



# **A Fire Department's Guide to Implementing NFPA 1582**

Understanding and using NFPA 1582 and the IAFF/IAFC Wellness Fitness Initiative

**Information and sample documents to assist  
with the education and implementation of  
an annual medical evaluation program.**

**Chief Jake Rhoades  
Kim C. Favorite**



# IAFC

## safety, health and survival section

### INTRODUCTION

It is a significant fact that annually *nearly half* of all firefighter fatalities occur as a result of medical emergencies. The severe physical nature firefighting and the harsh environmental conditions under which firefighters must perform their duties dramatically increases our susceptibility to stress and overexertion. Many of these deaths could potentially be avoided through early detection of underlying medical conditions by participation in an annual routine medical examination, which includes commonplace non-invasive medical testing.

The economic costs associated with a firefighter's death far outstrip the costs of ensuring that firefighters receive an annual medical examination. Put simply, firefighters lives are worth far more than the cost of implementing a wellness-fitness program that starts with an annual physical. Knowing this, it is the position of the IAFC that every firefighter receive an annual medical examination for the purposes stated above, and that this examination should follow as closely as possible the guidance of NFPA 1582. Fire Chiefs have an obligation to find funding sources and develop creative strategies to ensure the safety of their personnel. This document is designed to support that responsibility.

The IAFC Safety, Health, and Survival Section compiled this information and sample documents to assist with the development and implementation of an annual medical evaluation program. Thousands of hours of work have been committed to the development of this implementation guide and special thanks goes to Kim Favorite, Occupational Health and Fitness Coordinator for the Seattle, WA Fire Department and Fire Chief Jake Rhoades of the Edmond, OK Fire Department who were tasked with spearheading this effort. Their commitment to firefighter safety is alive in these pages.

Too often, Fire Chiefs find themselves at the crossroads of understanding their responsibility to ensure the safety of their members and finding a way to actually make it happen. This document represents a roadmap for success. It can be used in part or in whole but most importantly it is designed to be used. Safety is no accident. It is the conscious mindset of humans created by the establishment of regulations and policies based upon general accepted industry practices. These policies take into considerations such practices and are designed to provide the highest practical degrees of personal safety. The prevention and reduction of accidents, injuries and occupational illnesses is not simply an objective, but a way of life.

The International Association of Fire Chiefs, and the Safety, Health, and Survival Section stand with you in our combined effort to reduce, and eventually eliminate, every preventable Line of Duty Death among firefighters. May it serve as the unity of purpose that guides our actions.

# TABLE OF CONTENTS

<b>NFPA 1582 Overview</b>	1
<b>NFPA 1582 List of Essential Job Tasks</b>	3
<b>Administrative Guide to NFPA 1582</b>	4
Fire Department Responsibilities	5
Cost Justification	6
Program Development	8
Job Description/Analysis	9
<i>See Appendix A: Program Development Samples</i>	37
<i>See Appendix B: Job Description/Analysis Samples</i>	73
<b>Medical Guide to NFPA 1582</b>	14
Fire Department Physician/Licensed Health Care Professional Responsibilities	15
New Hire / Candidate	16
Incumbent Uniformed Member	27
<i>See Appendix C: Medical Evaluation Samples</i>	88
<b>Supporting Documents, Resources and Acknowledgements</b>	35
Appendix A: Program Development Samples	
Sample Committee Memorandum of Understanding	37
Sample Joint Labor/Management Communication	38
Sample Request for Proposal (Short Version)	39
Sample Request for Proposal (Long Version)	44
Appendix B: Job Description/Analysis Samples	
Sample Firefighter Job Function Analysis	73
Sample Additional Operational Officer Job Function Analysis	78
Sample Paramedic Job Function Analysis	80
Sample Chief Officer Job Function Analysis	83
Appendix C: Medical Evaluation Samples	
Sample Baseline Medical Exam Form	88
<b>New Hire /Candidate</b>	
Sample Prehire Medical History Questionnaire	90
Sample Candidate Medication Card	96
Sample Physician’s Report of Findings	98
<b>Incumbent</b>	
Sample Letter to Private Health Practitioner	99
Sample Health Assessment Questionnaire	102
Sample Immunization Record	107
Sample Respiratory Clearance Questionnaire	108
Sample Report of Annual Respiratory FIT Test/Training	113
Sample Physician’s Annual Statement of Work Status	115
Sample Physician’s Statement of Return to Work	116
Additional Resources	117

## Downloading Customizable Documents From The .pdf File

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# NFPA 1582 Overview

## Standard on Comprehensive Occupational Medical Program for Fire Departments

### Synopsis of NFPA 1582

The standard's purpose is to reduce the RISK of fire service occupational morbidity and mortality while improving the safety and efficiency of firefighters and addresses medical issues of both candidates and incumbents.

### Contents of NFPA 1582

- Chapter 1 Administration
- Chapter 2 Referenced Publications
- Chapter 3 Definitions
- Chapter 4 Roles and Responsibilities
- Chapter 5 Essential Job Tasks
- Chapter 6 Medical Evaluations of Candidates
- Chapter 7 Occupational Medical Evaluation of Members
- Chapter 8 Annual Occupational Fitness Evaluation of Members
- Chapter 9 Essential Job Tasks — Specific Evaluation of Medical Conditions in Members
  
- Annex A Explanatory Material
- Annex B Guide for Fire Department Administrators
- Annex C Protocols for Evaluation of Fitness of Members
- Annex D Pregnancy Issues
- Annex E Sample Physician Evaluation Form for Fire Fighters with Diabetes
- Annex F Informational References
- Index

### Essential Sections Overview

#### NEW HIRE / CANDIDATE – Chapter 6: Medical Evaluation of Candidates

- The medical evaluation of a candidate (6.1.1 – 6:24.2) shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect their ability to safely perform the essential job tasks outlined in NFPA 1582 Chapter 5.
- Medical examination components: A failure of a Candidate's medical exam shall be documented using the following categories:
  - **Category A** - A medical condition that **would** preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others.
  - **Category B** A medical condition that, based on its severity or degree, **could** preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others.
- See Medical Guide Section for complete details.
- See Appendix C for sample documents

## INCUMBENT / UNIFORMED MEMBER – Chapter 7: Medical Evaluation of Members

- The medical evaluation of a member (7.4 -7.7.13) shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect their ability to safely perform the essential job tasks outlined in NFPA 1582 Chapter 9.
- Annual medical examination components and an updated medical history
- The components of the medical evaluations for Members (7.4 -7.7.13) shall also conform to all applicable [U.S. OSHA standards](#), including:
  - 29 CFR 1910.120, "[Hazardous waste operations and emergency response](#)"
  - 29 CFR 1910.134, "[Respiratory protection](#)"
  - 29 CFR 1910.95, "[Occupational noise exposure](#)"
  - 29 CFR 1910.1030, "[Bloodborne pathogens](#)"
- The standard recognizes no difference between volunteer, paid on call, part time, or career firefighters-the tasks are the same.
- See Medical Guide Section for complete details.
- See Appendix C for sample documents

# NFPA 1582 List of Essential Job Tasks

The essential job tasks listed are the same for the medical evaluation of Candidates or Members and shall be validated by the fire department.

*Green italic numbers indicates changes from the 2007 version of NFPA 1582 whether in Chapter 5 and/or Chapter 9*

An asterisk (\*) indicates explanatory material can be found in Annex A of NFPA 1582.

- (1)\*** Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, etc.), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods
- (2)** Wearing an SCBA, which includes a demand valve–type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
- (3)** Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
- (4)** Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg)
- (5)** Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
- (6)** Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility
- (7)** Wearing personal protective ensemble and SCBA, advancing water-filled hoselines up to 2½ in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
- (8)** Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
- (9)** Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
- (10)** Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
- (11)** Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
- (12)** Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers)
- (13)** Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members

# **Administrative**

## **Guide to NFPA 1582**

# FIRE DEPARTMENT RESPONSIBILITIES

- Develop and provide cost justification and support for new hire and annual medical/fitness programs.
- Create a department Occupational Safety and Health Committee with Joint Labor/Management support including a Memorandum of Understanding (MOU)
- Develop and provide job descriptions / analysis to assist Health Care Professions with disability/ limited duty determinations.
- Have an officially designated Department Physician or Licensed Health Care Professional (LHCP)
- Develop Request for Proposals (RFP) for contracted services. Appendix A contains a sample short RFP and a sample long RFP.
- Ensure the designated physician(s)/LHCPs clearly understands the full extent of [NFPA1582](#):
  - **Chapter 3** - Definitions of categories for candidates, and essential job tasks;
  - **Chapter 4** - Roles and Responsibilities
  - **Chapter 5** - Essential Job Tasks
  - **Chapter 6** - **Medical Evaluation of Candidates**
  - **Chapter 7** - **Occupational Medical Evaluation of Members**
  - **Chapter 8** - Annual Occupational Fitness Evaluation of Members
  - **Chapter 9** - Essential Job Tasks- Specific Evaluation of Medical Conditions In Members
- Ensure the designated physician(s)/LHCPs clearly understands the IAFC/IAFF Joint Labor Management Wellness-Fitness Initiative ([WFI](#))
- Ensure the designated physician(s) physician(s)/LHCPs clearly understands [U.S. OSHA 1910 standards](#), including:
  - 29 CFR 1910.120 - "[Hazardous waste operations and emergency response](#),"
  - 29 CFR 1910.134 - "[Respiratory protection](#)"
  - 29 CFR 1910.95 - "[Occupational noise exposure](#)," and
  - 29 CFR 1910.1030, "[Bloodborne pathogens](#)".
- Ensure medical provider consistency and best practices via [Clinical Practice Guidelines](#).
- Provide clear instruction to private physicians/LHCPs on what is expected in an Occupational Health and Fitness exam if a member is allowed to use a provider other than the Department's designated physician(s)/LHCPs.
- Develop Joint Labor/Management communication to personnel regarding employee privacy, which includes NFPA 1582 - 4.4.2 "*No fire department personnel, other than the fire department physician or appropriate medical staff, shall have access to another member's medical records without the express written consent of that member.*"
- When possible, to belie termination fears, create/provide alternative duty positions for individuals the Department's medical provider has determined needs *temporary* duty restrictions.



# COST JUSTIFICATION

## Overview: IAFC / IAFF Wellness-Fitness Initiative (WFI) Cost Justification Chapter

The four WFI department sites illustrated in the model below averaged 1,665 firefighters per department and had first-year estimated implementation costs of \$1,550,000 per site (~\$931 per head) due to start-up costs and capital expenditures.

FIRE DEPARTMENT	UNIFORMED PERSONNEL	WFI PARTICIPATION RATE IN 1997	WFI PARTICIPATION RATE IN 2004
Austin, TX	1032	CONTROL	CONTROL
Calgary, ALB	983	CONTROL	CONTROL
Fairfax County, VA	1280	65%	85%
Indianapolis, IN	780	70%	95%
Los Angeles County, CA	3013	10%	50%
Miami-Dade County, FL	1900	CONTROL	CONTROL
Phoenix, AZ	1588	70%	90%
Seattle, WA	1005	CONTROL	CONTROL

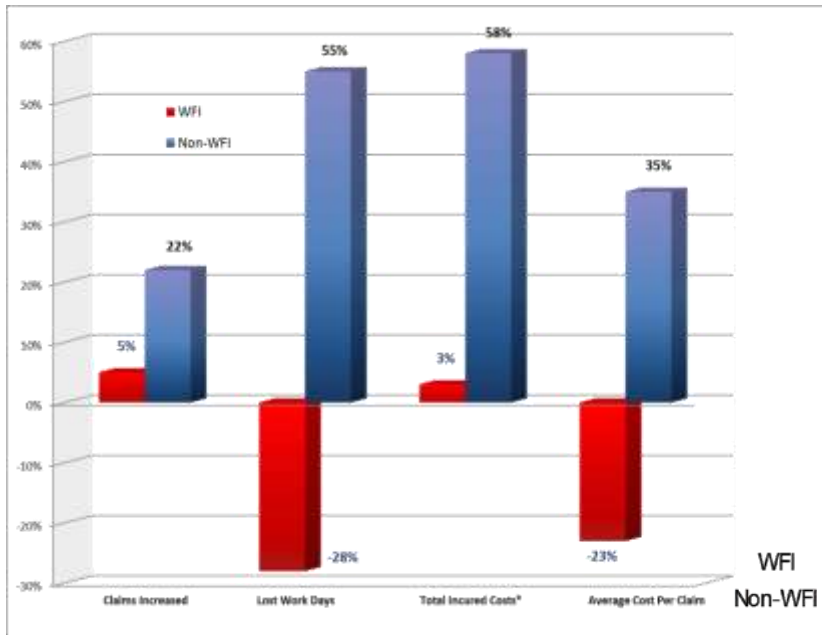
This was followed by an average annual cost of \$865,930 (~\$520 per head) for maintenance of the WFI program. These results demonstrate a WFI savings of \$1,336,535 the first year of implementation per site (due to start-up costs) and \$1,952,000 annually per site thereafter.

	Implementing WFI				Not Implementing WFI				
	Claim Date	WFI Claims	Days Lost	Total Incurred Cost*	Average Cost Per Claim	Non-WFI Claims	Days Lost	Total Incurred Cost*	Average Cost Per Claim
PRE	1991	401	4213	\$1,582,424	\$7,645	344	3689	\$2,243,993	\$6,699
	1992	407	4753	\$1,951,752	\$7,571	339	3899	\$2,155,654	\$6,553
	1993	429	5759	\$2,418,216	\$7,626	347	3431	\$2,402,384	\$6,900
	1994	436	6085	\$3,576,916	\$8,146	359	3220	\$2,385,562	\$6,697
	1995	438	6326	\$3,600,762	8,247	342	4441	\$2,702,118	\$7,279
	1996	434	6895	\$4,236,084	\$8,321	372	4189	\$2,764,044	\$6,724
	1997	488	6580	\$4,329,490	\$9,299	356	3878	\$2,401,968	\$7,060
	<b>Totals</b>	<b>3033</b>	<b>40,611</b>	<b>\$21,695,644</b>	<b>\$56,845</b>	<b>2,459</b>	<b>26747</b>	<b>\$17,055,723</b>	<b>\$47,912</b>
POST	1998	386	3351	\$2,458,116	\$6,233	371	3515	\$2,536,780	\$7,278
	1999	400	3834	\$2,627,379	\$6,177	387	4672	\$3,104,697	\$8,167
	2000	435	4716	\$2,891,569	\$6,391	442	5823	\$3,476,799	\$8,517
	2001	452	4847	\$3,075,236	\$6,115	464	6404	\$3,806,243	\$8,856
	2002	498	4725	\$3,688,405	\$7,175	428	6335	\$4,080,519	\$10,054
	2003	531	4702	\$3,871,945	\$7,061	449	7208	\$4,919,355	\$11,146
	2004	508	5496	\$3,663,493	\$7,073	482	7431	\$5,067,383	\$10,590
	<b>Totals</b>	<b>3210</b>	<b>31671</b>	<b>\$22,276,143</b>	<b>\$46,225</b>	<b>3,023</b>	<b>41388</b>	<b>\$26,991,766</b>	<b>\$64,608</b>
	<b>Percent Change</b>	<b>5%*</b>	<b>-28%</b>	<b>3%*</b>	<b>-23%</b>	<b>22%</b>	<b>55%</b>	<b>58%</b>	<b>35%</b>

\* p<.05

\*\*All Costs are adjusted in 2001 dollars

This appears to be a positive return on investment with getting most of the initial costs back the first year and then getting a positive ROI of at least 1:2 for year two. Therefore, every one dollar spent on firefighter wellness, via implementation of WFI, results in an almost immediate return of over two dollars in occupational injury/illness costs.



Claims Increase	Lost Work Days	Total Incurred Cost*	Average Cost Per Claim
5%	-28%	3%	-23%
22%	55%	58%	35%

Another positive consideration is that these numbers underestimate the true cost savings since this does not take into account non-occupational injuries and the long-term medical costs of premature morbidity and mortality. Substantial long-term cost savings are expected from preventing cardiovascular disease, certain cancers and reducing early disability from musculoskeletal and back injury.

