Received Compensation for an Industrial Injury or Illness?			
Are You Receiving Any Health Care Treatment (i.e., Physician Therapy, Chiropractic, Acupuncture, Medical, etc)?			
Been Hospitalized in the Last Five Years?			
Have You Had Any Illness or Injury That We Have Not Asked You About?			
<b>WORK HISTORY II:</b>			
Do You Have Hobbies such as Furniture Refinishing, Painting, Hunting, Shooting or Model Building?			
Do You Moonlight or Have a Second Job?			
<b>WORK HISTORY III. EXPOSURES—HAVE YOU EVER WORKED AROUND A:</b>			
Construction?			
Cotton, Flax, or Hemp Mill?			
Electronics Plant?			
Farm?			
Foundry?			
Hazardous Waste Industry?			
Hospital?			
Lumber Mill?			
Metal Production?			
Mine?			
Nuclear Industry?			
Paper Mill?			
Pharmaceutical?			
Plastic Production?			
Pottery Mill?			
Refinery?			
Rubber Processing Plant?			
Sand Pit or Quarry?			
Service Station? Shipyard?			
Smelter?			
<b>HAVE YOU EVER WORKED WITH OR BEEN EXPOSED TO:</b>			
Aldrin?			
Arsenic?			
Asbestos?			

Benzene?			
Benzidine?			
Beryllium?			
BIS Chlormethyl Ether?			
Cadmium?			
Carbon Disulfide?			
Carbon Tetrachloride?			
Chlone?			
Chlorodane?			
Chloroform?			
Chloroprene?			
Chromates?			
Chromic Acid Mist?			
Cutting Oils?			
DDT?			
Dieldrin?			
Dioxin?			
Dust, Coal?			
Dust, Sandblasting?			
Dust, Other?			
Ethyl Dibromide?			
Ethylene Oxide?			
Extreme Heat or Cold?			
Heptachlor?			
Hexachlorobenzene?			
Isocyanates (TDI, MDI)?			
Mercury?			
Methylene Chloride?			
Microwaves, Lasers?			
Nickel?			
PCBs?			
Pesticides, Herbicides?			
Phenols?			
Phosgene?			
Plastics?			
Radioactive Materials?			
Roofing Materials?			
Rubber?			
Silica?			
Solvents/Degreasers?			
Soots and Tars?			
Spray Painting?			
TRI/PER Chloroethylene?			
Vinyl Chloride?			

List Any Toxins/Chemicals/Biological Hazards You Might Currently Be Exposed to:

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**WORK HISTORY IV.  
JOBS – START WITH MOST RECENT:**

Date (Year to Year)	Company	Position	Any Work Hazards

I certify that the above information is true and complete to the best of my knowledge. I hereby give \_\_\_\_\_ permission to release work-related information to the Santa Ana College Basic Fire Academy Commander.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Examiner: \_\_\_\_\_

**E-3 ENTRY-LEVEL FIRE FIGHTER JOB DESCRIPTION**

**General Overview**

Fire fighters play a major role in the protection of life and property. Therefore, a fire fighter must possess the knowledge, skills, abilities, and other characteristics (KSAOs) necessary to be ready to react instantaneously and effectively in all emergency situations.

A fire fighter must be familiar with safety policies and procedures, fire-fighting equipment and methods, and first aid techniques. In addition, a fire fighter must be able to carry, secure, and climb ladders; carry and/or drag victims; and use equipment to gain access and ventilate buildings. Therefore, physical strength, endurance, and agility are also required. Finally, a fire fighter must be able to interact and communicate with the public during periods of crisis and in standard community settings.

**Educational Requirements**

Must meet the minimum educational requirements established by the authority having jurisdiction.

**Age Requirements**

Must meet the age requirements established by the authority having jurisdiction.

**Medical Requirements**

Must meet requirements for entry-level personnel developed and validated by the authority having jurisdiction and in compliance with applicable legal requirements (e.g., Equal Opportunity and Americans with Disabilities Act regulations).

**Work Behaviors**

What follows is a list of work behaviors required for success as a fire fighter trainee:

- (a) Understands the organization and mission of the fire department as well as the applicable rules and regulations of the position.
- (b) Performs hose evolutions; controls fire with water, maintaining orientation in fire building.

- (c) Operates pump, determining appropriate water pressure to adjust equipment properly.
- (d) Recognizes hazardous conditions such as backdraft, presence of noxious fumes, or possible structural collapse of building.
- (e) Raises and secures appropriate ladders in safe areas and manner.
- (f) Performs lifesaving and rescue operations applying proper search and rescue techniques.
- (g) Performs overhaul and salvage of buildings.
- (h) Drives or tillers fire apparatus safely and properly, adapting to changing conditions while en route (blocked streets, etc.).
- (i) Stands station watch using all equipment appropriately, receiving and transmitting information clearly and accurately.
- (j) Inspects residences or structures for possible safety hazards.
- (k) Participates in drills, fire strategy sessions, and hydrant inspection.
- (l) Maintains all fire department tools and equipment, inspecting these for defects and performing proper maintenance procedures.
- (m) Lifting weights of 50 lbs. or more repeatedly.
- (n) May be subjected to long periods of time without sleep or rest (18 hours or more).
- (o) Pull hose lines up steep terrain, ladders, roofs, etc.
- (p) Climb ladders, slide/repel down sides of buildings, climb stairs.
- (q) Be exposed to toxic fumes and heated gases.
- (r) Be exposed to overheating, chilling and wet clothing.
- (s) Wear self contained breathing apparatus.
- (t) Use power tools such as chain saws, hydraulic rescue tools and fire axes.
- (u) Participate in a rigorous physical exercise program including: push ups, sit ups, stretching exercises, running (20 min.), jumping jacks and aerobics.

