Our **MISSION** To inspire our learners to realize their individual potential.
Our **VISION** To achieve educational excellence in a people-centred environment.
Our **VALUES** are Respect, Safety, Trust, Pride, Ethics, Quality and Accountability.

FIRE FIGHTER TRAINING PROGRAM MEDICAL RELEASE FORM

Applicant: ____
(Please print)

Purpose:
The purpose of this document is to ensure that the person named above (applicant) is medically fit to undertake live-fire training. A brief summary of the physical demands for the training courses is provided below. Further information may be obtained by contacting the office of the Registrar at the Emergency Training Centre, Lakeland College at (780) 853-8633.
****Please note that this document is only valid if completed within one year of your program start date.****

Summary of Physical Demands:
These courses include both theoretical and practical study of structural/industrial firefighting. The practical component normally includes multiple days of simulated fire suppression exercises where students are exposed to the physical demands normally associated with firefighting work. During a typical practical day, students may experience 4-6 training scenarios. Each scenario involves between 15-60 minutes of exposure to severe environmental and physical stress. Some of the major stressors are outlined below:

1. Tolerating extreme fluctuations in temperature while performing duties. Students are required to perform physically demanding work in hot (up to 150ºC or 400ºF), humid (up to 100%) atmospheres while wearing personal protective equipment that significantly impairs thermoregulation.[1] (Core body temperatures can reach up to 40ºC after 20 min of hard work).
2. Wearing firefighting clothing and equipment that weighs at least 22 kg (50 lb) while performing firefighting work.[1]
3. Performing physically demanding work while wearing positive pressure self-contained breathing apparatus (SCBA) which presents a significant resistance to expiratory flow and may reduce peak exercise ventilation by approximately 15%.[1,2]
4. Making rapid transitions from rest to near maximal exertion without warm-up periods.[1]
5. Operating in environments of high noise, poor visibility, limited mobility; at heights; and, in enclosed or confined spaces.[1]
6. Using hose, ladders, and manual or power tools that weigh up to 45 kg (100 lb).[3,4]
7. High levels of energy expenditure that are estimated to average approximately 8-10 METS [4,5] and may exceed 12 METS.[1] Completion of Stage 3 of the Bruce treadmill protocol (3.4 mph and 14% grade) or running at 6.0 mph on level ground is equivalent to about 10 METS.
8. High levels of cardiovascular stress as evidenced by average heart rates of 70% of the age-predicted maximum during training scenarios with brief, repeated periods of near maximal heart rate (90+%).[6]

[1]National Fire Protection Agency. (2003) ***Standard 1582, Medical Requirements for Fire Fighters and Information for Fire Department Physicians***. Quincy, MA: National Fire Protection Association.

[2]Eves ND, Jones RL, Petersen SR (2005) The influence of the self-contained breathing apparatus (SCBA) on ventilatory function and maximal exercise. ***Canadian Journal of Applied Physiology*** 30(5): 507-519.

[3]DOT Occupational Codes. (1993) Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles, U.S. Dept. of Labor, U.S. Government Printing Office, Washington, D.C.

[4]Gledhill, N., and Jamnik, V. K. (1992). Characterization of the physical demands of firefighting. ***Canadian Journal of Sport Science.*** 17: 207-213.

[5]Sothmann, M., Saupe, K., Jansenof, D., Blaney, J., Fuhrman, S. D., Woulfe, T., Raven, P., Pawelczyk, J., Dotson, C., Landy, F., Smith, J. J., and Davis, P. (1990). Advancing age and the cardiorespiratory stress of fire suppression: determining a minimum standard for aerobic fitness. ***Human Performance.*** 3: 217-236.

[6]Dreger, RW, Petersen, SR, Dlin RA. ***Heart rate responses to firefighter training.*** Final report submitted to the Alberta Fire Training School, March 2002.

Medical Clearance
I have examined ____________________________________ and am satisfied that this individual is medically fit to participate in the fire training course described above.

Physician's name: ____

Address: ____

____

____

Telephone: ____

Physician's signature: ____

Date: ____

The costs associated with completion of this form are the responsibility of the applicant.

APPLICANT MEDICAL QUESTIONNAIRE

To the applicant: Please complete this questionnaire and take it with you to the medical examination by your physician.

Date: _____ /_____ / ____

Name: ____ Provincial Health Care# _________________________

FAMILY NAME GIVEN NAME(S)

Date of birth: _____ /_____ / ____ Age: _______________ Gender: M ____ F____

Address: ____ Phone: ______________

City: ______________________________________ Postal Code: _________________

Present health:

1. Good with no medical complaints.

2. Symptoms or medical complaints ____

____

3. Are you presently on any treatment for any medical condition? **YES NO**

If YES please explain ____

____

Activity related problems:

Have you experienced any of the following conditions related to work or exercise?

