



## Medina County Career Center Fire Training Medical Exam Form

Name \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

The Ohio Department of Public Safety requires Firefighter students to meet the medical requirements of NFPA 1582 (National Fire Protection Association).  
NFPA 1582 Chapter 6  
6.1: A medical evaluation of a candidate shall be conducted prior to the candidate being placed in a training program or fire department emergency response activities.

<b>6.3 Head and Neck</b>	<b>Yes</b>	<b>No</b>	<b>6.8 Lungs and Chest Wall</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>
Do you have any defect of skull preventing helmet use or leaving underlying brain unprotected from trauma?			Active hemoptysis		
			Current empyema		
			Pulmonary hypertension		
Do you have any skull or facial deformity that would not allow for a successful fit of a respirator?			Active tuberculosis		
			Obstructive lung disease		
			Lung transplant		
<b>6.4 Eyes and Vision</b>	<b>Yes</b>	<b>No</b>	Hypoxemia - Exercise testing is indicated when resting oxygen is less than 94% - Exercise desaturation shall not be less than 90%		
Is visual acuity less than 20/40 binocular corrected, or less than 20/100 binocular uncorrected?			Asthma - reactive airway disease requiring bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years. <i>Exceptions available upon request.</i>		
Do you have Monochromatic vision?					
Do you have Monocular vision?					
<b>6.5 Ears and Hearing</b>	<b>Yes</b>	<b>No</b>	<b>6.9 Aerobic Capacity</b>	<b>Yes</b>	<b>No</b>
Do you have chronic vertigo or impaired balance?			Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET= 42 mlO <sub>2</sub> /kg/min)?		
Do you have hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to <b>ANSI Z24.5?</b>			<b>6.10.1 Heart</b> - Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>
			Coronary heart disease		
Do you require a hearing aid or cochlear implant?			Cardiomyopathy or congestive heart failure		
			Acute pericarditis, endocarditis, or myocarditis		
<b>6.6 Dental</b>	<b>Yes</b>	<b>No</b>	Recurrent syncope		
Do you have any dental conditions that would inhibit the use of a respirator?			Third-Degree atrioventricular block		
			Cardiac pacemaker		
Do you have any dental conditions that would inhibit your ability to communicate effectively?			Hypertrophic cardiomyopathy		
			Heart transplant		
<b>6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx</b>	<b>Yes</b>	<b>No</b>	A medical condition requiring an automatic implantable cardiac defibrillator		
Do you have a tracheostomy?					
Do you have aphonia?					
Do you have any nasal, oropharyngeal, tracheal, esophageal, laryngeal conditions that would inhibit the use of a respirator?					

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<b>6.10.2 Vascular System</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>	<b>6.16 Extremities</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>
Hypertension			Joint replacement. <i>See addendum for exceptions</i>		
Thoracic or abdominal aortic aneurysm			Amputation or congenital absence of upper extremity		
Peripheral vascular disease			Amputation of either thumb proximal to the mid-proximal phalanx		
Carotid artery stenosis or obstruction resulting in greater than or equal to 50% reduction in blood flow			Amputation or congenital absence of lower extremity. <i>See addendum for exceptions</i>		
<b>6.11 Abdominal Organs and Gastrointestinal System</b>	<b>Yes</b>	<b>No</b>	Chronic non-healing or recent bone grafts		
Presence of uncorrected inguinal/ femoral hernia			History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal.		
<b>6.12 Metabolic Syndrome</b>	<b>Yes</b>	<b>No</b>	<b>6.17 Neurological Disorders</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>
Metabolic syndrome with aerobic capacity less than 12 METs				Ataxias of heredo-degenerative type	
<b>6.13 Reproductive System</b>	<b>Yes</b>	<b>No</b>	Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke		
Are you pregnant? <i>See annex for further information</i>				Hemiparalysis or paralysis of a limb	
<b>6.14 Urinary System</b>	<b>Yes</b>	<b>No</b>	Multiple sclerosis with activity or evidence or progression within previous 3 years		
Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPO) or hemodialysis?			Myasthenia gravis with activity or evidence or progression within previous 3 years		
<b>6.15 Spine and Axial Skeleton</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>	Progressive muscular dystrophy or atrophy		
Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees			Uncorrected cerebral aneurysm		
History of spinal surgery with rods still in place			Any single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders. <i>See addendum for exceptions</i>		
Any spinal or skeletal condition producing sensory or motor deficit or pain due to radiculopathy or nerve root compression			Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment		
Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication			Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment		
Cervical vertebral fractures with multiple vertebral body compression greater than 25%					
Thoracic vertebral fractures with vertebral body compression greater than 50%					
Lumbosacral vertebral fractures with vertebral body compression greater than 50%					

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<b>6.19 Skin</b> Do you have any of the following conditions?	Yes	No	<b>Student Name</b>
Metastatic or locally extensive basal or squamous cell carcinoma or melanoma			
Any dermatologic condition that would not allow for a successful fit test for a respirator			
<b>6.19 Blood and Blood-Forming Organs</b> Do you have any of the following conditions:	Yes	No	<b>Office Name</b>
Hemorrhagic states requiring replacement therapy			<b>Office Phone</b>
Sickle cell disease (homozygous)			
Clotting disorders			
<b>6.20 Endocrine and Metabolic Disorders</b> Do you have any of the following conditions?	Yes	No	<b>Office Contact Person</b>
Type 1 diabetes mellitus <i>Exceptions available upon request</i>			
Insulin-requiring Type 2 diabetes mellitus <i>Exceptions available upon request</i>			
<b>6.22 Tumors and Malignant Diseases</b> Do you have any of the following conditions?	Yes	No	<p>This is to certify that the above name student had a physical exam on _____ (date) and is in</p> <p>apparent good health, has no condition that would endanger the health and wellbeing of students or staff, has met the requirements of this form, and is physically/ mentally able to participate in the Firefighter program at the Medina County Career Center.</p>
Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk of reoccurrence			
<b>6.24 Chemicals, Drugs, and Medications</b> Do you require chronic or frequent treatment	Yes	No	
with any of the following medications or classes of medications?			
Narcotics, including methadone			
Sedative-hypnotics			<b>Healthcare Provider Printed Name</b> <b>(Must be MD or DO per ODPS Requirements)</b>
Full dose or low-dose anticoagulation medications or any drugs that prolong prothrombin time (PT), partial thromboplastin time (PTT), or international normalized ratio (INR)			
Respiratory medications; inhaled bronchodilators, inhaled corticosteroids, systemic corticosteroids, theophylline, and leukotriene receptor antagonists			<b>Healthcare Provider Signature</b> <b>(Must be MD or DO per ODPS Requirements)</b>
High-dose corticosteroids for chronic disease			
Anabolic steroids			<b>Office Stamp Area</b>
Evidence of illegal drug use detected through testing, conducted in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA)			
Evidence of clinical intoxication or a measured blood level that exceeds the legal definition of intoxication			

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**ANNEX**

**6.13 a**

Heavy physical exertion has been associated with spontaneous abortions. Lifting heavy objects should be avoided during pregnancy. Excessive heat, toxic chemicals and catecholamine surges have the potential for fetal harm.

A "YES" answer does not indicate non-compliance. Further documentation concerning pregnancy and NFPA 1582 is available upon request.