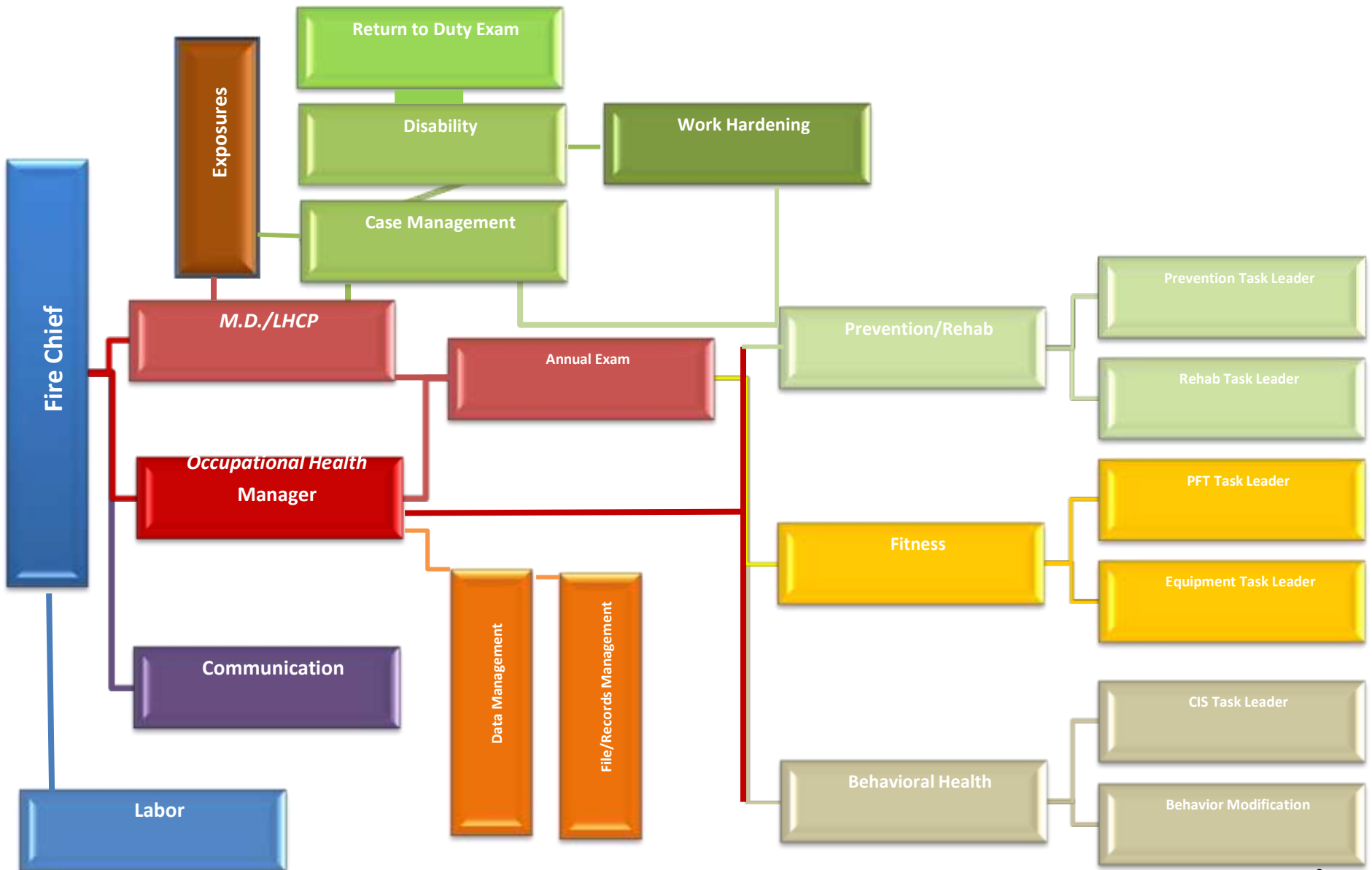
### Comparison of Disability Data for Three Large Metropolitan FD – 1996 vs. 2009 costs

*Two are NFPA 1582 & 1583/WFI Compliant. One has no wellness programs*



# PROGRAM DEVELOPMENT

## Example: Occupational Safety and Health Matrix



# JOB DESCRIPTIONS / ANALYSIS

## Firefighter Physical Ability Job Function Overview

### Static Strength

Carry and raise ladders  
equipment Drag 3-1/2" hose uphill  
Wear complete turnout gear and carry a ladder & hose  
Carry injured people up stairs  
Lift heavy objects off trapped people  
Push a disabled auto out of traffic  
Lift hose and pump can  
Carry 5-gallon water bags, shovels, and backpack

### Dynamic Strength

Pull hoses  
Pull self and equipment over fences  
Carry equipment in and out of buildings  
Climb hillsides in "bunker clothes" in grass fires  
Dive to rescue a drowning victim  
Climb ladders with equipment, hoses and personal protective clothing and equipment

### Stamina

Pull ceiling  
Repeat fires, successive fires in 24-hour shifts  
Salvage and cleanup, taking down walls  
Climb stairs with equipment  
Shift hose lines  
Shovel in a grass fire  
Pull a drowning victim to shore  
Hold and operate the "rescue equipment e.g. jaws of life," especially in awkward positions

### Extent Flexibility

Fire cleanup operations  
Carry out an injured person  
Lay hose lines  
Cleanup  
Crawl through attics  
Extricate victim from a car or overturned tractor  
Roof work  
flood) Remove victims from cars  
Carry victims down winding stairs  
Chop a hole in the roof  
Climb hillside covered with brush

### surface Gross Body Coordination

Climb a ladder through opening in a roof  
Stand on pitched roof using a chain saw  
Get out of a burning structure  
Operate a charged hose line- Roof work  
Get through building's small places

### Explosive Strength

Run up stairs with  
Jump to avoid falling object  
Kick door in  
Run and carry ladders over objects  
Remove person from burning building  
Cut a hole in the roof  
Advance charged hose line  
Breach a wall

### Trunk Strength

Lift hose  
Perform cardiopulmonary resuscitation  
Lift people on an EMS run  
Pick up bodies  
Overhaul and cleanup

### Effort

Repeat fires over 24-hour work shift  
Multiple tasks at a fire  
Remove a person trapped in a vehicle  
Make a rescue

### Dynamic Flexibility

Pull ceiling  
Chop through a wall  
Extend ladders  
Saw, kick down door  
Cardiopulmonary-resuscitation  
Shoveling in a brush fire  
Sandbagging (in  
Cutting up trees

### Gross Body Equilibrium

Balance on pitched roof  
Balance with backpack on an inclined  
Make rescue from bridge or superstructure  
Walk on a concrete beam  
Balance on a ladder on roof  
Carry a body down the ladder

**Mobility**

Move within a dark building  
 Climb stairs, ground ladders, aerial ladders  
 Climb over piles of fire debris  
 Flee falling objects  
 Walk fast for alarm  
 Forging streams or rivers  
 Crawl and search through smoke  
 Remove boxes and other debris  
 Moving among animals leaving fire

**Arm-Hand Steadiness**

Apply traction  
 Hold hose lines  
 Hold the hose line  
 Steady Ladder movements  
 Apply first aid methods e.g. administer IV, splinting

**Manual Dexterity**

Disassemble machinery  
 Repair chain saw  
 Operate hand tools  
 Assemble and connect equipment  
 Aerial extension  
 Aid car work  
 Tie knots on hose  
 Use a spanner wrench

**Near Vision**

Read instructions  
 Read chemical labels on containers  
 Read prescription bottles

**Color Vision**

Use color-coded safety equipment  
 Identify objects in a fire  
 Conduct search and rescue in dark building

**Smell**

Detect leaking chemicals  
 Smell material burning

**Hearing Conversation-Noisy Environment**

Localize sound in rescues  
 Avoid unseen hazards  
 Instructions (verbal)  
 Radio instructions  
 Under adverse conditions -high ambient noise levels

**Hearing Direction**

Localize cries for help - Localize warning cries

**Speed of Limbs**

Drive an emergency vehicle  
 Brake continuously during response  
 Pull rope to rescue person in the water  
 Block a punch  
 Swing an ax  
 Chopping and clearing brush

**Finger Dexterity**

Typing  
 Mechanical repairs  
 Find a pulse  
 Operate a throttle on a pump  
 Couple and uncouple hose

**Depth Perception**

Climb while balancing on a roof  
 Go up and down ladders, jumping onto roofs  
 Dive into a lake – victim rescue  
 Estimate hose distances  
 Estimate driving hazards

**Far Vision**

See end of the aerial ladder  
 Avoid electrical wires  
 See hazards in smoky buildings through mask

**Night Vision**

Drive at night, travel across irregular surfaces  
 Read addresses at night

**Hear Conversation - Quiet Environment**

General needs

**Sound Discrimination**

Instructions in a noisy environment  
 Radio instructions in a noisy environment  
 Instructions above the noise of the pump

# JOB DESCRIPTIONS / ANALYSIS

## Firefighter Environmental Conditions Overview

- Fifty to ninety percent of work time is spent outside a building and exposed to the sun, wind, rain, or snow.
- Firefighters must tolerate frequent extreme fluctuations of temperature. Environment outside building may be 5° to 400°F, but inside firefighters are doing heavy work in hot buildings (up to 1000°F) while wearing equipment which significantly impairs body cooling systems.
- Firefighters must work in environments that vary greatly from low to high humidity. Turnout equipment significantly impairs body-cooling mechanisms.
- There is the frequent possibility that firefighters may be working under wet and muddy conditions.
- Firefighters must frequently perform sustained work on slippery surfaces including rooftops.
- Firefighters frequently face the possibility of sustaining a severe injury (cuts, bruises, burns, strains, fractures, or amputations) on the job.
- Firefighters are frequently required to perform work from aerial ladders, scaffolding, roofs, or other elevations over 12 feet from the ground.
- Firefighters are frequently required to perform work in confined spaces or cramped body positions (e.g., attics, cars, under houses, closets).
- Firefighters are often required to work on or about moving machinery or equipment or in the vicinity of vehicles in motion (e.g., chain saws, fire trucks, cutting torches).
- Firefighters are often exposed to vibration when riding in fire trucks or operating chain saws.
- Firefighters are intermittently exposed to noise levels over 90-dba when riding fire trucks under emergency conditions and when fighting fires.
- Firefighters are frequently exposed to the possibility of burn injuries caused by heat, fire, chemicals or electricity.
- Firefighters may have occasional exposure to non-ionizing radiation (ships or rooftops).
- Firefighters have intermittent exposure to dust that may contain carcinogens (such as asbestos or benzopyrene) during clean-up operations.
- Firefighters have frequent potential exposure to respiratory irritants and sensitizers, especially during clean-up operations (irritant chemicals, smoke, isocyanates, etc.).
- Firefighters have frequent potential exposure to toxic substances (such as hydrogen cyanide and hydrochloric acid from plastic's fires, carbon monoxide, nitrogen dioxide, or organic solvents).
- Firefighters may occasionally have skin contact with oil and grease, especially during maintenance and repair of firefighting equipment.
- Firefighters may encounter noxious odors (burning flesh, chemical spills).
- Firefighters may work with or near substances that may explode.
- Firefighters occasionally have contact with un-insulated or unshielded electrical equipment.

- Firefighters may encounter radiation hazards (isotopes in hospitals, laboratories).
- Firefighters riding Aid cars may frequently have exposure to infectious agents (such as hepatitis B virus). There is the possibility of exposure to persons infected with the AIDS virus.
- Firefighters are often exposed to the following stressors:
  - Tight time frames and critical deadlines in life-threatening emergency situations
  - Acutely injured people and their families and friends
  - Crucial decisions in emergency situations that involve public safety and safety of fellow firefighters and self
  - Tasks requiring long periods of intense concentration
  - Unpleasant situations (e.g." burned people or animals)
  - *24-hour shifts, during which sleep is sporadic or non-existent*
  - The job of firefighter is complex and extremely variable from shift to shift.
- Firefighters are required to use positive pressure breathing apparatus with 1.5 inches of water column resistance to exhalation at 40 liters per minute.

# ADDITIONAL ADMINISTRATIVE RESOURCES

## Appendix A: Program Development Samples

- *Sample Committee Memorandum of Understanding*
- *Sample Joint Labor/Management Communication*
- *Sample Request for Proposal (Short Version)*
- *Sample Request for Proposal (Long Version)*

## Appendix B: Job Description/Analysis Samples

- *Sample Firefighter Job Function Analysis*
- *Sample Additional Operational Officer Job Function Analysis*
- *Sample Paramedic Job Function Analysis*
- *Sample Chief Officers Job Function Analysis*

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# Medical

Guide to  
NFPA 1582

# FIRE DEPARTMENT PHYSICIAN/ LICENSED HEALTH CARE PROFESSIONAL (LHCP) RESPONSIBILITIES

- Be a member of the department's Occupational Safety and Health Committee
- Understand demands placed on firefighters
- Understand the environmental working conditions of a firefighter
- Use job descriptions, provided by the department, to determine a candidate's or a firefighter's medical certification
- Evaluate incumbent members and candidates to identify medical conditions that could affect their abilities as a firefighter as per:
  - NFPA 1582 Chapter 6 - **Medical Evaluation of Candidates**
  - NFPA 1582 Chapter 7- **Occupational Medical Evaluation of Members**
  - IAFC/IAFF Joint Labor Management Wellness-Fitness Initiative ([WFI](#)) – Chapter 2
- Understand [U.S. OSHA 1910 standards](#), including:
  - 29 CFR 1910.120 - "[Hazardous waste operations and emergency response](#),"
  - 29 CFR 1910.134 - "[Respiratory protection](#)"
  - 29 CFR 1910.95 - "[Occupational noise exposure](#)," and
  - 29 CFR 1910.1030, "[Bloodborne pathogens](#)"
- Report findings of medical exam/evaluation to the patients
- Convey to the Fire Chief whether a candidate or firefighter is medically certified. Review individual's independent physician's evaluations
- Provide medical supervision for the fire department return to duty rehab programs. Provide medical support to physical fitness conditioning programs.
- Ensure medical provider consistency and best practices via [Clinical Practice Guidelines](#) (pdf)
- Ensure there is adequate on-scene medical support at the incident scene rehabilitation sector during emergency operations as per [NFPA](#) 1500, 1561, and 1584
- Abide by NFPA 1582 - 4.4.2 *No fire department personnel, other than the fire department physician or appropriate medical staff, shall have access to another member's medical records without the express written consent of that member.*

# ADDITIONAL MEDICAL RESOURCES

## Appendix C: Medical Evaluation Samples

Sample Baseline Medical Exam Form

### New Hire /Candidate

Sample Prehire Medical History Questionnaire

Sample Candidate Medication Card

Sample Physician's Report of Findings

### Incumbent

Sample Letter to Private Health Practitioner

Sample Health Assessment Questionnaire

Sample Immunization Record

Sample Respiratory Clearance Questionnaire

Sample Report of Annual Respiratory FIT Test/Training

Sample Physician's Annual Statement of Work Status

Sample Physician's Statement of Return to Work

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# **Candidate/New Hire Medicals**

# NFPA 1582 OVERVIEW OF CHAPTER 6

## NEW HIRE / CANDIDATES ONLY

This is intended as a “quick-sheet” overview and shall not be used without a complete understanding of NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments  
To obtain a copy of [NFPA1582](#), visit the NFPA website at [www.nfpa.org](http://www.nfpa.org)  
See NFPA1582 Chapter 7 for volunteer, paid on call, part time, or career firefighters  
*Italic green text indicates changes made in the 2013 version*

Minimal medical requirements are clearly delineated in NFPA 1582 - Chapter 6. Nothing is intended to restrict any jurisdiction from exceeding these minimum requirements.

For the Candidates/New Hire the determination is whether the individual is medical sound to perform as a member in a training or emergency operational environment without presenting a significant risk to the safety and health of the person or others is broken into two (2) categories.

