

Name _____ Date of Birth _____

Sex M F Age _____ Address _____

Emergency Contact: Name _____ Phone _____ Relationship _____

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.
If a candidate answers yes to any of the medical conditions, they will not be permitted to attend firefighter training.

			6.8 Lungs and Chest Wall	Yes	No
			Do you have any of the following conditions?		
			Active hemoptysis		
			Current empyema		
			Pulmonary hypertension		
			Active tuberculosis		
			Obstructive lung disease		
			Lung transplant		
6.3 Head and Neck	Yes	No			
Do you have any defect of skull preventing helmet use or leaving underlying brain unprotected from trauma?			Hypoxemia - Exercise testing is indicated when resting oxygen is less than 94% - Exercise desaturation shall not be less than 90%		
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>		
6.4 Eyes and Vision	Yes	No			
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?			6.9 Aerobic Capacity	Yes	No
6.5 Ears and Hearing	Yes	No	Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 mL O ₂ /kg/min) ? <i>See annex for further information</i>		
Do you have chronic vertigo or impaired balance?			6.10.1 Heart	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		
6.6 Dental	Yes	No	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		
6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx	Yes	No	Third - Degree atrioventricular block		
Do you have a tracheostomy?			Cardiac pacemaker		
Do you have aphonia?			Hypertrophic cardiomyopathy		
Do you have any nasal, oropharyngeal, tracheal, esophageal, or laryngeal conditions that would inhibit the use of a respirator?			Heart transplant		
			A medical condition requiring an automatic implantable cardiac defibrillator		

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6.10.2 Vascular System Do you have any of the following conditions?	Yes	No	6.16 Extremities Do you have any of the following conditions?	Yes	No
Hypertension			Joint replacement. See addendum for exceptions		
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		
6.11 Abdominal Organs and Gastrointestinal System	Yes	No			
Presence of uncorrected inguinal / femoral hernia			Amputation or congenital absence of lower extremity. See addendum for exceptions		
6.12 Metabolic Syndrome	Yes	No	Chronic non-healing or recent bone grafts		
Metabolic syndrome with aerobic capacity less than 12 METs					
6.13 Reproductive System	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		
Are you pregnant? <i>See annex for further information</i>					
6.14 Urinary System	Yes	No	6.17 Neurological Disorders Do you have any of the following conditions?	Yes	No
Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis?			Ataxias of heredo-degenerative type		
6.15 Spine and Axial Skeleton Do you have any of the following conditions?	Yes	No	Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke		
Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees			Hemiparalysis or paralysis of a limb		
History of spinal surgery with rods still in place			Multiple sclerosis with activity or evidence or progression within previous 3 years		
Any spinal or skeletal condition producing sensory or motor deficit or pain due to radiculopathy or nerve root compression			Myasthenia gravis 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			Progressive muscular dystrophy or atrophy		
Cervical vertebral fractures with multiple vertebral body compression greater than 25%			Uncorrected cerebral aneurysm		
Thoracic 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		
Lumbosacral vertebral fractures with vertebral body compression greater than 50%			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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6.18 Skin Do you have any of the following conditions?	Yes	No	<i>All areas in this column are required to be filled out.</i>
Metastatic or locally extensive basal or squamous cell carcinoma or melanoma			
Any dermatologic condition that would not allow for a successful fit test for a respirator			Medical Office Name:
6.19 Blood and Blood-Forming Organs Do you have any of the following conditions?	Yes	No	
Hemorrhagic states requiring replacement therapy			Medical Office Contact Person:
Sickle cell disease (homozygous)			
Clotting disorders			
6.20 Endocrine and Metabolic Disorders Do you have any of the following conditions?	Yes	No	
Type 1 diabetes mellitus. <i>Exceptions available upon request</i>			
Insulin-requiring Type 2 diabetes mellitus. <i>Exceptions available upon request</i>			Healthcare Provider Printed Name:
6.22 Tumors and Malignant Diseases 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 the increased risk of reoccurrence			Healthcare Provider Signature:
6.23 Psychiatric Conditions Do you have any of the following conditions?	Yes	No	
Psychiatric conditions that would result in not being able to safely perform any of the essential job task of a firefighter?			Medical Office Stamp Area
Medications that increase an individual's risk of heat stress, or other interference with the ability to safely perform essential job tasks of a firefighter?			
6.24 Chemicals, Drugs, and Medications Do you require chronic or frequent treatment with any of the following medications or classes of medications?	Yes	No	
Narcotics, including methadone			
Sedative-hypnotics			
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

6.9 a

Aerobic Capacity testing is required if any condition is present under 6.8 (Lungs and Chest Wall). Mark "N/A" if not required.

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.