## **STUDENT PHYSICAL EVALUATION**

Student's/Patient's Name:			Date of Birth:
Date of this Physical Evaluation:			
Medical History			
Do you have or have had in the past:			
Condition	Yes	No	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorder(s)			
Heart or circulation disorder(s)			
Skin disorder			
Gastrointestinal disorder(s)			
Psychiatric disorder(s)			
Ligaments, tendons, joint pain			
Muscle, skeletal disorder(s)			
Herniations			
Nerve Damage			
Previous Hospitalizations or Surgical History (date Current Medication:			
Is the patient currently pregnant? ☐Yes ☐No Allergies:			
Physical Examination (This is a physical evaluation medical examination.)	n for occu	ıpatior	nal ability and is not to be interpreted as a diagnosti
Height: Weight:	В,	/P:	P:
Ears, Nose, & Throat:			
Neck:		nph No	odes:
Skin:		•	
eart: Lungs:			
Extremities:		_	
Neurological:			
Neurological.			
**Mantoux PPD test must be completed by subr	mission o	f appli	ication**
1st PPD Test Date:	□Ро	sitive	□Negative
Chest X-Ray (is necessary) Date:	ПРо	sitive	
., (			00
Tetanus Vaccination (Must be current within 10 y	•		
HepB #1: HepB #2:			HepB #3:

Can this student perform the essential motor and sensory functions required of firefighter students?
□Yes □No
A DESCRIPTION IS GIVEN BELOW OF THE PHYSICAL STRESSES TO WHICH A CANDIDATE IS SUBJECTED TO AT FUTURE FIRE ACADEMY. YOUR JUDGMENT IS NEEDED AS TO THE CADET'S CAPACITY TO PERFORM THE REQUIRED DUTIES. IN YOUR CONCLUSION, TAKE INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE CADETS ABILITY TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.
Cadets will work under the supervision of an instructor, to do the heavy physical work involved in firefighter training.
The cadet will be required to: pull various sizes of hose (up stairs, ladders, and hills), use hand tools to cut handline, throw ladders, hike on uneven terrain with extra weight, bend and twist their bodies, run chainsaws on roofs, use axes and sledge hammers to force doors open, all during periods of temperatures over 100 degrees.
A cadet must have visual acuity (Snellen) of not less than 20/100 without correction in each eye, corrected to not less than 20/30 in one eye; must have color vision sufficient to correctly identify vehicles; hearing adequacy within speech frequencies (uncorrected); and full use of both hands and feet. The individual must have the necessary strength and agility required for extensive bending, stooping, and squatting. The Candidate must be able to work in situations where heat is intense, in addition be able to tolerate heavy smoke, dust and exposure.
The cadet will be required to wear respiratory protection equipment (including self-contained breathing apparatus (SCBA). The use of such equipment may place a physiological burden on the cadet that varies with the type of equipment used, the job and workplace conditions in which the equipment is used, and the medical status of the incumbent.
The cadet typically is required to perform psychologically stressful and/or physically demanding duties consistent with firefighting, disaster response, and emergency medical response, including working in isolated areas, walking or running on uneven, rough terrain with 50 plus pounds of gear.
Duties involve field work requiring physical performance calling for above-average ability, endurance, and superior condition, including occasional demand for extraordinarily strenuous activities, under adverse environmental conditions and over extended periods of time; requires running, walking, difficult climbing, jumping, twisting, bending, and lifting over 25 pounds.
THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE PHYSICAL/MENTAL STRESS JOB DESCRIPTION FOR THE CADET NAMED BELOW AND THAT IN HIS/HER JUDGMENT THE CADET HAS THE CAPACITY TO PERFORM THE REQUIRED DUTIES, HAS TAKEN INTO ACCOUNT THE LONG-RANGE OUTLOOK FOR CONTINUED PERFORMANCE, AND THE EMPLOYEE IS ABLE TO SAFELY PERFORM THESE DUTIES WITHOUT SIGNIFICANT INCREASED RISK OF INJURY TO SELF OR OTHERS BECAUSE OF MEDICAL CONDITION.
Candidate's Name:

Medical Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_

Phone: 530-663-3993