### Ⓐ Category A

- Medical Condition - *Anything in this category **would preclude hire**. Each category also includes –“Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks.”*

### Ⓑ Category B

- Medical Condition - A condition that, *based on its severity or degree, **could preclude hire** but only if despite the condition the candidate “can perform the essential job tasks without posing a significant safety and health risk to themselves, members, or civilians”.*

### List of Conditions

#### NOTICES:

- An asterisk (\*) indicates that explanatory material is in Annex A of NFPA 1582.
- Requirements are different for volunteer, paid on call, part time, or career firefighters. See NFPA 1582 Chapter 7

### 6.3 Head and Neck – Candidates/New Hire

#### 6.3.1 Head Category A

- Ⓐ Defect of skull preventing helmet use or leaving underlying brain unprotected from trauma
- Ⓐ Any skull or facial deformity that would not allow for a successful fit test for respirators used by that department
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

#### Category B

- Ⓑ *\*Deformities of the skull such as depressions or exostoses*
- Ⓑ *\*Deformities of the skull associated with evidence of disease of the brain, spinal cord, or peripheral nerves*
- Ⓑ *\*Loss or congenital absence of the bony substance of the skull*

#### 6.3.2 Neck Category A

- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

#### Category B

- Ⓑ *\*Thoracic outlet syndrome*
- Ⓑ *\*Congenital cysts, chronic draining fistulas, or similar lesions*
- Ⓑ *\*Contraction of neck muscles*

## 6.4 Eyes and Vision – Candidates/New Hire

### Category A

- Ⓐ Far visual acuity less than 20/40 binocular, corrected with contact lenses or spectacles, or far visual acuity less than 20/100 binocular for wearers of hard contacts or spectacles, uncorrected
- Ⓐ \*Color perception—monochromatic vision resulting in inability to use imaging devices such as thermal imaging cameras
- Ⓐ \*Monocular vision
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- Ⓑ *\*Diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis*
- Ⓑ *\*Ophthalmological procedures such as radial keratotomy, Lasik procedure, or repair of retinal detachment*
- Ⓑ *Peripheral vision in the horizontal meridian of less than 110 degrees in the better eye or any condition that significantly affects peripheral vision in both eyes*

## 6.5 Ears and Hearing – Candidates/New Hire

### Category A

- Ⓐ Chronic vertigo or impaired balance as demonstrated by the inability to tandem gait walk
- Ⓐ On audiometric testing, average 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, Audiometric Device Testing
- Ⓐ *Any condition (or hearing impairment) that results in the candidate not being able to safely perform one or more of the essential job tasks*
- Ⓐ *\*Hearing aid or cochlear implant*

### Category B

- Ⓑ *\*Unequal hearing loss*
- Ⓑ *Average uncorrected hearing deficit at the test frequencies 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz greater than 40 dB in either ear*
- Ⓑ *Atresia, stenosis, or tumor of the auditory canal*
- Ⓑ *\*External otitis, recurrent*
- Ⓑ *\*Agenesis or traumatic deformity of the auricle*
- Ⓑ *\*Mastoiditis or surgical deformity of the mastoid*
- Ⓑ *\*Ménière's syndrome, labyrinthitis, or tinnitus*
- Ⓑ *\*Otitis media*
- Ⓑ *Surgical procedures to correct or improve hearing or other conditions of the ear*

## 6.6 Dental – Candidates/New Hire

### Category A

- Ⓐ *Any condition that results in inability to safely perform one or more of the essential job tasks.*

### Category B

- Ⓑ *\*Diseases of the jaws or associated tissues*
- Ⓑ *\*Orthodontic appliances*
- Ⓑ *\*Oral tissues, extensive loss*
- Ⓑ *\*Relationship between the mandible and maxilla that interferes with satisfactory postorthodontic replacement or ability to use protective equipment*

## 6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx – *Candidates/New Hire*

### Category A

- Ⓐ \*Tracheostomy
- Ⓐ \*Aphonia
- Ⓐ Any nasal, oropharyngeal, tracheal, esophageal, or laryngeal condition that results in inability to safely perform one or more of the essential job tasks including fit testing for respirators such as N-95 for medical response, P-100 for particulates and certain vapors, and SCBA for fire and hazmat operations
- Ⓐ *Any condition that results in inability to safely perform one or more of the essential job tasks.*

### Category B

- Ⓑ \*Congenital or acquired deformity
- Ⓑ \*Allergic rhinitis
- Ⓑ *Epistaxis, recurrent*
- Ⓑ \*Sinusitis, recurrent
- Ⓑ \*Dysphonia
- Ⓑ Anosmia
- Ⓑ *Tracheal stenosis*
- Ⓑ *Nasopharyngeal polyposis*
- Ⓑ \*Obstructive apneas (e.g., sleep apnea) if unresponsive to treatment

## 6.8 Lungs and Chest Wall – *Candidates/New Hire*

### Category A

- Ⓐ Active hemoptysis
- Ⓐ Current empyema
- Ⓐ Pulmonary hypertension
- Ⓐ Active tuberculosis
- Ⓐ \*A forced vital capacity (FVC) or forced expiratory volume in 1 second (FEV1) less than 70 percent predicted even independent of disease
- Ⓐ \*Obstructive lung diseases (e.g., emphysema, chronic bronchitis, asthma) with an absolute FEVdFVC less than 0.70 and with either the FEV1 below normal or both the FEV1 and the FVC below normal (less than 0.80) (see references in E2)
- Ⓐ \*Hypoxemia — oxygen saturation less than 90 percent at rest or exercise desaturation by 4 percent or to less than 90 percent (exercise testing indicated when resting oxygen is less than 94 percent but greater than 90 percent)
- Ⓐ \*Asthma—reactive airways 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
- Ⓐ Lung Transplant
- Ⓐ \*A candidate who has in the past required bronchodilator, corticosteroid, or anti-inflammatory therapy (e.g., leukotriene receptor antagonists, such as Montelukast) for asthma but who does not believe he/she has asthma shall be evaluated by a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, to determine if the candidate meets all four requirements in 6.8.1.1
- Ⓐ Challenge testing shall be performed of all anti-inflammatory medications (e.g., inhaled or oral steroids, leukotriene receptor antagonists) for 4 weeks preceding the test, off all antihistamines (e.g., oral allergy medications) for 1 week, and off all bronchodilators on the day of testing
- Ⓐ *Any condition that results in inability to safely perform one or more of the essential job tasks.*

### Category B

- Ⓑ \*Pulmonary resectional surgery, chest wall surgery, and pneumothorax
- Ⓑ *Pleural effusion*
- Ⓑ \*Fibrothorax, chest wall deformity, and diaphragm abnormalities

- ⓑ *\*Interstitial lung diseases*
- ⓑ *\*Pulmonary vascular diseases or history of pulmonary embolism*
- ⓑ *\*Bronchiectasis, if abnormal pulmonary function or recurrent infections*
- ⓑ *Infections diseases of the lung or pleural space*
- ⓑ *Cystic fibrosis*
- ⓑ *Central or obstructive apnea (e.g., sleep apnea) if unresponsive to treatment*

## 6.9 Aerobic Capacity – Candidates/New Hire

### Category A

- Ⓐ *Aerobic capacity less than 12 metabolic equivalents (METs) (12 METs= 42 mL O<sub>2</sub>/kg/min).*

## 6.10 Heart and Vascular System – Candidates/New Hire

### 6.10.1 Heart Category A

- Ⓐ *Coronary artery disease, including history of myocardial infarction, angina pectoris, coronary artery bypass surgery, coronary angioplasty, and similar procedures*
- Ⓐ *\*Cardiomyopathy or congestive heart failure, including signs or symptoms of compromised left or right ventricular function or rhythm, including dyspnea, S3 gallop, peripheral edema, enlarged ventricle, abnormal ejection fraction, and/ or inability to increase cardiac output with exercise*
- Ⓐ *\*Acute pericarditis, endocarditis, or myocarditis*
- Ⓐ *\*Syncope, recurrent*
- Ⓐ *\*A medical condition requiring an automatic implantable cardiac defibrillator or history of ventricular tachycardia or ventricular fibrillation due to ischemic or valvular heart disease, or cardiomyopathy*
- Ⓐ *Third-degree atrioventricular block*
- Ⓐ *\*Cardiac pacemaker*
- Ⓐ *Hypertrophic cardiomyopathy, including idiopathic hypertrophic subaortic stenosis*
- Ⓐ *Heart Transplant*
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- ⓑ *\*Valvular lesions of the heart, including prosthetic valves*
- ⓑ *\*Recurrent supraventricular or atrial tachycardia, flutter, or fibrillation*
- ⓑ *\*Left bundle branch block*
- ⓑ *Second-degree atrioventricular block in the absence of structural heart disease*
- ⓑ *Sinus pause more than 3 seconds*
- ⓑ *\*Ventricular arrhythmia (history or presence of multifocal*
- ⓑ *PVCs or nonsustained ventricular tachycardia on resting EKG with or without symptoms; history or presence of sustained ventricular tachycardia with or without symptoms)*
- ⓑ *\*Cardiac hypertrophy or hypertrophic cardiomyopathy*
- ⓑ *\*History of a congenital abnormality*
- ⓑ *\*Chronic pericarditis, endocarditis, or myocarditis*

### 6.10.2 Vascular System Category A

- Ⓐ *Hypertension - (a)\*Uncontrolled or poorly controlled hypertension (b) \*Hypertension with evidence of end - organ damage*
- Ⓐ *\*Thoracic or abdominal aortic aneurysm*
- Ⓐ *Carotid artery stenosis or obstruction resulting in greater than or equal to 50 percent reduction in blood flow*
- Ⓐ *\*Peripheral vascular disease resulting in symptomatic claudication*
- Ⓐ *Any other condition that results in inability to safely perform one or more of the essential job tasks*



## Category B

- ⓑ *Vasospastic phenomena such as Raynaud's phenomenon*
- ⓑ\* *Thrombophlebitis; thrombosis, or varicosities*
- ⓑ *\*Chronic lymphedema due to lymphadenopathy or venous valvular incompetency*
- ⓑ *\*Congenital or acquired lesions of the aorta or major vessels*
- ⓑ *\*Circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, and peripheral vasomotor disturbances*
- ⓑ *History of surgical repair of aneurysm of the heart or major vessel*

## 6.11 Abdominal Organs and Gastrointestinal System – Candidates/New Hire

### Category A

- Ⓐ *Presence of uncorrected inguinal/femoral hernia regardless of symptoms*
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- ⓑ *\*Cholecystitis*
- ⓑ *\*Gastritis*
- ⓑ *\*GI bleeding*
- ⓑ *\*Acute hepatitis*
- ⓑ *Hernia including the following:*
  - *Uncorrected umbilical, ventral, or incisional hernia if significant risk exists for infection or strangulation*
  - *Significant symptomatic hiatal hernia if associated with asthma, recurrent pneumonia, chronic pain, or chronic ulcers*
  - *\*Surgically corrected hernia more than 3 months after surgical correction*
- ⓑ *\*Inflammatory bowel disease or irritable bowel syndrome*
- ⓑ *\*Intestinal obstruction*
- ⓑ *\*Pancreatitis*
- ⓑ *Diverticulitis*
- ⓑ *\*History of gastrointestinal surgery*
- ⓑ *\*Peptic or duodenal ulcer or Zollinger-Ellison syndrome*
- ⓑ *\*Asplenia*
- ⓑ *\*Cirrhosis, hepatic or biliary*
- ⓑ *\*Chronic active hepatitis*

## 6.12 Metabolic Syndrome – Candidates/New Hire

### Category A

- Ⓐ *\*Medical conditions shall include metabolic syndrome with aerobic capacity less than 12 METs.*

### Category B

- ⓑ *Medical conditions shall include metabolic syndrome with aerobic capacity 12 METs or greater.*

## 6.13 Reproductive System (See B1.2.1.) – Candidates/New Hire

### Category A

- Ⓐ *Any genital condition that results in inability to safely perform one or more of the essential job tasks.*

### Category B

- ⓑ *Pregnancy, for its duration*
- ⓑ *Dysmenorrhea*
- ⓑ *Endometriosis, ovarian cysts, or other gynecologic conditions*

- ⓑ *Testicular or epididymal mass*

#### **6.14 Urinary System – Candidates/New Hire**

##### **Category A**

- Ⓐ Renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

##### **Category B**

- ⓑ *Diseases of the kidney*
- ⓑ *Diseases of the ureter, bladder, or prostate*

#### **6.15 Spine and Axial Skeleton – Candidates/New Hire**

##### **Category A**

- Ⓐ Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees
- Ⓐ History of spinal surgery with rods that are still in place
- Ⓐ Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression
- Ⓐ Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
- Ⓐ Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- Ⓐ Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (severe—with or without surgery), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- Ⓐ Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

##### **Category B**

- ⓑ *Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility*
- ⓑ *Scoliosis with angle less than 40 degrees*
- ⓑ *Arthritis of the cervical, thoracic, or lumbosacral spine*
- ⓑ *Facet atrophism, high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spinal bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae*
- ⓑ *History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints*
- ⓑ *History of diskectomy, laminectomy, or vertebral fractures*
- ⓑ *History of spine fusion that results in instability; reduced mobility, strength, or range of motion; or persistent pain.*

## 6.16 Extremities – Candidates/New Hire

### Category A

- Ⓐ Joint replacement - unless all four requirements in 6.16.1 (1) are met
- Ⓐ Amputation or congenital absence of upper-extremity limb (hand or higher)
- Ⓐ Amputation of either thumb proximal to the midproximal phalanx
- Ⓐ Amputation or congenital absence of lower-extremity limb (foot or above) unless the candidate meets all seven requirements listed in 6.16.1 (4)
- Ⓐ Chronic non-healing or recent bone grafts
- Ⓐ 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
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- Ⓑ *\*History of shoulder dislocation with surgical repair*
- Ⓑ *Significant limitation of function of shoulder, elbow, wrist, hand, or finger due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation*
- Ⓑ *Significant lack of full function of hip, knee, ankle, foot, or toes due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation*
- Ⓑ *\*History of meniscectomy or ligamentous repair of knee*
- Ⓑ *\*History of intra-articular, malunited, or nonunion of upper or lower extremity fracture*
- Ⓑ *\*History of osteomyelitis, septic, or rheumatoid arthritis*
- Ⓑ *Bone hardware such as metal plates or rods supporting bone during healing*

## 6.17 Neurological Disorders – Candidates/New Hire

### Category A

- Ⓐ Ataxias of heredo-degenerative type
  - Ⓐ Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke
  - Ⓐ Hemiparalysis or paralysis of a limb
  - Ⓐ *\*Multiple sclerosis with activity or evidence of progression within previous 3 years*
  - Ⓐ *\*Myasthenia gravis with activity or evidence of progression within previous 3 years*
  - Ⓐ Progressive muscular dystrophy or atrophy
  - Ⓐ Uncorrected cerebral aneurysm
  - Ⓐ All single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in 6.17.1.1
  - Ⓐ Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
  - Ⓐ Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
  - Ⓐ Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks
  - Ⓐ A candidate with epileptic conditions shall have had complete control during the previous 5 years.
- To be medically qualified a candidate shall meet all of the following:**
- No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen
  - Neurologic examination is normal
  - Imaging (CAT or MRI scan) studies are normal

- Awake and asleep EEG studies with photic stimulation and hyperventilation are normal
  - A definitive statement from a qualified neurological specialist that the candidate meets the criteria specified in 6.17.1.1(1) through 6.17.1.1(4) and that the candidate is neurologically cleared for fire-fighting training and the performance of a fire fighter's essential job tasks
- (A) *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

#### **Category B**

- (B) *Congenital malformations*
- (B) *\*Migraine*
- (B) *Clinical disorders with paresis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation, or complaint of pain*
- (B) *History of subarachnoid or intraparenchymal hemorrhage*
- (B) *Abnormalities from recent head injury such as severe cerebral contusion or concussion*

### **6.18 Skin – Candidates/New Hire**

#### **Category A**

- (A) *Metastatic or locally extensive basal or squamous cell carcinoma or melanoma*
- (A) *Any dermatologic condition that would not allow for a successful fit test for any respirator required by the fire department*
- (A) *Any condition that results in the candidate not being able to safely perform one or more of the essential job task*

#### **Category B**

- (B) *\*Skin conditions of a chronic or recurrent nature (eczema, cystic acne, psoriasis) that cause skin openings or inflammation or irritation of the skin surface*
- (B) *\*Surgery or skin grafting*
- (B) *\*Mycosis fungoides*
- (B) *\*Cutaneous lupus erythematosus*
- (B) *\*Raynaud's phenomenon*
- (B) *\*Scleroderma (skin)*
- (B) *\*Vasculitic skin lesions*
- (B) *\*Atopic dermatitis/eczema*
- (B) *\*Contact or seborrheic dermatitis*
- (B) *\*Stasis dermatitis*
- (B) *\*Albinism, Dariers disease, ichthyosis, Marfan syndrome, neurofibromatosis, and other genetic conditions*
- (B) *\*Folliculitis, pseudo-folliculitis, miliaria, keloid folliculitis*
- (B) *\*Hidradenitis suppurativa, furuncles, carbuncles, or Grade IV acne (cystic)*
- (B) *\*Mechano-bullous disorders (epidermolysis bullosa, Hailey pemphigus, porphyria, pemphigoid)*
- (B) *\*Urticaria or angioedema*

