

# Cuyahoga Community College – Medical Evaluation Form

Based on NFPA 1582

Name		Date of Birth			
Sex	M                      F	Age _____ Address _____			
Name of Emergency Contact:		Phone                      Relationship			
The student has met the requirements of this medical evaluation      YES      NO <span style="margin-left: 600px;">circle one</span>					
<p><b>The Ohio Department of Public Safety requires Fire Academy students to meet the medical requirements of NFPA 1582 (National Fire Protection Association). NFPA 1582 Chapter 6</b></p> <p><b>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></p> <p><b>6.2.2: Candidates with category A medical conditions shall not be certified as meeting the medical requirements of this standard.</b></p> <p><b>If a candidate answers <u>yes</u> to any of the medical conditions, they will not be permitted to attend firefighter training.</b></p>	<b>6.8 Lung and Chest Wall</b>	Yes	No		
	Do you have any of the following conditions?				
	Active hemoptysis				
	Current empyema				
	Pulmonary hypertension				
	Tuberculosis				
	Obstructive lung disease				
Lung transplant					
<b>6.3 Head and Neck</b>	Yes	No	Hypoxemia - Exercise testing is indicated when resting oxygen is less than 94% - Exercise desaturation shall not be less than 90%		
Do you have any defect of skull preventing helmet use or leaving underlying brain unprotected from trauma?					
Do you have any skull or facial deformity that would not allow for a successful fit of a respirator?					
<b>6.4 Eyes and Vision</b>	Yes	No	Asthma – reactive airway disease requiring bronchodilator or corticosteroid therapy for two or more consecutive months in the previous two years, unless the candidate can meet the requirements in 6.8.11. <i>Exceptions available upon request</i>		
Far visual acuity less than 20/40 binocular corrected, or less than 20/100 binocular uncorrected?					
Do you have monochromatic vision?					
Do you have monocular vision?			<b>6.9 Aerobic Capacity</b>	Yes	No
<b>6.5 Ears and Hearing</b>	Yes	No		Do you have the aerobic capacity less than 12 metabolic equivalents (METs) (1 MET= 42 mlO <sub>2</sub> /kg/min)?	
Do you have chronic vertigo or impaired balance?			<b>6.8 Lung and Chest Wall</b>	Yes	No
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 ANSI Z24.5?				Do you have any of the following conditions?	
Do you require a hearing aid or cochlear implant?				Coronary heart disease	
			Cardiomyopathy or congestive heart failure		
			Acute pericarditis, endocarditis or myocarditis		
<b>6.6 Dental</b>	Yes	No	Recurrent syncope		
Do you have any dental conditions that would inhibit the use of a respirator?			Third-degree atrioventricular block		
Do you have any dental conditions that would inhibit your ability to communicate effectively?			Cardiac pacemaker		
			Hypertrophic cardiomyopathy		
<b>6.7 Nose, Oropharynx, Trachea, Esophagus and Larynx</b>	Yes	No	Heart transplant		
Do you have a tracheostomy?			A medical condition requiring an automatic implantable cardiac defibrillator		
Do you have aphonia?					
Do you have any nasal, oropharyngeal, tracheal, esophageal or laryngeal conditions that would inhibit the use of a respirator?					

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

<b>6.18 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			<b>Office Name:</b>
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 Phone:</b>
Hemorrhagic states requiring replacement therapy			<b>Office Contact:</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	
Type 1 diabetes mellitus. <i>Exceptions available upon request</i>			<b>This is to certify that the above named student had a physical exam on _____ (date) and is in apparent good health, has no condition that would endanger the health and well-being of students or College staff, has met the requirements of this form and is physically/mentally able to participate in the Fire Academy at Cuyahoga Community College.</b>
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	
Malignant disease that is newly diagnosed, untreated or currently being treated, or under active surveillance due to increased risk of reoccurrence			
<b>6.24 Chemicals, Drugs and Medications</b>	Yes	No	
Do you require chronic or frequent treatment with any of the following medications or classes of medications?			<b>Health Care Provider Printed Name:</b>
Narcotics, including methadone			
Sedative-hypnotics			<b>Health Care Provider Signature:</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, including inhaled bronchodilators, inhaled corticosteroids, systemic corticosteroids, theophylline and leukotriene receptor antagonists			
High-dose corticosteroids for chronic disease			<b>Office Stamp Area</b>
Anabolic steroids			
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			

## ANNEX

### 6.13a

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 noncompliance. Further documentation concerning pregnancy and NFPA 1582 is available upon request.