Basic Medical Evaluation Form

[PRIVATE AND CONFIDENTIAL]

Member Name: _____ Badge: _____

		Circle One	
1.	Do you wear or have you ever worn glasses or contacts	Yes	No
2.	Have you had an eye injury, surgery, or disease?	Yes	No
3.	Are you blind in one eye?	Yes	No
4.	Lung or respiratory trouble including Bronchitis, TB or asthma?	Yes	No
5.	Residuals of Poliomyelitis?	Yes	No
6.	Hepatitis, jaundice or other liver ailments?	Yes	No
7.	Cancer, malignant tumor or cysts?	Yes	No
8.	Diabetes or sugar in urine?	Yes	No
9.	Pernicious anemia, leukemia or other blood disorder?	Yes	No
10.	Mental illness or nervous breakdown?	Yes	No
11.	Any disorder of nervous system?	Yes	No
12.	Seizure disorder of loss of consciousness?	Yes	No
13.	Severe headaches or migraine?	Yes	No
14.	Heart trouble-including circulatory disease?	Yes	No
15.	Rheumatic fever?	Yes	No
16.	Any defect of bones or joints?	Yes	No
17.	Rheumatism, arthritis or bursitis?	Yes	No
18.	Back pain or injury?	Yes	No
19.	Head injury?	Yes	No
20.	Hip, knee, ankle or foot issues?	Yes	No
21.	Hand, elbow, or shoulder issues?	Yes	No
22.	Fainting or dizziness?	Yes	No
23.	Skin issues?	Yes	No
24.	Allergies?	Yes	No
25.	Sensitivity to dust or Smoke?	Yes	No
26.	High or low blood pressure?	Yes	No
27.	Varicose veins?	Yes	No
28.	Ulcers or other internal issues?	Yes	No
29.	Rupture or hernia?	Yes	No
30.	Gall bladder trouble?	Yes	No
31.	Kidney or bladder issues?	Yes	No
32.	Shortness of breath?	Yes	No
33.	Hearing deficiency?	Yes	No
34.	Speech impairment?	Yes	No
35.	History of addiction to drugs or alcohol?	Yes	No
36.	Any existing temporary medical condition?	Yes	No
37.	Are you taking any medications now or in the last 12 months that	Yes	No

	a doctor has indicated might impair your ability to work or drive a motor vehicle in any way?	
38.	Are you now on worker's compensation?	Yes No
39.	Have you ever filed a worker's comp claim?	Yes No

If Yes, please explain: _____

_____

40.	Are you currently under a doctor's care for any condition?	Yes No

If Yes, please explain: _____

_____

_____

If you have answered Yes to any of the above questions please indicate whether you feel that they will impair your ability to perform your duties as a firefighter and if so what your limitations would be in your opinion Please remember that you are answering for your actions that would potentially endanger yourself or other firefighters or first responders to an incident

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_____

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_____

I certify that I have provided true and complete information concerning my current health It is completely up to the officers of the Shaver Lake Volunteer Fire Department to review and accept you as a candidate as a firefighter and I understand that any omission or misrepresentation will be cause for ending my relationship with the Department.

Applicant's Signature: _____ Date _____ / _____ / _____

Print Name: _____

Review and APPROVED / REJECTED: _____

Chief SLVFD