### **6.19 Blood and Blood-Forming Organs – Candidates/New Hire**

#### **Category A**

- (A) *Hemorrhagic states requiring replacement therapy*
- (A) *Sickle cell disease (homozygous)*
- (A) *Clotting disorders*
- (A) *Any condition that results in inability to safely perform one or more of the essential job tasks*

## Category B

- ⓑ *Anemia*
- ⓑ *Leukopenia*
- ⓑ *Polycythemia vera*
- ⓑ *Splenomegaly*
- ⓑ *History of thromboembolic disease*
- ⓑ *Any other hematological condition that results in inability to safely perform essential job tasks*

## 6.20 Endocrine and Metabolic Disorders – Candidates/New Hire

### Category A

- Ⓐ *\*Type 1 diabetes mellitus, unless a candidate meets all seven criteria in 6.20.1- (1) a-g*
- Ⓐ *Insulin-requiring Type 2 diabetes mellitus, unless a candidate meets all seven criteria in 6.20.1- (2) a-g*
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- ⓑ *\*Diseases of the adrenal gland, pituitary gland, parathyroid gland, or thyroid gland of clinical significance*
- ⓑ *Nutritional deficiency diseases or other metabolic disorder*
- ⓑ *Diabetes mellitus, not on insulin therapy, but controlled by diet, exercise, and/or oral hypoglycemic agents unless all of the six criteria in 6.20.2(3) are met.*

## 6.21 Systemic Diseases and Miscellaneous Conditions – Candidates/New Hire

### Category A

- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks.*

### Category B

- ⓑ *Connective tissue disease, such as dermatomyositis, systemic lupus erythematosus, scleroderma, and rheumatoid arthritis*
- ⓑ *\*History of thermal, chemical, or electrical burn injury with residual functional deficit*
- ⓑ *Documented evidence of a predisposition to recurrent heat stress rhabdomyolysis, metabolic acidosis, or exertion-related incapacitation*

## 6.22 Tumors and Malignant Diseases – Candidates/New Hire

### Category A

- Ⓐ *Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk for reoccurrence*
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- ⓑ *\*Benign tumors*
- ⓑ *\*History of CNS tumor or malignancy*
- ⓑ *\*History of head and neck malignancy*
- ⓑ *\*History of lung cancer*
- ⓑ *\*History of GI or GU malignancy*
- ⓑ *\*History of bone or soft tissue tumors or malignancies*
- ⓑ *\*History of hematological malignancy*

## 6.23 Psychiatric Conditions – Candidates/New Hire

### Category A

- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- Ⓑ *A history of psychiatric condition or substance abuse problem*
- Ⓑ *Requirement for medications that increase an individual's risk of heat stress, or other interference with the ability to safely perform essential job tasks*

## 6.24 Chemicals, Drugs, and Medications – Candidates/New Hire

### Category A

- Ⓐ *Those that require chronic / frequent treatment with any of the medications or classes of medications listed in 6.24.1(1-8)*
- Ⓐ *Tobacco use (where state law allows)*
- Ⓐ *Evidence of illegal drug use detected through testing conducted in accordance with Substance Abuse and Mental Health Service Administration (SAMHSA)*
- Ⓐ *Evidence of clinical intoxication or a measured blood alcohol level that exceeds the legal definition of intoxication according to the AHJ at the time of medical evaluation*
- Ⓐ *Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks*

### Category B

- Ⓑ *Cardiovascular agents*
- Ⓑ *Stimulants*
- Ⓑ *Psychiatric medications*
- Ⓑ *Other than high-dose systemic corticosteroids*
- Ⓑ *Antihistamines*
- Ⓑ *Muscle relaxants*
- Ⓑ *Leukotriene receptor antagonists (e.g., Montelukast) used for allergies that do not affect the lower respiratory system*



**Incumbent/Uniformed  
Member  
Annual Medicals**

# EVALUATION OF MEMBERS

## OVERVIEW OF CHAPTERS 7 & 9

This is intended as a “quick-sheet” overview and shall not be used without a complete understanding of NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments  
To obtain a copy of [NFPA1582](https://www.nfpa.org/NFPA1582), visit the NFPA website at <https://www.nfpa.org/>  
*Italic green text indicates changes made in the 2013 version*

The fire department shall define those essential job tasks and shall provide the fire department physician with a description of the associated risks and specialized PPE. Any additional medical and/or physical requirements that are not enumerated in this standard shall be included with the description.

All components listed below shall be included in the baseline and annual occupational medical evaluations of members. The evaluation may be performed by a qualified Licensed Health Care Provider (LHCP) other than the department physician provided full results are forwarded in the required time frame to the fire department physician.

Tests for illegal drugs shall not be performed as part of the annual medical evaluation.

Each member medical evaluation shall include:

*(see NFPA sections 7.5 through 7.7 and [WFI Manual](#) Chapter 2 for specific information)*

- a medical history (including exposure history),
- physical examination,
- blood tests,
- urinalysis,
- vision tests,
- audiograms,
- spirometry, chest x-ray (as indicated),
- ECG, cancer screening (as indicated), and
- Immunizations and infectious disease screening (as indicated).

Members of specialized teams ([9.2.1](#), [9.2.2](#), and [9.2.3](#)) such as hazardous materials units, SCUBA teams, technical rescue teams, EMS teams, or units supporting tactical law enforcement operations shall be evaluated for their ability to perform essential job tasks and wear specialized PPE related to the duties of those specialized teams. State and Local jurisdictions may also have specific medical requirements for specialized team members that need to be met.

After individually evaluating the member and their medical records (including job-related medical rehabilitation records), the physician ([9.3.1](#), [9.3.2](#), [9.3.3](#), [9.3.4](#), and [9.3.5](#)) shall state whether the member, due to a specific condition, can or cannot safely perform their essential job task(s). The physician shall recommend restricting members from performing only those specific job tasks that cannot be safely performed given their medical condition and that the member is restricted from performing that task while on duty.

If a condition has altered a member’s ability to safely perform an essential job task, the department shall determine possible accommodations for members restricted from certain job tasks. \* For incumbent members, conditions listed in NFPA 1582 Chapter 9 shall not indicate a blanket prohibition from continuing to perform the essential job tasks, nor shall they require automatic retirement or separation from the department.

The Authority Having Jurisdiction (AHJ) shall determine if the individual can remain in their current position or be moved to another position.



# SPECIFIC EVALUATION OF MEDICAL CONDITIONS IN INCUMBENT MEMBERS

Each section has:

- (1) **Physician Evaluation** – has overview and NFPA 1582 essential job tasks that may be impacted (*see blue italic*) and therefore might need to be reported.
- (2) **Physician Guidance** – has considerations when evaluating a member- see specific section

## NOTICES

- An asterisk (\*) indicates explanatory material can be found in Annex A of NFPA 1582
- *Italic green text indicates changes made in the 2013 version*

## 9.4\* Cardiovascular Disorders

- 9.4.3 Coronary Artery Disease. *Essential job tasks 1, 2, 4, 5, 6, 7, 9, and 13*
- 9.4.4 Congestive Heart Failure. *Essential job tasks 1, 2, 4, 7, 9, and 13*
- 9.4.5 Restrictive Cardiomyopathy and Constrictive Pericarditis. *Essential job tasks 1, 2, 4, 7, and 9*
- 9.4.6 Acute Pericarditis, Acute Endocarditis, and Acute Myocarditis. *Essential job tasks 1, 4, 5, 6, 7, 9*
- 9.4.7 Pericarditis, Endocarditis, or Myocarditis. *Essential job tasks 1, 4, 5, 6, 7, and 13*
- **9.4.8** Hypertrophic Obstructive Cardiomyopathy. *Essential job tasks 1 and 13*
- 9.4.9 Recurrent Syncope. *Essential job tasks 13*
- 9.4.10 Pacemaker or Automatic Implantable Defibrillator. *Essential job tasks 13*
- 9.4.11 Mitral Valve Stenosis. *Essential job tasks 1, 4, 5, 7, and 9*
- 9.4.12 Mitral Valve Insufficiency. *Essential job tasks 1, 4, 5, 7, and 9*
- 9.4.13 Aortic Valve Stenosis. *Essential job tasks 1, 4, 5, 6, 7, 9, and 13*
- 9.4.14 Aortic Valve Insufficiency. *Essential job tasks 1, 4, 7, and 9*
- **9.4.15** Prosthetic Cardiac Valves. *Essential job tasks 1,4,6,7, and 9*
- 9.4.16 Wolff-Parkinson-White (WPW) Syndrome. *Essential job task 13*
- **9.4.17** Other Supraventricular Arrhythmias, Atrial Fibrillation, or Atrial Flutter. *Essential job tasks 13 & 8*
- **9.4.18** Ventricular Arrhythmias and Ectopy. *Essential job task 13*
- 9.4.19 Atrioventricular Block. *Essential job task 13*
- **9.4.20** Hypertension. *Essential job tasks 1, 5, 7, 9, and 13*
- **9.4.21** Metabolic Syndrome. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, 9, 10, and 13*
- 9.4.22 Cardiac Congenital Abnormality. *Essential job tasks 1, 4, 5, 6, 7, 9, and 13*
- 9.4.23 Cardiac Hypertrophy *Essential job task 13*
- **9.4.24** Heart Transplant. *Essential job task 13*

## 9.5 Vascular Disorders

- 9.5.3 Aortic Aneurysm. *Essential job tasks 1, 4, 6, 7, and 13*
- 9.5.4 Carotid Artery Disease. *Essential job task 13*
- 9.5.5 Thoracic Outlet Syndrome. *Essential job tasks 1 and 13*
- 9.5.6 Peripheral Vascular Disease *Essential job tasks 1, 4, 5, 7, and 9*
- **9.5.7** Thrombophlebitis. *Essential job tasks 1, 4, 5, 7, and 9*
- 9.5.8 Circulatory Instability. *Essential job tasks 1, 5, 9, and 13*
- 9.5.9 Peripheral Vascular Disease. *Essential job tasks – could compromise*
- 9.5.10 Lymphedema. *Essential job tasks 1, 4, 5, and 8*
- 9.5.11 Lesions of Aorta or Major Vessels. *Essential job tasks 1, 4, and 7*

## 9.6\* Endocrine and Metabolic Disorders.

- **9.6.3** Type 1 Diabetes Mellitus That Requires Treatment with Insulin. *Essential job tasks 5, 9, and 13*
- **9.6.4** Type 2 Diabetes Mellitus That Requires Treatment with Insulin. *Essential job tasks 5, 9, and 13*
- **9.6.5** Diabetes Mellitus That Does Not Require Insulin Therapy. *Essential job tasks 5, 9, and 13*
- 9.6.6 Nutritional Deficiencies. *Essential job tasks 1, 5, and 9*
- 9.6.7 Diseases of the Adrenal Gland, Pituitary Gland, Parathyroid Gland, or Thyroid Gland. *Essential job tasks 1, 5, and 9*

## 9.7\* Lung, Chest Wall, and Respiratory Disorders.

- 9.7.4 Tracheostomy. *Essential job tasks 2 & 12 & 3*
- 9.7.5 Chronic Cough. *Essential job tasks 2 & 3*
- **9.7.6\*** Asthma. *Essential job tasks 1, 2, 3, 4, 5, 7, 9, and 13*
- 9.7.7\* Allergic Lower Respiratory Disorders. *Essential job tasks 1, 2, 3, 4, 5, 7, 9, and 13*
- **9.7.8\*** Chronic Obstructive Airways Diseases. *Essential job tasks 1, 2, 3, 4, 5, 7, 9, and 13*
- **9.7.9** Hypoxemic Disorders. *Essential job tasks 1, 2, 3, 4, 7, and 13*
- 9.7.10 Hypercapnic Disorders. *Essential job tasks 1, 2, 3, 4, 5, 7, and 13*
- 9.7.11 Pulmonary Hypertension. *Essential job tasks 1, 3, 4, 7, and 13*
- 9.7.12 Tracheal Stenosis. *Essential job tasks 1, 2, 3, 4, 5, 7, and 12*
- **9.7.13** Pulmonary Resection Surgery, Chest Wall Surgery, or Traumatic Pneumothorax. *Essential job tasks 1, 2, 3, 4, 7, and 13*
- 9.7.14\* Spontaneous Pneumothorax. *Essential job tasks 1, 2, 3, 4, 7, and 13*
- **9.7.15** Fibrothorax, Chest Wall Deformity, and/or Diaphragm Abnormalities. *Essential job tasks 2, 4, and 7*
- 9.7.16\* Pleural Effusions. *Essential job tasks 2, 4, and 7*
- 9.7.17 Bronchiectasis and/or Bronchiolitis Obliterans. *Essential job tasks 1, 2, 3, 4, 5, and 7*
- **9.7.18** Interstitial Lung Diseases. *Essential job tasks 1, 2, 3, 4, and 7*
- **9.7.19** Sarcoidosis. *Essential job tasks 1, 2, 3, 4, 7, 8, and 13*
- **9.7.20** Pulmonary Embolism. *Essential job tasks 8 and 1, 2, 4, and 7*
- 9.7.21 Disorders of Respiratory Regulation. *Essential job tasks 1, 2, 4, 7, and 9*
- 9.7.22 Cystic Lung Diseases. *Essential job tasks 1, 2, and 4*
- 9.7.23 Tuberculosis. *See Section 9.8.*
- 9.7.24 Lung Cancer. *See Section 9.17.*
- **9.7.25** Lung Transplant. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, 9 10, 13*

## 9.8 Infectious Diseases.

- 9.8.4 Skin Infections and Draining Ulcers or Cysts. *Essential job tasks 2 and 5*
- 9.8.5 Upper or Lower Respiratory Infections. *Essential job tasks 1, 2, 3, 4, 5, and 7*
- 9.8.6 Ear Infections. *Essential job tasks 8 and 12*
- 9.8.7 Gastrointestinal Infections. *Essential job tasks 1, 5, 8, and 9*
- 9.8.8 Kidney or Urinary Infections. *Essential job tasks 1, 5, and 9*
- 9.8.9\* Infection *That Results in Dizziness, Weakness, Significant Weight Loss, or Pain.* *Essential job tasks 1, 5, 8, and 9*
- 9.8.10\* Active Pulmonary Tuberculosis. *Essential job tasks 2, 4, 5, and 12*
- 9.8.11\* Hepatitis. *Essential job tasks 1, 2, 4, 5, 7, 9, and 13*
- 9.8.12\* Human Immunodeficiency Virus (HIV) Infection. *Essential job tasks 1, 2, 4, 5, 7, 8, and 9*

### 9.9\* Spine Disorders.

- **9.9.4** Spinal Fusion *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13*
- 9.9.5 Ankylosing Spondylitis. *Essential job tasks 1, 2, 4, 5, 6, 7, and 8*
- 9.9.6 Spinal Condition with Significant Radiculopathy. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13*
- 9.9.7 Use of Narcotics or Muscle Relaxants. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13*
- 9.9.8 Spine Structural Abnormality, Fracture, or Dislocation. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13*
- 9.9.9 Herniation of Nucleus Pulposus. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13*

### 9.10\* Orthopedic Disorders.

- **9.10.4** Amputation of Arm, Hand, or Thumb. *Essential job tasks 1, 2, 6, 7, and 8*
- **9.10.5** Amputation of Leg. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.6 Amputation of Finger(s) Other than Thumb. *Essential job tasks 6, 7, and 8*
- 9.10.7 Amputation of Partial Foot or Toe(s). *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.8 Dislocation of a Joint. *Essential job tasks 1, 2, 4, 6, 7, and 8*
- 9.10.9 Recurrent Joint Dislocation of a Major Joint. *Essential job tasks 1, 2, 4, 6, 7, and 8*
- 9.10.10 Ligament and/or Meniscus Knee Disease. *Essential job tasks 1, 4, 6, 7, and 8*
- **9.10.11** Joint Replacements or Artificial Joints. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.12 Limitation of Joint Motion. *Essential job tasks 1, 2, 4, 6, 7, and 8*
- 9.10.13 Joint Reconstruction. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.14 Fractures. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.15 Appliances. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.16 Bone Grafts. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.17 Chronic Osteoarthritis or Traumatic Arthritis. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.18 Inflammatory Arthritis. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.19 Reflex Sympathetic Dystrophy. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.10.20 Osteomyelitis or Septic Arthritis. *Essential job tasks 1, 4, 6, 7, and 8*

### 9.11 Disorders Involving the Gastrointestinal Tract and Abdominal Viscera. *Essential job tasks 1, 4, 6, 7, 9, and 13*

