

SHASTA COLLEGE FIREFIGHTER ACADEMY

EMERGENCY MEDICAL INFORMATION FORM

Name (Print) _____
Last First Middle

Local Address _____
Street City State ZIP

Local Telephone _____ Alter. Phone _____ Marital Status _____
 Soc. Sec. # _____ - _____ - _____ Height _____ Weight _____ Spouse's Name _____
 Birthdate _____ Age _____ Sex _____ Spouse Work Phone _____
 Father's Name _____ Mother's Name _____
 Parent's Address _____ Phone _____
Street City State ZIP

Medical Alert/Condition/Allergies _____
 Medical Insurance Policy _____ Policy # _____
 Family Physician _____ Telephone _____

PARTICIPATION QUESTIONNAIRE

To be completed by participant

Circle correct answer: Y for yes, N for no, and indicate (R)-right or (L)-left

For PHYSICAL EXAM

- | | | | |
|---|---|--|--|
| <p>1. Have you had a condition that required medical attention to:
 Muscle Y N
 Joint Y N
 Tendon Y N
 Bone Y N
 Explain _____</p> <p>2. List date you had:
 Shoulder dislocation _____
 Knee trouble _____
 Knee cap dislocation _____
 Ankle sprain _____
 Back pain _____
 Fracture _____</p> <p>3. Have you ever had an injury producing weakness or numbness of arms or legs? Y N
 Explain _____</p> <p>4. Are you under a physician's care now? Y N
 For? _____</p> | <p>5. Have you experienced a concussion during past 3-yrs? Y N</p> <p>6. Have you ever been unconscious? Y N
 Fainted? Y N
 How many times? _____
 Hospitalized for this? Y N
 Explain _____</p> <p>7. Do you have frequent or severe headaches? Y N</p> <p>8. Have you ever had seizures or convulsions? Y N</p> <p>9. Have you ever had a brain wave test? Y N
 When? _____
 Where? _____</p> <p>10. Do you wear:
 Glasses Y N
 Contacts Y N
 Bridgework Y N
 Braces Y N
 Dentures Y N
 Last dentist visit (date) _____</p> | <p>11. Do you have loss or seriously impaired function of any paired organ? Y N
 (Circle which apply) KIDNEY
 EYE LUNG TESTICLE</p> <p>12. Do you have or have you had:
 Asthma Y N
 Hayfever Y N
 Allergies Y N
 To what? _____</p> <p>13. List surgical operations you have had and approximate date(s): _____

 _____</p> <p>14. Have you been seen by a physician for any illness or condition lasting more than one week during past year? Y N
 Explain _____
 _____</p> | <p>15. Are you on medication? Y N
 What? _____</p> <p>16. Date of last tetanus shot: _____</p> <p>17. Have you ever had a skull, neck, or spine fracture? Y N
 X-ray of any of above? Y N
 Explain _____</p> <p>18. Do you have or have you had:
 Diabetes Y N
 Epilepsy Y N
 Kidney disease Y N
 Abnormal bleeding tendencies Y N
 Tuberculosis Y N
 Stomach/intestinal trouble Y N
 Arthritis Y N
 Heart disease Y N
 <small>(rheumatic fever, high blood, heart murmur)</small>
 Other problems _____
 _____</p> |
|---|---|--|--|

Student Signature _____

Date _____

PHYSICIAN'S PRE-SEASON SCREENING DATA

To be completed by physician

For PHYSICAL EXAM REQUIREMENT

Systems Review

Mouth & Pharynx Normal _____ Abnormal _____
 Lungs Normal _____ Abnormal _____
 Heart Normal _____ Abnormal _____
 Abdomen Normal _____ Abnormal _____
 Hernia Normal _____ Abnormal _____
Cervical Normal _____ Abnormal _____
 Comments _____

Trunk/Cervical Spine Normal _____ Abnormal _____
 Comments _____

Shoulder Normal _____ Abnormal _____
 Comments _____

Elbow Normal _____ Abnormal _____
 Comments _____

Wrist Normal _____ Abnormal _____
 Comments _____

Hand Normal _____ Abnormal _____
 Comments _____

Hip Normal _____ Abnormal _____
 Comments _____

Knee Normal _____ Abnormal _____
 Comments _____

Ankle Normal _____ Abnormal _____
 Comments _____

Foot Normal _____ Abnormal _____
 Comments _____

Blood Pressure	S	D	Pulse
Resting			
Active			

Additional comments _____

Physician's

Program Participation Recommendation:
 Full Participation _____
 Restricted Participation _____
 Prohibited Participation _____

Physician Signature/Date: _____

Shasta College Firefighter I Academy
PHYSICAL EXAMINATION/MEDICAL CLEARANCE FORM

APPLICANT'S NAME: _____

Dear Medical Doctor:

The individual you are examining is required to obtain a medical clearance to participate in the physical conditioning program as a part of the Shasta College Firefighter I Academy curriculum. The physical conditioning program consists of regularly scheduled physical training designed to accomplish cardiovascular (running 2-4 miles each day), strength (weight training), and flexibility fitness.

Physical conditioning occurs at least four days per week, for at least 16 weeks. Additionally, the cadets are required to train and successfully pass a fire agility course. The following is a description of the components that comprise the agility course.