1. back problems
2. chest pain
3. dizziness
4. fainting
5. muscle or joint problems
6. irregular heart beat
7. wheezing
8. other

Please explain ____

____

Illnesses, operations, hospitalizations, or injuries:

Date	**Problem**	**Treatment**	**Outcome**

Medications:
Please list any medications you are taking on a regular basis.

____________________ ____________________ ____________________

____________________ ____________________ ____________________

Allergies:
Drug allergies: ________________________ ________________________

Other allergies: ________________________ ________________________

Past medical history:
Have you had any of the following conditions? (please circle)

1. Heart disease
2. High blood pressure
3. Lung disease including asthma
4. Kidney disease
5. Diabetes
6. Bowel disease
7. Cancer
8. Emotional illness
9. Epilepsy
10. Head injury, loss of consciousness
11. Fractures, joint or muscle problems
12. Surgery
13. Back problems
14. Missing organs (e.g., eye, kidney)
15. Tendonitis, carpal tunnel, whitehand
16. Worker's compensation injury/illness

If you have had any of the above please explain. ____

____

____

____

____

____

Occupational exposure:

Have you or do you require use of protective equipment at any time to carry out your job duties

(SCBA, respirator, noise protection)? Detail ____

____

____

____

Have you ever worked in an area with exposure to noxious or toxic chemicals, gases, ionizing radiation (x-ray, gamma ray, etc.), radiant energy (UV, infra red)? Describe ________________________

____

____

____

Have you ever been required to change jobs or locations due to work conditions or exposures? Describe ____

____

____

____

Have you ever had a hazardous substance exposure requiring treatment or time off work? If you have, please describe. ____

____

____

____

Have you ever had a work injury requiring time off work? If yes, please describe. __________________

____

____

____

Family History:
Have any close family members (parents, siblings) had any illnesses? **YES NO**
(e.g., heart disease, high blood pressure, stroke, diabetes, cancer, alcoholism, other)

Relation	Living	Age	Present Health	Deceased	Age	Cause
Father						
Mother						
Brothers & Sisters						

Lifestyle:

Smoking: Do you smoke? **YES NO**

If YES how many per day? _________

If NO did you smoke in the past? **YES NO**

If YES when did you quit? _________ months / years ago.

Alcohol: Do you drink alcohol? **YES NO**

If YES, on average how many per week?

Beer (bottles) _______ Spirits (oz.) _______ Wine (oz.) _______

Exercise: Do you exercise on a regular basis? **YES NO**

If YES please complete the table below:

Activity	Intensity (Hard/Easy)	Exercise Time	Times per week

Has a physician ever suggested that you be restricted from physical activity? **YES NO**
If YES please explain.

____

____

____

Consent for independent medical examination and release of information:

The above information is correct and complete to the best of my knowledge.

I ________________________________ , hereby consent to a medical examination by

Dr .___________________________ , who then has my consent to send a report of the findings to Emergency Training Centre, Lakeland College (Vermilion, AB). I further authorize any physician who has attended or examined me to release full details of my medical status to the above named physician upon their request.

Signature of applicant: __________________ Date: _____________

Witness: ____ Date: _____________

Medical Examination
For Physician Use Only

Name ______________________________________ Date of Birth: ____ / ____ /____

Height ________ in. _________ cm. Weight ______ lb. ____ kg.

Vision:

Far: uncorrected R 20 / ____ L 20 / ____ corrected R 20 / ____ L 20 / ____

Near: uncorrected R 20 / ____ L 20 / ____ corrected R 20 / ____ L 20 / ____

Colour: Normal ________ Impaired ______ Colour Test Used ______________

Plates ________________ Errors ____________________________

Visual Fields (confrontation): Full ________ Impaired ________

Hearing:

R Normal ________ Impaired ________

L Normal ________ Impaired ________

Blood Pressure: ___ ___ / ______ mmHg. **Pulse:** ____________ bpm

	Normal	**Abnormal**	**Not Examined**	**Findings**	**Follow-up Suggested**
General Assessment					
E.N.T.					
Pulmonary					
Cardiovascular					
Abdomen					
Musculoskeletal					
Genitourinary					
Neurological					

Comments on physical examination:

Additional Tests (if indicated):

Laboratory:

____	Kidney	____	Liver Function
____	CBC	____	LIPIDS
____	SMA_{12}	____	HIV
____	GGT	____	ECG
____	Glucose	____	Audiogram
____	Urine	____	Toxicology
____	Drug	____	Other

Imaging:

____ Chest Xray
____ Ultrasound
____ Other

Function:

____ PFT
____ EST Test
____ Other

Other: ____________________

Comments on follow-up examination:

Examining Physician:

Name: ____________________ Date: ____________________

Signature: ____

Address: ____

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act of Alberta.* Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.