- 9.11.1-3 *Essential job tasks 1, 4, 6, 7, 9, and 13 unless noted*
  - Cholecystitis
  - Gastritis
  - GI bleeding
  - Inflammatory bowel disease or irritable bowel syndrome
  - Intestinal obstruction
  - Pancreatitis
  - Diverticulitis
  - History of gastrointestinal surgery
  - Gastric or other GI ulcers, including Zollinger-Ellison syndrome
  - Cirrhosis
  - Splenectomy
  - Hernias. *Essential job tasks 1, 4, 6, 7, and 13*

### 9.12 Medical Conditions Involving Head, Eyes, Ears, Nose, Neck, or Throat. *Essential job tasks 2, 4, 5, and 13*

- 9.12.3 Disorders of the Eyes or Vision. *Essential job tasks 6, 8, 10, and 11*
- **9.12.4** Abnormal Hearing. *Essential job tasks 2, 6, 8, 10, 12, and 13*
- 9.12.5 Vertigo, Ataxia, or Disturbance of Gait and Balance. *Essential job tasks 1, 8, 10, and 13*
- **9.12.6** Nose, Nasopharynx, Oropharynx, or Dental Structures. *Essential job tasks 2, 3, 5, 8, 12, and 13*

### **9.13\* Neurologic Disorders.**

- 9.13.3 Ataxias. *Essential job tasks 1, 4, 6, 7, and 8*
- 9.13.4 Cerebral Arteriosclerosis. *Essential job tasks 1 through 13*
- **9.13.5** Neuromuscular, Demyelinating, and Other Progressive Neurologic Diseases. *Essential job tasks 1, 4, 6, 7, 8, 12, & 13*
- **9.13.6** Single Unprovoked Seizure and Epileptic Conditions. *Essential job tasks 8, 9, 10, 11, and 13*
- **9.13.7** Cerebral Vascular Bleeding. *Essential job tasks 1, 4, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.13.8 Head Trauma. *Essential job tasks 1 through 13*
- 9.13.9 CNS Tumors. *Essential job tasks 1 through 13*
- 9.13.10 Parkinson's and Other Diseases with Tremor. *Essential job tasks 1, 2, 4, 5, 6, 7, 8, and 9*
- 9.13.11 Progressive Dementia. *Essential job tasks 1 through 13*

### **9.14\* Psychiatric and Psychologic Disorders.** *Essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13*

### **9.15\* Substance Abuse.**

- **9.15.3** DSM IV Criteria. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.15.4 Methadone Maintenance. *Essential job tasks 1, 4, 5, 7, 8, 10, and 11*

### **9.16 Medications.**

- **9.16.4** Anticoagulation. *Essential job task 8*
- 9.16.5 Narcotics. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.16.6 Muscle Relaxants. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.16.7 Sedatives and Hypnotics. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.16.8 Psychiatric Medications. *Essential job tasks 5, 8, 11, and 13*
- 9.16.9 Anti-Hypertensive Agents. *Essential job tasks 5 and 8*
- 9.16.10 High-Dose Corticosteroids. *Essential job tasks 5 and 8*
- 9.16.11 Anabolic Steroids. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.16.12 Other Medications. *Essential job tasks 5, 8, 11, and 13*

### **9.17 Tumors — Malignant or Benign.**

- **9.17.4** Benign Tumors. *Essential job tasks 1 through 13*
- 9.17.5 Acute Illness Related to Malignancy/ Its Treatment. *Essential job tasks 1, 2, 3, 4, 5, 6, 7, 8, 9, and 13*
- 9.17.6 Central Nervous System Tumors. *Essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13*
- 9.17.7 Head and Neck Malignancies. *Essential job tasks 1 through 13*
- 9.17.8 Lung Cancer. *Essential job tasks 1, 2, 3, 4, 5, 7, 8, 9, and 13*
- 9.17.9 Gastrointestinal Malignancies. *Essential job tasks 1, 3, 4, 5, 7, 8, and 9*
- 9.17.10 Genitourinary Malignancies. *Essential job tasks 1, 3, 4, 5, 7, 8, and 9*
- 9.17.11 Hematologic or Lymphatic Malignancies. *Essential job tasks 1, 2, 3, 4, 5, 7, 8, and 9*
- 9.17.12 Skin Cancer. *Essential job tasks 1, 3, 4, 5, 7, 8, and 9*

### **9.18 Pregnancy and Reproductive Health** *Essential job tasks 1, 3, 5, 6, 7, and 8 and 2, and 9*

# INCUMBENT ANNUAL MEDICAL EXAM WFI / NFPA 1582

## **NOTICES**

- Specialty teams have specific additional components

## **Hands-on Physical Examination**

- Vital Signs           Head, Neck, Eyes, Ears, Nose, and Throat
- Cardiovascular      Inspection, auscultation, percussion and palpation.
- Pulmonary           Inspection, auscultation, percussion and palpation.
- Gastrointestinal    Inspection, auscultation, percussion and palpation.
- Genitourinary        Hernia exam (Also, see cancer screening).
- Lymph Nodes         The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, auxiliary, and inguinal regions.
- Neurological         The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes)
- Musculoskeletal     Includes an overall assessment of range of motion (ROM) of all joints. Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function.

## **Blood Analysis**

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols

- White Blood Cell Count, Differential, Red Blood Cell Count (Hematocrit), Platelet Count
- Liver Function Tests – includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin
- C-Reactive Protein, Triglycerides
- Cholesterol – includes: Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio
- Glucose – If over 120 then HbA1c
- Blood Urea Nitrogen, Creatinine, Sodium, Potassium, Carbon Dioxide, Total Protein, Albumin, Calcium

## **Urinalysis**

- Dip Stick – includes pH, Glucose, Ketones, Protein, Blood, and Bilirubin
- Microscopic – includes WBC, RBC, WBC Casts, RBC Casts, and Crystals

## Vision Tests

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders.

## Pulmonary (Spirogram)

- Every year for smokers
- Every three years for nonsmokers.

## Chest X-Ray

Every 5 years

## Stress EKG\* with Vo2 value calculated

- Members 30-years-old and under will be tested on treadmill every third year.
- Those 30 to 39-years-old will be tested on treadmill every other year.
- Those 40 and older will be tested yearly.

\*Abnormal Cardiac Follow-up - *Electron Beam Tomography (EBT)*

## Oncology Screening Elements


- Prostate Specific Antigen (PSA), Fecal Occult Blood Testing, Skin Exam

## Additional Screenings

Based on need or at the request of the patient, may also be provided during the base-line exam.

- **Cancer Screening** – Digital Rectal Exam, Testicular Exam, Clinical Breast Examination, Pap Smear
- **Immunizations and Infectious Disease Screening**
  - Tuberculosis Screen (Annual PPD)
  - Hepatitis C Virus Screen
  - Hepatitis B Virus Vaccine
  - Tetanus/Diphtheria Vaccine (Booster)
  - Measles, Mumps, Rubella Vaccine (MMR)
  - Measles Vaccine, Mumps Vaccine
  - Rubella Vaccine, Polio Vaccine, Hepatitis A Vaccine
  - Varicella Vaccine, Influenza Vaccine
  - HIV Screening (Required to be offered)
- **Heavy Metal and Special Exposure Screening- as needed**
  - *Arsenic (urine), Mercury (urine), Lead (urine), Lead (blood), Aluminum, Antimony, Bismuth, Cadmium, Chromium, Copper, Nickel, Zinc - Organophosphates (RBC cholinesterase), Polychlorinated Biphenyls (blood)*

*Incumbent Annual Medical Exam*



**Resources  
References  
and  
Acknowledgements**

# SAMPLE DOCUMENT APPENDICES

Documents in the appendices have been provided as-is from contributing departments. As there is no one-size-fits-all solution, departments are cautioned to review samples and templates carefully and adapt them to fit the department's specific needs and environment.

## Appendix A: Program Development Samples

- Sample Committee Memorandum of Understanding
- Sample Joint Labor/Management Communication
- Sample Request for Proposal (Short Version)
- Sample Request for Proposal (Long Version)

## Appendix B: Job Description/Analysis Samples

- Sample Firefighter Job Function Analysis
- Sample Additional Operational Officer Job Function Analysis
- Sample Paramedic Job Function Analysis
- Sample Chief Officer Job Function Analysis

## Appendix C: Medical Evaluation Samples

- Sample Baseline Medical Exam Form
- New Hire /Candidate**
  - Sample Prehire Medical History Questionnaire
  - Sample Candidate Medication Card
  - Sample Physician's Report of Findings

### Incumbent

- Sample Letter to Private Health Practitioner
- Sample Health Assessment Questionnaire
- Sample Immunization Record
- Sample Respiratory Clearance Questionnaire
- Sample Report of Annual Respiratory FIT Test/Training
- Sample Physician's Annual Statement of Work Status
- Sample Physician's Statement of Return to Work

Samples and templates provided in this document are provided for informational purposes to support departmental implementation of NFPA 1582. Their availability here does not constitute an endorsement of any kind by the IAFC or the IAFC Safety, Health and Survival Section. The individuals/organizations that use these resources assume all responsibility for their use.

### **Downloading Customizable Documents From The .pdf File**

All documents in the Appendices can be downloaded in customizable formats (Word or writeable PDFs) from the .pdf version of the document. Look to the left-hand side of the screen to find the navigation toolbar/panel and click on the paperclip icon. A list of attached documents will appear.



## Committee Memorandum of Understanding

The \_\_\_\_\_ Fire Department and \_\_\_\_\_ Firefighters, IAFF Local \_\_\_\_ recognize the value of a healthy, well and fit workforce. The parties will develop and implement a Occupational Health and Fitness Program consistent with NFPA 1582 and 1583 and recommendations from the IAFF/IAFC Joint Labor Management Wellness Fitness Initiative (WFI). The \_\_\_\_\_ Fire Department will implement a occupational health and fitness program for each fire fighter to obtain a level of wellness/fitness consistent with the duties he or she may be called to perform. The occupational health and fitness program shall be a positive program and not punitive in design; allow for age and position in the department; allow for on-duty time participation utilizing facilities provided or arranged by the City; provide for rehabilitation and remedial support for those in need; and be reasonable and equitable to all participants.

To achieve such a program the Occupational Health and Fitness Committee shall be formed within ninety days of the signing of this contract. The committee will consist of three representatives of the \_\_\_\_\_ Fire Department, three representatives of \_\_\_\_\_ Firefighters, IAFF Local \_\_\_\_\_, the fire department designated physician (non-voting) and an outside medical, physiological and wellness consultant(s) (non-voting) mutually chosen by both parties.

The Occupational Health and Fitness Committee shall be responsible for four primary areas:

- Implementation of the Occupational Health and Fitness Program: Reviewing this Program and fully adapting the components to the \_\_\_\_\_ Fire Department
- Statistics and Health: Developing statistics on experience with lost time and costs due to disease and injury so as to demonstrate how the implementation of the occupational health and fitness program will avoid or reduce disease and injury; and be cost effective.
- Occupational Health and Fitness Program: Developing program objectives; developing the program and related activities (e.g. peer fitness trainers (including certification), workshops, smoking cessation and weight control programs); preparing budget.
- Executive and Marketing Functions: Identifying specific objections to the program, developing answers or procedures to overcome the objections, enlisting the help of critical support groups and individuals; investigating legal implications of the occupational health and fitness program; establishing policies and directives.

For the Union: \_\_\_\_\_  
Local IAFF President

For the Department: \_\_\_\_\_  
Fire Chief

## Joint Labor/Management Communication

We want to take this opportunity to welcome you to the \_\_\_\_\_ Occupational Health and Fitness Program. This program is a collaborative approach between Management and Labor to develop, promote, enhance and maintain the wellness and fitness of our most important asset, the firefighters who deliver our service to the citizens of \_\_\_\_\_.

Our goal was to develop a positive and educational approach to wellness and fitness programs in the fire service. It requires a commitment by labor and management to a positive, individualized wellness- fitness program.

This program is intended to mirror NFPA 1582 and the IAFF/ IAFC Wellness Fitness Initiative that are used as the ultimate Fire Service specific occupational health and fitness standards. Through collaboration of Local \_\_\_\_\_ and \_\_\_\_\_, this program is designed to promote the wellness of our firefighters.

This is a non-punitive, voluntary program designed to provide you a comprehensive medical evaluation and fitness assessment for your own benefit and personal well-being. We support NFPA 1582 - 4.4.2, which states, *“No fire department personnel, other than the fire department physician or appropriate medical staff, shall have access to another member’s medical records without the express written consent of that member.”* Thereby ensuring results will be strictly between you and the provider.

Tomorrow’s fire service requires that we face our destiny of keeping our firefighters fit today. We encourage full participation in this program from each and every one of you, as we are only as strong as our weakest link.

With your help, we will realize our goals of increasing firefighter wellness and reducing the number and impact of injuries that occur to our members.

For the Department: \_\_\_\_\_

Fire Chief

For the Union: \_\_\_\_\_

Local IAFF President

# *Request for Proposal*

## For: NFPA 1582 Compliant Medicals

### Purpose:

The \_\_\_\_\_ (hereafter referred to as “*Contractor*”) seeks proposals to provide medical evaluations for \_\_\_\_\_ incumbent uniformed personnel. The medical evaluations shall comply with the National Fire Protection Association standard titled: *NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments* \_\_\_\_\_ Edition. Additional features are identified in this request for proposal to be priced as options in addition to the baseline NFPA 1582 medical physical. Any package discounts the vendor wishes to identify should be identified as a package option.

### Deadline:

All proposals are to be in writing and received by the *Contractor* no later than \_\_\_\_\_, 20\_\_ at \_\_\_\_:00 a.m. local time.

### Information:

Providers shall address no less than the baseline materials identified in the RFP. Additional components specified by the *Contractor* shall be priced as options to be accepted or rejected by the *Contractor*. If the provider is able to supply value added services above and beyond the RFP baseline material, providers are encouraged to do so and identify and associated costs.

The *Contractor*, hereby notifies all Bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded fully opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, handicap or national origin in consideration for an award.

### Parameters:

The provider shall ensure that the physician administering the physicals is a licensed doctor of medicine or osteopathy who has completed residency training in an accredited medical training program and/or is American Boards of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified or international equivalent.

## Appendix A: Program Development Samples and Templates

### Confidentiality and Records:

It is the desire of the *Contractor* that medical information gathered from the physical exams remain confidential. The Fire Chief or Acting Fire Chief shall serve as the liaison with the *Contractor* and the vendor. Communication regarding an individual's results as it pertains to the safety of the individual or the safety of coworkers within the department shall be shared with the Fire Chief and shall include the information necessary for the *Contractor* to maintain a safe and effective workplace. Specific results, especially any results falling outside normal limits shall be shared as soon as possible with the individual. Additionally, notification to the Fire Chief from the provider shall indicate a general statement that an individual has a requirement for follow-up communication with the provider. This will allow the Fire Chief to ensure follow-up communication is acted upon.

If any results or follow-up indicate a concern for the safety of the individual or others, details shall be shared with the Fire Chief to allow the *Contractor* to provide reasonable workplace accommodations including scheduling replacements should the results indicate an inability to return to full duty.

Medical records shall be maintained by the provider. These records shall be used to establish on-going assessment and evaluation of individual progression from baseline data through time. This information will be accessible upon request by the individual.

### Specifications:

1. Each member scheduled for a physical exam should receive the evaluation identified in Chapter 7 of the NFPA 1582 standard. These items include:
  - *Medical history / medical conditions*
  - *Head and Neck*
  - *Eyes and vision*
  - *Ears and hearing*
  - *Dental*
  - *Nose, Oropharynx, Trachea, Esophagus, & Larynx*
  - *Lungs and Chest Wall*
  - *Heart and Vascular system*
  - *Abdominal organs and gastrointestinal system*
  - *Reproductive system*
  - *Urinary system*
  - *Spine and axial skeleton*
  - *Extremities*
  - *Neurological disorders*
  - *Skin*
  - *Blood and blood-forming organs*
  - *Endocrine and metabolic disorders*
  - *Systemic diseases and miscellaneous conditions*
  - *Tumors and malignant diseases*
  - *Psychiatric conditions*
  - *Chemicals, drugs, and medications*
2. Each medical evaluation shall include a medical history (including exposure history), physical examination, blood tests, urinalysis, vision tests, audiograms, spirometry,

## Appendix A: Program Development Samples and Templates

chest x-ray (as indicated), electrocardiogram with cardiac stress test, cancer screening, and immunizations and infectious disease screening.