NOTE: This course is a timed, eight-station course that parallels the job of a fire service professional. Cadets are required to be clothed in regular P.T. clothes and turnout jacket, structural fire gloves, helmet, and self-contained breathing apparatus (weight 35 lbs.). The course must be completed start-to-finish within 8 minutes, 30 seconds (8:30).

- **HOSE LINE DRAG:** Rolling out two dry 50' rolls of 2.5" fire hose, coupling them together, and dragging them 65 feet.
- **LADDER CARRY/PLACEMENT:** Lifting a 65 lb. non-NFPA 24-foot extension ladder off a rack, placing it on the ground, then picking it up and returning it to the rack.
- **LADDER HOIST:** Fully extending a 35' ladder using the halyard (rope), and lowering it using a controlled (non-slipping) hold.
- **ATTIC CRAWL:** Picking up a charged (water) 1.5" hose line and advancing it through a tight attic crawl space approximately 24 feet.
- **STRIKING/CHOPPING:** Picking up an 8-pound sledge hammer, raising it 18", and hitting a roof prop 40 times.
- **STAIR CLIMB/HOSE HOIST:** Picking up a 50' (45 lb.) section of 2.5" hose on his/her shoulders and climbing up two flights of stairs and placing the hose down on the upper floor. Grabbing a rope on the third floor deck which is attached to a 50-foot section of rolled/banded 2.5" double-jacket fire hose (45 lbs.) and lifting the hose to the top of the third floor parapet and lowering it in a controlled (non-slipping) manner. Re-shouldering the hose bundle and carrying it back down the tower and setting it down.
- **DUMMY DRAG:** Lifting a 175 lb. dummy and dragging it 50 feet.
- **HOSELOAD:** Picking up five individually bundled 50' sections of 2.5" hose (45 lbs. each), one or two at a time, and placing them on a raised bench approximately 24" high. Once all five rolls are on the bench, returning them to the original position.

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**HEALTH HISTORY STATEMENT
(Last Ten Years)**

The information you provide in this statement will be used to assess your medical qualifications to complete the physical training portion of the Fire Academy. All information is kept confidential.

Name: _____ Today's Date: _____ Birthdate: _____

Do you currently have medical insurance? Yes _____ No _____

Name of Insurance carrier: _____ Policy # _____

Please check YES or NO on all questions. Do you now or have you ever had any of the following:

ILLNESS	YES	NO	WHAT AGE
Dizziness			
Ringing in ears			
Fainting spells			
Convulsions or seizures			
Epilepsy			
Difficulty in seeing			
Difficulty in hearing			
Nose bleeds			
Frequent colds			
Asthma or wheezing			
Bronchitis or chronic cough			
Tuberculosis			
Heart trouble (murmur, irregular heartbeat, palpitations, etc.)			
Rheumatic fever			
Joint pain or swelling			
Chest pains			
Shortness of breath			
High blood pressure			
Indigestion			
Chronic appendicitis			
Hepatitis			
Kidney or bladder trouble			
Blood in urine			
Mononucleosis			
Diabetes			
Sugar in urine			
Backache			
Hernia or rupture			
Allergy			
Other illness			

If you answered YES to any question, please explain in detail: _____

Have you ever smoked cigarettes, cigars, e-cigarettes, or a pipe, or used chewing tobacco? Yes _____ No _____ When did you start: _____

Do you smoke/chew presently? Yes _____ No _____ How many times per day do/did you smoke/chew? _____

If you quit smoking/chew, what year did you quit? _____

Do you drink alcoholic beverages? Yes _____ No _____ What is your approximate intake:

	None	Occasional	Often	How many drinks per week?
Beer				
Wine				
Hard liquor				

List any traumatic injuries you have experienced to your bones or soft tissue and the approximate date of injury. Include any disabling back problems you have/had.

_____ Date _____
_____ Date _____
_____ Date _____

List any illnesses you have had which required you to take more than one week of sick leave and approximate date.

_____ Date _____
_____ Date _____
_____ Date _____

List any operations you have had and approximate dates.

_____ Date _____
_____ Date _____
_____ Date _____

List any medications you are now taking, including self-prescribed medications and dietary supplements.

Name of Medication	Date Started	Dosage	Dosage Per Day

List any athletic or other physical activities in which you are regularly engaged. Specify the frequency, intensity, and duration of your involvement.

Activity (Bicycling)	Frequency (3x per week)	Intensity (10 miles)	Duration (Past 18 months)

List anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions. _____

I hereby certify that all statements made in this Health History Statement are accurate, truthful, and complete.

Full Signature

Date

PHYSICAL EXAM/MEDICAL CLEARANCE FORM

Please attach a copy of your primary insurance card to this application.

Applicant's Name: _____

I have examined the above patient and have found him/her to be medically qualified to participate in the Physical Conditioning Program as part of the Firefighter I Academy at the Shasta College Training Center.

I have been provided with a description of the physical performance tests and overview of the physical conditioning program and the applicant's Health History Statement. Any exercise limitations are listed below. **PLEASE PRINT LEGIBLY.**

Exercise Limitations: If there are no limitations, please write "none."

Examining Physician (Please print):

Name & Title

Address

City/State

Zip

Signature

Date