

The University of Akron  
Training Center for Fire & Hazardous Materials

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sex M F Age \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The student has met the requirements of this medical evaluation    YES    NO  
 Circle one

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. 6.2.2: Candidates with category A medical conditions shall not be certified as meeting the medical requirements of this standard. <b>If a candidate answers <u>yes</u> to any of the medical conditions, they will not be permitted to attend firefighter training.</b>			<b>6.8 Lungs and Chest Wall</b>		
			Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>
			Active hemoptysis		
			Current empyema		
			Pulmonary hypertension		
			Active tuberculosis		
		Obstructive lung disease			
		Lung transplant			
<b>6.3 Head and Neck</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%		
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?			Asthma – reactive airway disease requiring bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years, unless the candidate can meet the requirement in 6.8.1.1 ( <i>Exceptions available upon request</i> )		
<b>6.4 Eyes and Vision</b>	<b>Yes</b>	<b>No</b>			
Is visual acuity less than 20/40 binocular corrected, or less than 20/100 binocular uncorrected?			<b>6.9 Aerobic Capacity</b>	<b>Yes</b>	<b>No</b>
Do you have Monochromatic vision?					
Do you have Monocular vision?			Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 mL O <sub>2</sub> /kg/min)?		
<b>6.5 Ears and Hearing</b>	<b>Yes</b>	<b>No</b>			
Do you have chronic vertigo or impaired balance?			<b>6.10.1 Heart</b>	<b>Yes</b>	<b>No</b>
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 224.5?					
Do you require aid or cochlear implant?			Coronary heart disease		
<b>6.6 Dental</b>	<b>Yes</b>	<b>No</b>	Cardiomyopathy or congestive heart failure		
Do you have any dental conditions that would inhibit the use of a respirator?			Acute pericarditis, endocarditis, or myocarditis?		
Do you have any dental conditions that would inhibit your ability to communicate effectively?			Recurrent syncope		
<b>6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx</b>	<b>Yes</b>	<b>No</b>	Third – Degree atrioventricular block		
Do you have a tracheostomy?			Cardiac pacemaker		
Do you have aphonia?			Hypertrophic cardiomyopathy		
			Heart transplant		
Do you have any nasal, oropharyngeal, tracheal, esophageal, laryngeal conditions that would inhibit the use of a respirator?			A medical condition requiring an automatic implantable cardiac defibrillator		

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<b>6.10.2 Vascular System</b> Do you have any of the following conditions?	Yes	No	<b>6.16 Extremities</b> Do you have any of the following conditions?	Yes	No
Hypertension			Joint replacement. See addendum for exceptions.		
Thoracic or abdominal aortic aneurysm			Amputation or congenital absence of upper extremity.		
Carotid artery stenosis or obstruction resulting in greater than or equal to 50% reduction in blood flow			Amputation of either thumb proximal to the mid-proximal phalanx		
Peripheral vascular disease			Amputation or congenital absence of lower extremity. See addendum for exceptions.		
<b>6.11 Abdominal Organs and Gastro Intestinal System</b>	Yes	No			
Presence of uncorrected inguinal/femoral hernia			Chronic non-healing or recent bone grafts		
<b>6.12 Metabolic Syndrome</b>	Yes	No	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		
Metabolic syndrome with aerobic capacity less than 12 METs					
<b>6.13 Reproductive System</b>	Yes	No			
Are you pregnant? <i>See annex for further information.</i>					
<b>6.14 Urinary System</b>	Yes	No			
Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis?			<b>6.17 Neurological Disorders</b> Do you have any of the following conditions?	Yes	No
<b>6.15 spine and Axial Skeleton</b> Do you have any of the following conditions	Yes	No	Ataxias of heredo-degenerative type		
Scoliosis of thoracic or lumbar spine with angle greater than normal 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			Hemiparalysis or paralysis of a limb		
Any spinal or skeletal condition producing sensory or motor deficit or pain due to radiculopathy or never root compression			Multiple sclerosis with activity or evidence or progression within previous 3 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 3 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. See addendum for exceptions.		
			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		

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<b>6.18 Skin</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>	<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>Office Phone:</b> _____
<b>6.19 Blood and Blood-Forming Organs</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</b>	
Hemorrhagic states requiring replacement therapy			<b>Office Contact Person:</b> _____
Sickle Cell disease (homozygous)			
Clotting disorders			
<b>6.20 Endocrine and Metabolic Disorders</b> Do you have any of the following conditions?	<b>Yes</b>	<b>No</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 wellbeing of students or College staff, has met the requirements of this form, and is physically/mentally able to participate in the Firefighter program at The University of Akron.
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?	<b>Yes</b>	<b>No</b>	
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>	<b>Yes</b>	<b>No</b>	<b>Healthcare Provider Printed Name:</b> _____
Do you require chronic or frequent treatment with any of the following medications or classes of medications?			
Narcotics, including methadone			<b>Healthcare Provider Signature:</b> _____
Sedative-hypnotics			<b>Office Stamp Area</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			
High-dose corticosteroids for chronic disease			
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**

**6.13 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.