3. A physical fitness evaluation based on IAFF/IAFC Wellness Fitness Initiative (WFI) /NFPA 1583 is not included as a requirement but may be bid as a value added service or option.
4. A minimum 15 minute, face-to-face meeting between only the individual member and a mental health professional/counselor is to be included with the physical evaluation. This session shall be considered a requirement but with an itemized price listed separately. The *Contractor* is aware there are written screening instruments and voluntary Employee Assistance Programs available to individuals however the *Contractor* desires the psychological well-being of fire department members to be regularly and consistently assessed. These initial meetings are intended to provide a brief but consistent point of contact to serve as a portal to identify: cumulative responder stress, coping mechanisms (healthy and unhealthy), and other mental health issues that might impact the member's longevity or performance of department responsibilities. Due to the profession and the composition of the *Contractor's* membership, it is likely such mental health evaluations would not be initiated by the individual or even detected for a multitude of reasons. Any issues discovered during the brief meeting may be referred to follow-up care as needed and such follow-up will not be included in the scope of work or pricing for this proposal.
5. Scheduling shall be coordinated with the Fire Chief and shall include at least \_\_\_ consecutive \_\_\_\_\_, with a start time of \_\_\_\_\_ and continue through a conclusion of \_\_\_\_\_. Optimally the physicals will start \_\_\_\_\_, but must be entirely completed (excluding follow-up requirements) by \_\_\_\_\_, 20\_\_.
6. Any blood work, urinalysis, or other pre-examination work should be completed in such a way for the examining physician to have results to review with the individual at the time of the exam. If multiple trips are involved, this should be identified in the proposal for scheduling purposes. In an effort to reduce the impact on the participating members, it is desirable for the physical and psychological evaluations be conducted during the same appointment. If two separate visits are required for the lab work and the physical exam, the psychological evaluations can be coupled with either.
7. The *Contractor* wishes to have the physicals conducted at:
  - \_\_\_\_\_
  - in a mobile facility provided by the vendor rather than inside the fire department facilities.

## Appendix A: Program Development Samples and Templates

**Proposals that are not able to provide mobile facilities will not be excluded from consideration.** If mobile facilities are not available, facility locations(s) to be used shall be identified along with any deviation in scheduled hours identified in item #5.

8. A summary profile shall be provided to the *Contractor* through the Fire Chief identifying trends, department-wide recommendations, and general data summary including comparisons between other benchmarks. This summary shall be suitable for sharing with the entire membership.

### Options:

Providers who have that capability and wish to price respirator fit testing as an option to be completed during the medical evaluation shall price this service as option #1.

Providers who have that capability and wish to price flu vaccine immunizations as an option to be completed during the medical evaluation shall price this service as option #2.

Providers who have that capability and wish to price Hepatitis B immunizations as an option to be completed during the medical evaluation shall price this service as option #3.

Providers who have that capability and wish to price tuberculosis testing as an option to be completed during the medical evaluation shall price this service as option #4

Bidders shall note in the space provided below any exceptions or deviations in any way from the specification of any section of this RFP. Bidders should provide complete details of exceptions or deviations.

### Proposal Exceptions:

**Item #:**

**Brief Description:**

Appendix A: Program Development Samples and Templates

**Proposal Bid:**

**Item:**

**Price**

- #1 and # 2 Physical examination and lab work
- #4 mental health evaluation / counseling
- #5 scheduling charges (if any)
- #6 and #7 trip charges (if any)
- #8 summary profile report charges (if any)

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- Option # 1
- Option # 2
- Option # 3
- Option # 4

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Value added services (if any not already specified):

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Representative Name and Title**

\_\_\_\_\_  
**E-Mail Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# **Fire Department**

**In Conjunction with  
Fire Fighters Union, IAFF Local \_\_\_\_\_  
And  
Fire Chiefs Union, IAFF Local \_\_\_\_\_**

## **Request for Proposals**

**XXXXXX xx, 20xx**



# TABLE OF CONTENTS

<b>1.0</b>	<b>INTRODUCTION</b>	<b>3</b>
1.1	PURPOSE OF REQUEST FOR PROPOSAL	3
1.2	SCHEDULE	3
<b>2.0</b>	<b>SCOPE OF CONTRACT</b>	<b>3</b>
2.1	PROGRAM DESCRIPTION	4
2.1.1	PROGRAM GOALS	4
2.1.2	FACILITIES	4
2.1.3	PROJECTED WORKLOAD	4
2.1.4	MEDICAL INFORMATION SYSTEM/CONFIDENTIALITY	4
<b>3.0</b>	<b>BACKGROUND</b>	<b>5</b>
3.1	DEPARTMENT OVERVIEW	5
3.2	STATEMENT OF NEED	5
<b>4.0</b>	<b>OBJECTIVES</b>	<b>5</b>
4.1	FIRE SERVICE SPECIFIC MEDICAL PROVIDER	5
<b>5.0</b>	<b>GENERAL OVERVIEW OF TASK TO BE PERFORMED</b>	<b>5</b>
<b>6.0</b>	<b>PRICE QUOTATIONS AND PROTOCOLS</b>	<b>6</b>
6.1	BID SHEET	6
6.2	FIRE SERVICE SPECIFIC PHYSICIAN	6
6.3	PROJECT STAFF	6
6.4	FOLLOW-UP OR REFERRAL TO OTHER HEALTH CARE PRACTITIONER(S)	7
<b>7.0</b>	<b>PROPOSAL CONTENT</b>	<b>7</b>
7.1	GENERAL FORMAT	7
7.2	PROPOSAL FORMAT	7
7.3	COVER LETTER	8
<b>8.0</b>	<b>PROPOSAL ADMINISTRATIVE REQUIREMENTS</b>	<b>8</b>
8.1	INTRODUCTION	8
8.2	COMMUNICATION WITH THE TASK FORCE	9
8.3	PROPOSAL INSTRUCTIONS	9
8.4	DELIVERY OF PROPOSAL	9
8.5	COST OF PROPOSAL	10
8.6	REJECTION OF PROPOSAL	10
8.7	PROPOSAL DISPOSITION	10
<b>9.0</b>	<b>PROPOSAL EVALUATION PROCESS AND CRITERIA</b>	<b>10</b>
9.1	EVALUATION PROCESS	10
9.2	ATTACHMENTS	11
9.3	EVALUATION	11
<b>ATTACHMENTS</b>		
<b>Attachment A</b>	<b>— BID SHEET</b>	<b>13</b>
<b>Attachment B</b>	<b>— CONTACT DETAILS FORM</b>	<b>17</b>
<b>Attachment C</b>	<b>— REFERENCE DETAILS FORM</b>	<b>18</b>
<b>Attachment D</b>	<b>— DECLARATION FOR APPLICANTS</b>	<b>20</b>
<b>Attachment E</b>	<b>— SAMPLE CONTRACT</b>	<b>21</b>

## Request for Proposal for Medical Baseline Evaluation Services for \_\_\_\_\_ Fire Department Uniformed Personnel

The following is a Request for Proposal (RFP) to provide comprehensive medical baseline evaluations in accord with “The Fire Service Joint Labor Management Wellness-Fitness Initiative” established jointly by the International Association of Fire Fighters, the International Association of Fire Chiefs and endorsed by the \_\_\_\_\_ Fire Department, Local(s) \_\_\_\_\_. The Wellness-Fitness Initiative (WFI) can be obtained by contacting the \_\_\_\_\_ Fire Department Staff identified in section 8.2 of this document.

### 1.0 INTRODUCTION

The \_\_\_\_\_ Fire Department, Local \_\_\_\_\_ and Local \_\_\_\_\_ (the “Task Force”) are working in concert in requesting and evaluating proposals to provide Fire Service specific baseline medical examinations for the \_\_\_\_\_ Fire Department’s XXXX uniformed employees. This is a grant funded, time sensitive, and one-year program. The program will be jointly administered by the Task Force while the formal contract will be between the selected proposer and the City of \_\_\_\_\_, through its Fire Department with joint collaboration with Local(s) \_\_\_\_\_.

#### 1.1 PURPOSE OF REQUEST FOR PROPOSAL

Through this RFP, the Task Force is seeking to identify interested and qualified service providers for the Fire Service specific baseline medical evaluation for \_\_\_\_\_ Fire Department uniformed personnel. Vendors must submit proposals for all of the components. Vendor must provide the facility, equipment, and technical expertise to deliver the medical evaluation.

#### 1.2 SCHEDULE

The beginning date for service delivery is to be no later than \_\_\_\_\_. The duration of the contract will be no later than \_\_\_\_\_ and is subject to adjustment from the information contained in the RFP. In the event the Task Force elects to have additional work elements performed by the selected Proposer, the contract may be extended.

Task	Date
Publish Notice Of RFP	
Deadline For Questions From Proposers	
Deadline For Response To Questions	
Proposals Due	
Proposers Interviews (Completed By)	
Select Proposer	
Finalize And Sign Contract	

### 2.0 SCOPE OF CONTRACT

The purpose of this RFP is to solicit proposals from qualified medical providers including for-profit health management and delivery companies, not-for-profit health delivery organizations, physicians, physician groups, health maintenance organizations and others to

provide medical baseline evaluation services for \_\_\_\_\_ Fire Department uniformed personnel.

## 2.1 PROGRAM DESCRIPTION

The program requires a medical provider with in-depth knowledge regarding fire- service specific medical assessments in accordance with the IAFF/ IAFC Joint Labor Management Wellness Fitness Initiative, the Firefighter Life Safety Initiative and NFPA 1582 Standards to provide consolidated medical assessment, possible immunizations, and data record-keeping services of all incumbent uniformed personnel.

### 2.1.1 PROGRAM GOALS

The Baseline Medical Evaluation is designed to accomplish the following services:

- To provide a cost-effective investment in the early detection, disease prevention, and health promotion of \_\_\_\_\_ Fire Fighters
- To create baseline data to monitor future effects of exposure to specific biological, physical, or chemical agents.
- To detect changes in an individual's health that may be related to harmful working conditions
- To provide the uniformed personnel with information about the individual's occupational hazards and current health
- To comply with federal, state, and local requirements.
- To limit out-of-service time through preventative early intervention of potential problems
- To recommend types of case-management/rehabilitation for injuries to decrease re-injury rates

### 2.1.2 FACILITIES

Facilities to perform medical evaluations will not be provided by the City of \_\_\_\_\_ or the \_\_\_\_\_ Fire Department.

### 2.1.3 PROJECTED WORKLOAD

Uniformed personnel of the xxx Fire Department consist of:

- Fire Chief
- Assistant Chiefs - xx
- Deputy Chiefs - xx
- Battalion Chiefs - xx
- Captains - xx
- Lieutenants – xx
- Fire Fighters – xxx

### 2.1.4 MEDICAL INFORMATION SYSTEM/CONFIDENTIALITY

This is to insure that information from baseline examinations is not improperly released and does not subsequently become harmful to uniformed personnel and their careers while being easily accessible for pre/post comparison in case of a major disaster.

- Medical information must be collected in a database that can provide both aggregate reports as well as specific individual information, that is electronically secure to only pre-authorized medical providers.

- The medical provider will identify and retain medical records, in a manner of their choosing, so that they can be secured as \_\_\_\_\_ Fire Fighter personal medical records.
- At no time will an individual's medical information be released, or shared, with any city department and/or any other medical provider without written authorization by the employee.
- Requests for authorization to transfer or destroy any or all of the medical information must be made in writing to The Task Force at least 30 days in advance.
- Aggregate data may be provided to Local(s) \_\_\_\_\_, and the Wellness Coordinator, to look at general trends, as long as data from the report cannot lead to the identity of a specific individual.
- Random data may be requested to be electronically sent to the IAFF National Database, in accordance with the Wellness initiative, once the IAFF database becomes available.
- The Task Force will define content and process for dissemination of any information.

### **3.0 BACKGROUND**

#### **3.1 DEPARTMENT OVERVIEW**

Currently the \_\_\_\_\_ Fire Department has an on-duty strength of xx with xx uniformed personnel /EMT (81 of which are also Paramedics) who responded to over xx,xxx emergency calls a year. The \_\_\_\_\_ Fire Department provides professional fire suppression, disaster mitigation, and emergency medical services to a culturally diverse population of xxx,xxx (xx million during the day). \_\_\_\_\_ is a major city with international rail, air, and seaports. The Department also provides a regional Metropolitan Medical Strike Team and Urban Search and Rescue Team for both natural and man made disaster responses.

#### **3.2 STATEMENT OF NEED**

These uniformed personnel must undergo rigorous testing in order to qualify for employment and must maintain a high level of physical and mental fitness. Job requirements are unique to the fire service and job stresses constant. Uniformed personnel have a need for a wide spectrum of medical services, which must be provided by professionals acquainted with the duties, working conditions, and mental and physical demands of the job, as well as the hours and expectations associated with the provision of preventive and emergency medical services.

### **4.0 OBJECTIVES**

#### **4.1 FIRE SERVICE SPECIFIC MEDICAL PROVIDER**

The proposal shall include a cost for providing each component of the comprehensive baseline medical evaluation. Provide detailed descriptions of services and costs outlined in Section 5.0 and 6.0, in its entirety.

### **5.0 GENERAL OVERVIEW OF TASK TO BE PERFORMED**

1. Medical and Occupational/Environmental History questionnaire to be completed by employee & reviewed by Physician.

2. General Physical and Neurological Examination
3. Complete Blood Count/Differential/Platelet Count
4. Urinalysis (Routine and Microscopic)
5. Blood Chemistry Profile
6. Electrocardiogram (12 Lead Stress)
7. Cancer Screening
8. Chest X-ray (PA) one view
9. Spirometry/Pulmonary Function Test (FVC, FEV1, (FEV1/FVC%))
10. Visual Acuity

## **6.0 PRICE QUOTATIONS AND PROTOCOLS**

### **6.1 BID SHEET- See Bid Sheet for specific procedures.**

Without exception, any organization/individual responding to this RFP shall use the proposal protocols and procedures as defined below and listed in Appendix A. Price quotations shall be provided in each of the provided spaces (\$\_\_\_\_\_). Any packaged price proposal for baseline medical evaluations shall include, without exception, each of the items outlined. Price quotations must be provided for optional items, as well. The decision to implement any listed items rests with the Task Force and not the provider of these services.

### **6.2 FIRE SERVICE SPECIFIC PHYSICIAN**

Ideally, this professional should be board certified in occupational medicine, internal medicine specializing in fields relevant to the fire service such as occupational toxicology, industrial hygiene, epidemiology, infectious disease, pulmonary, cardiology, critical care, orthopedics, and/or emergency medicine. The ability to interact successfully with other professionals is essential since no single person can be a specialist in all fields. Physician must have a thorough knowledge of job-related activities, physical demands of the occupation and stresses associated with fire fighting. The individual must understand the various Fire Service job analyses, remain current on medical literature pertaining to fire service related issues, and conduct ongoing research related to fire fighter's health, safety, and fitness. Additionally, the physician must have knowledge of local, state, and federal laws as well as the roles of labor and management relating to occupational medicine, health, and safety.

### **6.3 PROJECT STAFF**

The Proposer will identify the staff (including any and all subcontractors) that will provide the services defined in this RFP. For each proposed staff member, please provide the following information:

- A. Identify a Project Manager as a primary contact with The City and or Task Force for the duration of the contract, and a consistent point of contact for scheduling exams

and other work scope matters. Also, identify the location of the Proposer's office that will serve this contract, and the clinic sites where the exams will be performed.

- B. For each member of the team, describe the role that s/he will serve. Indicate those members of the team who will work closely with Task Force.
- C. Please indicate the members of your project team who are sub-contractors (if any) to your organization. What is the ratio of staff to subcontractors in your proposed project team?
- D. Provide a resume for each of the key medical and management project staff members and medical providers as appendices. Resumes should be no longer than three (3) pages and should contain the following information about each project member:
  - Position with the Company and work location
  - Years with the Company
  - Education, Licenses, and Certifications
  - Work experience related to purpose of contract

#### 6.4 FOLLOW-UP OR REFERRAL TO PERSONAL PHYSICIAN, SPECIALIST(S) OR OTHER HEALTH CARE PRACTITIONER(S)

- The NFPA 1582/Wellness-Fitness Initiative recognizes the importance of consultation and/or referral to outside health care providers and/or specialists. Only possible life threatening abnormal cardiac findings will become automatic referrals. Health care provider will be provided specific instructions for those referrals.
- General follow-up care is not supported by this RFP. Uniformed personnel have the right to choose who provides follow-up care. Therefore, it becomes the individual uniformed personnel's responsibility for his/her medical provider selection and payment of any follow-up visits and or procedures.
- When appropriate, and within the scope of practice, uniformed personnel, at their own expense, may choose the contracted medical provider to provide follow-up services.

## 7.0 PROPOSAL CONTENT

### 7.1 GENERAL FORMAT

The proposal will be the basis for negotiating the final contract documents and therefore must be signed by an individual authorized to commit your organization to the procedures and fee schedule contained in the proposal. Total proposal should not exceed twenty pages. Supplemental information and examples of report formats may be attached to formal proposal.

### 7.2 PROPOSAL FORMAT

Information shall be provided in this order:

- A. Proposals should include a historical summary of the firm's experience in conducting Fire Service specific baseline medical evaluations and key business data about the organization. It should identify the key individuals in the firm who will work with The Task Force to manage this account and include brief resumes. The location of the

- Proposer within \_\_\_\_\_ or a nearby location and experience with \_\_\_\_\_  
State and Fire Service Safety regulations are highly valued.
- B. Proposal shall outline proven practices and procedures that will be used to perform the services as well as items requested in Section 6
- assurance of primary Health Care Provider qualification.**
  - credentials of professional personnel.**
  - plan detailing of evaluation activities, including confidentiality of records**
  - plan for maintaining written documentation regarding follow-up/referral program or procedure(s) recommendations**
  - provide a separate document, signed by the official representative of the provider, of assurance that confidentiality requirements are acknowledged and shall be met.**
- C. The proposal should identify a minimum of five current, major clients, particularly other governmental entities, with contact names and telephone numbers provided on the Reference Details Forms. Indicate how long your firm has provided occupational medical exam service to these clients and the approximate number and type of exams conducted in each organization.
- D. Bid Sheet
- E. Contact Details Form
- F. Reference Details Form
- G. Declaration For Applicants
- H. Consultant Agreement

### 7.3 COVER LETTER

A cover letter should be included with the proposal submittal identifying one contact person by name, address, telephone number and FAX number that will be designated as customer service representative , and briefly outline how the firm will meet the needs for conducting occupational medical exams for the \_\_\_\_\_ Fire Department.

## 8.0 PROPOSAL ADMINISTRATIVE REQUIREMENTS

### 8.1 INTRODUCTION

This section of the RFP details the procedures that The Task Force has established for managing and directing the RFP process. The purpose of these procedures are to ensure The Task Force receives proposals that are the result of an open, competitive process, and to ensure that Proposers receive fair and equitable treatment in the solicitation, receipt, and review of their proposals.

In submitting a proposal, the Proposer should assume that the City will insist on executing the contract attached to this RFP without any changes. If the Proposer wants alternative or additional language or provisions to the attached contract, the Proposer should include with its proposal the complete language change(s) it is proposing, and describe the cost savings or other benefit the City will receive for each change that it accepts.

The Task Force may reject the proposal of any Proposer who fails to comply with any of the requirements of this Section.

## 8.2 COMMUNICATION WITH THE TASK FORCE

All Proposer communications concerning this RFP should be directed in writing via mail, fax, or email to:

No other Task Force official or employee is empowered to speak for The Task Force with respect to this RFP Process. Proposers who seek to obtain information, clarification, or interpretation from another Task Force official or employees are advised that such information is used at the Proposers' own risk, and The Task Force will not be bound by any such representations. Any attempt to bypass this process may be grounds for rejection of the Proposers' proposal.

## 8.3 PROPOSAL INSTRUCTIONS

### A. Organization and Copies

To be considered responsive, proposals must include the information requested. To facilitate evaluation, proposals should be organized in the order outlined in Section 7. Proposers must provide The Task Force with one original and four (4) copies of their proposals. (Double sided copying and recycled paper is encouraged).

### B. Format

To the extent possible, proposals should be prepared on 8 1/2" x 11" paper and bound or stapled. Proposals should not exceed 20 pages. Supplemental information and examples of aggregate and or individual report formats may be attached to formal proposals as appendices.

### C. Readability

Proposers are advised that The Task Forces' ability to conduct a thorough evaluation of proposals is dependent on the Proposers' ability and willingness to submit proposals, which are well ordered, detailed, comprehensive, and readable. Clarity of language and adequate, accessible documentation is the Proposers' responsibility.

## 8.4 DELIVERY OF PROPOSAL

One original and four copies of your proposal must be submitted to and received by The Task Force no later than 3:00 p.m. ~~X xx. 20xx~~. No fax or e-mail transmissions will be accepted. All proposals shall become the property of The City and will be subject to the Public Disclosure Act. Proprietary information which does not bear on evaluation and which you wish to remain confidential should not be included in response materials.



Required written documents as delineated herein must be received before the stated deadline. Failure to submit one or more items will be grounds to reject the proposal from the review and selection process.

Delays caused by any delivery service, including the U.S. Postal Service, will not be grounds for an extension of the proposal due date and time. Proposals received after the due date and time will be returned unopened.

Proposals shall be delivered to the following address:

**If using US Postal Service, delivery service (FedEx, UPS, etc)  
or hand delivery Monday – Friday 8:30AM to 4:30 PM:**

#### 8.5 COST OF PROPOSAL

The Task Force will not be liable for any costs incurred by Proposers in the preparation and presentation of proposals submitted in response to the RFP or in the participation in demonstrations.

#### 8.6 REJECTION OF PROPOSAL

The Task Force reserves the right to reject any or all proposals at any time with no penalty and/or waive immaterial defects and minor irregularities in proposals.

#### 8.7 PROPOSAL DISPOSITION

All material submitted in response to this RFP, except for proprietary material, shall become the property of The City upon delivery.

### 9.0 PROPOSAL EVALUATION PROCESS AND CRITERIA

#### 9.1 EVALUATION PROCESS

Written proposals will be evaluated and rated by The Task Force's Evaluation Committee. Proposals receiving the highest ratings will be scheduled for an interview with the Evaluation Committee. Ratings will be based on the Proposer's' experience providing similar services for a Fire Departments of the size and complexity of the \_\_\_\_\_; reasonableness of proposed fee schedule and basis for periodic adjustment; ability to provide appropriate levels of staffing support and service to and coordination with The Task Force; ability to provide clear and timely results and reports to The Task Force regarding aggregate data; ability to provide effective occupational medical consultation to The Task Force as needed; and overall presentation and general approach to providing customer service.

- A. The Task Force's Evaluation Committee will also contact references to help verify the Proposers' ability to perform the scope of services outlined herein.
- B. Based on the results of the evaluation of written proposals, interviews and references, the Evaluation Committee will make its recommendation to The Task Force.
- C. Contract negotiations will commence with the selected Proposer. Proposers not selected will be notified in writing of the selection outcome.
- D. The Task Force Evaluation Committee reserves the right to:
  - 1. Request a consultant submitting an application to clarify its contents or to supply any additional material deemed necessary to assist in the selection process.
  - 2. Negotiate the program scope, materials, and costs with the selected consultant. If a contract cannot be negotiated with the selected consultant, The City may cease negotiations and reserves the rights to have The Task Force re-evaluate the next highest ranked Proposer if an agreement cannot be reached with the highest ranked Proposer.
  - 3. Modify or alter any of the requirements herein and identify additional tasks to be accomplished prior to executing a formal contractual agreement.
  - 4. Select the Proposer with the best project approach and ability to meet The Task Force's program needs regardless of cost.
  - 5. Visit a Proposer's office or clinic facilities to meet with respondent's staff.
  - 6. Reject any or all applications at any time without penalty.
  - 7. Retain all original data and working papers generated during this RFP process.

**9.2 ATTACHMENTS**

- A. Bid Sheet
- B. Contact Details Form
- C. Reference Details Form
- D. Declaration For Applicants
- E. Consultant Agreement

**9.3 EVALUATION**

For the Proposer selection, written proposals will be scored using the following criteria:

<b>Item</b>	<b>Points</b>
Proposer Qualifications, Expertise, and Experience	40
Proposed Method of Performance including Customer Service	30
Cost	30

**CRITERIA SCORING GUIDELINES**

SECTION	CRITERIA	Excellent	Good	Fair
<b>Proposer Qualifications, Expertise, and Experience</b>		<b>MAX 40 Points</b>		
6.2 FIRE SERVICE SPECIFIC PHYSICIAN	Board certified in occupational medicine, internal medicine specializing in fields relevant to the fire service such as occupational toxicology, industrial hygiene, epidemiology, infectious disease, pulmonary, cardiology, critical care, orthopedics, and/or emergency medicine.	10	5	2
	Has a thorough knowledge of job-related activities, physical demands of the occupation and stresses associated with fire fighting including: A. In-depth knowledge regarding Fire Service specific medical assessments in accordance with the IAFF/ IAFC Joint Labor Management Wellness Fitness Initiative, the Firefighter Life Safety Initiative and NFPA 1582 Standards B. Understand the various Fire Service job analyses, has remain current on medical literature pertaining to fire service related issues, and conduct ongoing research related to fire fighter's health, safety, and fitness. C. Demonstrated knowledge of local, state, and federal laws as well as the roles of labor and management relating to occupational medicine, health, and safety.	10	5	2
6.4 FOLLOW-UP OR REFERRALS	Stated has access to other professionals/specialist to expedite referrals for additional, optional, or other services as needed.	10	5	2
7.2 PROPOSAL CONTENT	A. Identified a minimum of five current, major clients with contact names and telephone numbers provided on the Reference Details Forms.	5	2	1
	B. Identified the location of the Proposer's office that will serve this contract and the clinic site(s) where the exams will be performed. Stated ability to provide the facility and equipment for services listed in the RFP	5	2	1
<b>TOTAL</b>				
<b>Proposed Method of Performance including Customer Service</b>		<b>MAX 30 Points</b>		
1.2 SCHEDULE	Acknowledged contract is grant funded, time sensitive, one-year program with willingness to work with Task Force to successfully complete by May 15, 2008	2	1	0
2.1.4 CONFIDENTIALITY	Confirmed, in writing, that at no time will any individual's information, data, written or verbal, be released, or shared, with any city department, city employee, and/or any other medical provider without written authorization by the patient. In addition, must request authorization to transfer or destroy any or all of the medical records/information in writing to Local 2898, Local 27, and the Fire Department at least 30 days in advance.	10	5	0
6.3 PROJECT STAFF	Provided all requested information in section 6.3 for proposed key staff member or subcontractor	4	2	0
9.1 EVALUATION PROCESS	A. Responses of reference/contacts provided by Proposer	6	3	1
	B. Responses provided by other Fire Service Departments or Agencies	8	4	2
<b>TOTAL</b>				
SECTION	CRITERIA	Below	Within	Above
<b>COSTS</b>		<b>MAX 30 Points</b>		
6.1 BID SHEET	Required items	10	5	2
	Group Pricing	10	5	2
	Additional Item Costs	5	2	0
	Optional Item Costs	5	2	0
<b>TOTAL</b>				
<b>Proposer Qualifications, Expertise, and Experience</b>				
<b>Proposed Method of Performance including Customer Service</b>				
<b>COSTS</b>				
<b>TOTAL SCORE</b>				

## ATTACHMENT A— Bid Sheet

Without exception, any organization/individual responding to this RFP shall use the protocols and procedures as defined below. Price quotations shall be provided in each of the provided spaces (\$\_\_\_\_\_). Any packaged price proposal for baseline medical evaluations shall include, without exception, each of the items outlined below. Price quotations must be provided for additional items. **All price quotation need to include review of lab results for specific known Fire Service cancer risks including testicular, prostate, skin, brain, rectum, stomach, bladder, and colon cancer, non-Hodgkin's lymphoma, multiple myeloma and malignant melanoma.**

The decision to implement any listed items rests with agreements made between Local(s) \_\_\_\_\_, and the fire department, not the organization/individual providing these services.

**Individualized Health Risk Appraisal** \$\_\_\_\_\_ Written feedback to uniformed personnel concerning health risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps uniformed personnel claim ownership of their health status. Individualized health risk appraisals also must include questions that attempt to accurately measure the uniformed personnel's perception of their health. Health perception can be a useful indicator of potential problems.

**Medical History Questionnaire** \$\_\_\_\_\_ An initial pre-employment history questionnaire must be completed to provide baseline information with which to compare future medical concerns.

**Hands-on Physical Examination** \$\_\_\_\_\_

**To Include:**

**Vital Signs** - Head, Neck, Eyes, Ears, Nose, and Throat

**Cardiovascular** - Inspection, auscultation, percussion and palpation.

**Pulmonary** - Inspection, auscultation, percussion and palpation.

**Gastrointestinal** - Inspection, auscultation, percussion and palpation.

**Genitourinary** - Hernia exam (Also, see cancer screening).

**Lymph Nodes**

The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, auxiliary, and inguinal regions.

**Neurological**

The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes).

**Musculoskeletal**

Includes an overall assessment of range of motion (ROM) of all joints. Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function.

**Blood Analysis**

\$ \_\_\_\_\_

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols

**C-Reactive Protein**

*White Blood Cell Count*

*Differential*

*Red Blood Cell Count (Hematocrit)*

*Platelet Count*

*Liver Function Tests*

*Includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin*

*Triglycerides*

*Cholesterol*

*Includes: Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio*

*Glucose*

**HbA1c**

*Blood Urea Nitrogen*

*Creatinine*

*Sodium*

*Potassium*

*Carbon Dioxide*

*Total Protein*

*Albumin*

*Calcium*

**Urinalysis**

\$ \_\_\_\_\_

*Dip Stick*

*Includes pH, Glucose, Ketones, Protein, Blood, and Bilirubin*

*Microscopic*

*Includes WBC, RBC, WBC Casts, RBC Casts, and Crystals*

**Vision Tests**

\$ \_\_\_\_\_

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders.

**Pulmonary (Spirogram)**

\$ \_\_\_\_\_

**Chest X-Ray**

\$ \_\_\_\_\_

**Stress EKG with Vo2 value calculated**

\$ \_\_\_\_\_

**Oncology Screening Elements**

*Prostate Specific Antigen (PSA)*

\$ \_\_\_\_\_

*Fecal Occult Blood Testing*

\$ \_\_\_\_\_

*Skin Exam*

\$ \_\_\_\_\_

**Per Head Packaged Cost for listed items**

- 1-100 exams**      \$ \_\_\_\_\_
- 101-350 exams**      \$ \_\_\_\_\_
- 350-700 exams**      \$ \_\_\_\_\_
- 700-1050 exams**      \$ \_\_\_\_\_

**ADDITONAL Screening Costs:**

Price quotations for these additional screenings, based on need or at the request of the patient, may also be provided during the basic exam.

- Digital Rectal Exam      \$ \_\_\_\_\_
- Testicular Exam      \$ \_\_\_\_\_
- Clinical Breast Examination      \$ \_\_\_\_\_
- Pap Smear      \$ \_\_\_\_\_

**Immunizations and Infectious Disease Screening**

- Tuberculosis Screen (Annual PPD)      \$ \_\_\_\_\_
- Hepatitis C Virus Screen      \$ \_\_\_\_\_
- Hepatitis B Virus Vaccine      \$ \_\_\_\_\_
- Tetanus/Diphtheria Vaccine (Booster)      \$ \_\_\_\_\_
- Measles, Mumps, Rubella Vaccine (MMR)      \$ \_\_\_\_\_
- Measles Vaccine      \$ \_\_\_\_\_
- Mumps Vaccine      \$ \_\_\_\_\_
- Rubella Vaccine      \$ \_\_\_\_\_
- Polio Vaccine      \$ \_\_\_\_\_

Hepatitis A Vaccine \$ \_\_\_\_\_  
Varicella Vaccine \$ \_\_\_\_\_  
Influenza Vaccine \$ \_\_\_\_\_  
HIV Screening (Required to be offered) \$ \_\_\_\_\_

**Heavy Metal and Special Exposure Screening**

*Arsenic (urine)* \$ \_\_\_\_\_  
*Mercury (urine)* \$ \_\_\_\_\_  
*Lead (urine)* \$ \_\_\_\_\_  
*Lead (blood)* \$ \_\_\_\_\_  
*Aluminum* \$ \_\_\_\_\_  
*Antimony* \$ \_\_\_\_\_  
*Bismuth* \$ \_\_\_\_\_  
*Cadmium* \$ \_\_\_\_\_  
*Chromium* \$ \_\_\_\_\_  
*Copper* \$ \_\_\_\_\_  
*Nickel* \$ \_\_\_\_\_  
*Zinc* \$ \_\_\_\_\_  
*Organophosphates  
(RBC cholinesterase)* \$ \_\_\_\_\_  
*Polychlorinated Biphenyls (blood)* \$ \_\_\_\_\_

**\*OPTIONAL Screening Costs:  
Abnormal Cardiac Follow-up**

*Electron Beam Tomography (EBT)* \$ \_\_\_\_\_

\* Not required for response.

## ATTACHMENT B— Contact Details Form

Contractor Details	
Contractor name	
Company name	
Address	
Postcode	
Business Telephone #	
Cell Phone #	
Fax No	
Website	

Type of Company	
Sole trader	
Partnership	
Private	
Public	
Limited liability	
Other (please specify)	
Number of employees	



## ATTACHMENT C — Reference Details Form

Reference 1	
Name of Fire Department	
Contact Person	
Telephone Number	
E-mail Address	

Reference 2	
Company/Department	
Name	
E-mail Address	
Telephone Number	

General Reference 3	
Company/Department	
Name	
E-mail Address	
Telephone Number	

<b>General Reference 4</b>	
Company/Department	
Name	
E-mail Address	
Telephone Number	

<b>General Reference 5</b>	
Company/Department	
Name	
E-mail Address	
Telephone Number	

## ATTACHMENT D— Declaration For Applicants

I declare that the following documents have been enclosed with our application:

1.	One original and four copies of a statement of qualification and Proposal
2.	Completed Contact Details Form
3.	Completed Reference Details Form
4	CV or resume of Primary Health Care Provider and any other key project staff or subcontracts
5.	Acknowledgement of the insurance requirements, need to submit Equal Benefit and Women and Minority Outreach plan for hires or subconsultants.
6.	Acknowledgement of review of the sample consultant contract as per Section 8.1 above.

	Signed	
	Name (Block Capitals):	
	Position in Company	
	Date	

# ATTACHMENT E – Sample Contract

## The \_\_\_\_\_ Fire Department CONSULTANT AGREEMENT

### FOR

### Medical Baseline Evaluation Services for \_\_\_\_\_ Fire Department Personnel

- Whereas, the \_\_\_\_\_ Fire Department, working with Local(s) \_\_\_\_\_, secured a Federal grant to support expanded medical services for firefighters and officers; and
- Whereas, the Department, Local (s) \_\_\_\_\_ have entered into a partnership to achieve the Grant’s scope of work; and
- Whereas, a task force has been formed with representatives of the Department, Local (s) \_\_\_\_\_ to serve as a planning and oversight group; and
- Whereas the interests and concerns of the various parties are to be represented by members of the Task Force and in so doing reflected in both the RFP and consultant contract,
- Now therefore, this contract is being set forth to reflect these expectations.

**This Agreement is made and entered into by and between The Fire Department of \_\_\_\_\_, a XXXXXX municipal Fire Service, as represented by the Fire Chief, in mutual collaboration with Local(s) \_\_\_\_\_, and [\*insert name and address of Consultant] (“Consultant”), a [\*insert appropriate type of business: e.g., partnership, sole proprietorship, limited liability company, corporation of the State of (\*insert state in which the corporation is chartered) and authorized to do business in the State of XXXXXXXX].**

#### **Section 1: TERM OF AGREEMENT**

The term of this Agreement shall begin when fully executed by all parties, and shall end \_\_\_\_\_ from the date of execution, unless terminated earlier pursuant to the provisions hereof.

#### **Section 2: TIME OF BEGINNING AND COMPLETION**

The Consultant shall begin the work outlined in the "Scope of Work" section (“the Work”) upon receipt of written notice to proceed from the Task Force. The Task Force will acknowledge in writing when the Work is complete.

Time limits established pursuant to this Agreement shall not be extended because of delays for which the Consultant is responsible, but may be extended by the Task Force, in writing, for its convenience or for conditions beyond the Consultant’s control.

#### **Section 3: SCOPE OF WORK**

The Scope of Work of this Agreement and the time schedule for completion of such work is as described in the RFP, which is attached to and made a part of this Agreement.

The Work shall, at all times, be subject to The City’s general review and approval through the Task Force. The Consultant shall confer with The City through the Task Force periodically during the progress of the Work, and shall prepare and present such information and materials (e.g., a detailed outline of completed Work) as may be pertinent, necessary, or requested by The City through the Task Force to determine the adequacy of the Work or the Consultant’s progress.

#### **Section 4: PAYMENT**

- A. The Total Authorized Compensation for the Basic services and expenses under this Agreement shall not exceed \_\_\_\_\_ and no cents (\$ \_\_\_\_\_ .00). Proposals can exceed the basic scope of work if there is no additional cost for those additional services bundled with and included in the bidders the basic one proposal cost.
- B. The parties agree that the per head costs for services includes all direct, indirect, and overhead costs incurred by the Consultant in performance of the work.
- C. Payments under contracts negotiated, based on cost, shall include only those costs allowed under Part 31 of the Federal Acquisition Regulations (FAR), the provisions of which are incorporated herein by reference.

#### **Section 5: PAYMENT PROCEDURES**

Payment shall be made by the Fire Department to the Consultant upon the Fire Department's receipt of an invoice itemizing the number of per head evaluations performed for the period covered by the invoice.

**Section 6: ADDRESSES FOR NOTICES AND DELIVERABLE MATERIALS**

All official notices under this Agreement shall be delivered to the following addresses (or such other address (es) as either party may designate in writing):

<b>Fire Department:</b>		<b>Task Force</b>	
Insert Project Manager(s) Name & Title		Insert Project Manager(s) Name & Title	
Insert Address		Insert Address	
Phone Number(s)	E-Mail	Phone Number(s)	E-Mail
<b>Consultant:</b>			
Insert Project Manager's Name & Title			
Address			
Phone Number(s)		E-Mail	

Within 30 calendar days after final payment has been made to the Consultant for the Work, the Consultant shall submit to the Department a completed "Final Consultant Contract Payments Reporting Form", in the form attached to this Agreement or as revised hereafter by the Department.

**Section 7: EQUAL EMPLOYMENT OPPORTUNITY AND OUTREACH**

- A. The Consultant shall not discriminate against any employee or applicant for employment because of race, color, age, sex, marital status, sexual orientation, gender identity, political ideology, creed, religion, ancestry, national origin, or the presence of any sensory, mental or physical handicap, unless based upon a bona fide occupational qualification. The Consultant shall take affirmative efforts to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, age, sex, marital status, sexual orientation, gender identity, political ideology, creed, religion, ancestry, national origin, or the presence of any sensory, mental or physical handicap. Such efforts shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay, or other forms of compensation and selection for training, including apprenticeship.
- B. If the Consultant will hire employees for this project, the Consultant shall make affirmative efforts to recruit minority and women candidates. Affirmative efforts may include the use of advertisements in publications directed to minority communities and other targeted recruitment efforts, and using the services of available minority community and public organizations to perform outreach.
- C. Record-Keeping: The Consultant shall maintain its employee records, for at least 24 months after the expiration or earlier termination of this Agreement and permit access to the Consultant's records of employment, employment advertisements, application forms and other pertinent data and records requested for the purposes of investigation to determine compliance with the requirements of this section.
- D. The Consultant, by executing this Agreement, is affirming that the Consultant complies with all applicable federal, state, and local non-discrimination laws, particularly the requirements of SMC Ch. 20.42 as incorporated in this Agreement. Any violation of the requirements of the provisions of this section noted in paragraph A, B and C above shall be a material breach of Agreement for which the Consultant may be subject to damages and sanctions provided for by the Agreement and by applicable law, including but not limited to debarment from Fire Department contracting activities in accordance with SMC Ch. 20.70.
- E. The foregoing provisions of this section shall be inserted in all subcontracts for the Work covered by this Agreement.

**Section 8: NONDISCRIMINATION IN EMPLOYEE BENEFITS**

- A. Compliance with SMC Ch. 20.45: The Consultant shall comply with the requirements of SMC Ch.20.45 and Equal Benefits Program Rules implementing such requirements, under which the Consultant is obligated to provide the same or equivalent benefits ("equal benefits") to its employees with domestic partners as the Consultant provides to its employees with spouses. At The City's request, the Consultant shall provide complete information and verification of the Consultant's compliance with SMC Ch. 20.45. Failure to cooperate with such a request shall constitute a material breach of this Contract. *(For further information about SMC Ch. 20.45 and the Equal Benefits Program Rules call (206) 684-0430 or review information at [http://cityof\\_\\_\\_\\_\\_.net/contract/equalbenefits/.](http://cityof_____.net/contract/equalbenefits/))*

- B. Remedies for Violations of SMC Ch. 20.45: Any violation of this Section 9 shall be a material breach of Contract for which the Fire Department may:
1. Require the Consultant to pay liquidated damages for each day that the Consultant is in violation of SMC Ch. 20.45 during the term of the Contract; or
  2. Terminate the Contract; or
  3. Disqualify the Consultant from bidding on or being awarded a Fire Department contract for a period of up to five (5) years; or
  4. Impose such other remedies as specifically provided for in SMC Ch. 20.45 and the Equal Benefits Program Rules promulgated hereunder, or as provided in this Agreement.

**Section 9: AFFIRMATIVE EFFORTS TO USE WOMEN AND MINORITY BUSINESS ENTERPRISES**

- A. If a Consultant intends to subcontract out any part of a contract instead of performing the work itself, then the following requirement applies: Consultant shall use affirmative efforts to promote and encourage participation by women and minority businesses on subcontracting opportunities within the contract scope of work. Consultant agrees to make such efforts as a condition of the Agreement.
- B. Outreach efforts may include the use of solicitation lists, advertisements in publications directed to minority communities, breaking down total requirements into smaller tasks or quantities where economically feasible, making other useful schedule or requirements modifications that are likely to assist small or WMBE businesses to compete, targeted recruitment efforts, and using the services of available minority community and public organizations to perform outreach.
- C. Record-Keeping: The Consultant shall maintain, for at least 24 months after the expiration or earlier termination of this Agreement, relevant records and information necessary to document all Consultant solicitations to subconsultants and suppliers, all subconsultant and supplier proposals received, and all subconsultants and suppliers actually utilized under this Agreement. The City shall have the right to inspect and copy such records.
- D. Consultant shall ensure that all employees, particularly supervisors, are aware of, and adhere to their obligation to maintain a working environment free from discriminatory conduct, including but not limited to harassment and intimidation of minorities, women, or WMBE businesses.
- E. Non-Discrimination: Consultant shall not create barriers to open and fair opportunities for WMBEs to participate in any Fire Department contract and to obtain or compete for contracts and subcontracts as sources of supplies, equipment, construction and services.
- F. Sanctions for Violation: Any violation of the paragraphs A, B, C, D or E of this section, or a violation of SMC Ch. 14.04 (Fair Employment), SMC Ch. 14.10 (Fair Contracting), SMC Ch. 20.42 (Equality in Contracting), SMC Ch. 20.45 (Nondiscrimination in Benefits), or other local, state or federal non-discrimination laws shall be a material breach of contract for which the Consultant may be subject to damages and sanctions provided for by the Agreement and by applicable law. Consultants found to be in violation of the requirements may be subject to debarment from Fire Department contracting activities in accordance with SMC Ch. 20.70.

**Section 10: OTHER LEGAL REQUIREMENTS**

- A. General Requirement: The Consultant, at no expense to the Fire Department, shall comply with all applicable laws of the United States and the State of \_\_\_\_\_; the Charter and ordinances of the Fire Department; and rules, regulations, orders, and directives of their administrative agencies and the officers thereof. Without limiting the generality of this paragraph, the Consultant shall specifically comply with the following requirements of this section.
- B. Licenses and Similar Authorizations: The Consultant, at no expense to the Fire Department, shall secure and maintain in full force and effect during the term of this Agreement all required licenses, permits, and similar legal authorizations, and comply with all requirements thereof.
- C. Use of Recycled Content Paper: Whenever practicable, Consultant shall use reusable products including recycled content paper on all documents submitted to the Fire Department or The City. Consultant is to duplex all documents that are prepared for the Fire Department or The City under this Contract, whether such materials are printed or copied, except when impracticable to do so due to the nature of the product being produced. Consultants are to use 100% post consumer recycled content, chlorine free paper in any documents that are produced for the Fire Department or The City, whenever practicable, and to use other paper-saving and recycling measures in performance of the contract with and for the Fire Department, The Task Force, or The City.

- D. Americans with Disabilities Act: The Consultant shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 as amended (ADA) in performing its obligations under this Agreement. Failure to comply with the provisions of the ADA shall be a material breach of, and grounds for the immediate termination of, this Agreement.
- E. Fair Contracting Practices Ordinance: The Consultant shall comply with the Fair Contracting Practices Ordinance of The City of \_\_\_\_\_(Chapter 14.10 SMC), as amended.

**Section 11: INDEMNIFICATION**

The Consultant does hereby release and shall defend, indemnify, and hold the City of \_\_\_\_\_ as well as The Task Force and their respective employees and agents harmless from all losses, liabilities, claims (including claims arising under federal, state or local environmental laws), costs (including attorneys’ fees), actions or damages of any sort whatsoever arising out of the Consultant’s performance of the services contemplated by this Agreement to the extent attributable to the negligent acts or omissions, willful misconduct or breach of this Agreement by the Consultant, its servants, agents, and employees. In furtherance of these obligations, and only with respect to the City of \_\_\_\_\_ as well as The Task Force and their respective employees and agents, the Consultant waives any immunity it may have or limitation on the amount or type of damages imposed under any industrial insurance, worker’s compensation, disability, employee benefit or similar laws. The Consultant acknowledges that the foregoing waiver of immunity was mutually negotiated and agrees that the indemnification provided for in this section shall survive any termination or expiration of this Agreement.

**Section 12: INSURANCE**

**Insurance certification required.** See Addendum “INSURANCE REQUIREMENTS AND TRANSMITTAL FORM”.

**Section 13: AUDIT**

Upon request, the Consultant shall permit the Fire Department, and Task Force (Agency) to inspect and audit all non confidential medical records or Health Insurance Portability and Accountability Act (“HIPAA”) protected pertinent books and records of the Consultant, any subconsultant, or any other person or entity that performed work in connection with or related to the Work, at any and all times deemed necessary by the Fire Department or Agency, including up to six years after the final payment or release of withheld amounts has been made under this Agreement. Such inspection and audit shall occur in \_\_\_\_\_ County, \_\_\_\_\_ or other such reasonable location as the Fire Department or The Task Force selects. The Consultant shall supply the Fire Department with, or shall permit the Fire Department and/or Agency to make, a copy of any non confidential medical records or HIPAA protected books and records and any portion thereof. The Consultant shall ensure that such inspection, audit and copying right of the Fire Department and Agency is a condition of any subcontract, agreement or other arrangement under which any other person or entity is permitted to perform work under this Agreement.

**Section 14: CONTRACTUAL RELATIONSHIP**

The relationship of the Consultant to the Fire Department, by reason of this Agreement, shall be that of an independent contractor and the Consultant agrees that neither the Consultant nor any employee of the Consultant shall be deemed to be an employee or a contracting agency of the City of \_\_\_\_\_ or the Fire Department for any purpose. This Agreement does not authorize the Consultant to act as the agent or legal representative of the Fire Department for any purpose whatsoever. The Consultant is not granted any express or implied right or authority to assume or create any obligation or responsibility on behalf of or in the name of the Fire Department or to bind the Fire Department in any manner or thing whatsoever.

**Section 15: ASSIGNMENT AND SUBCONTRACTING**

The Consultant shall not assign or subcontract any of its obligations under this Agreement without The City through the Task Force’s written consent in consultation with The City’s other representatives. Any subcontract made by the Consultant shall incorporate by reference all the terms of this Agreement, except as otherwise provided. The Consultant shall ensure that all subconsultants comply with the obligations and requirements of the subcontract. The City through the Task Force’s consent to any assignment or subcontract shall not release the Consultant from liability under this Agreement, or from any obligation to be performed under this Agreement, whether occurring before or after such consent, assignment, or subcontract.

**Section 16: INVOLVEMENT OF CITY EMPLOYEES**

- A. The Consultant shall promptly notify The City through the Task Force in writing of any person who is expected to perform any of the Work and who, during the twelve (12) months immediately prior to the expected commencement date of such work or subcontract, was a Fire Department officer or employee.
- B. The Consultant shall ensure that no Work or matter related to the Work is performed by any person (employee, subcontractor, or otherwise) who:

- (1) is already contracted to provide annual medical services for the \_\_\_\_\_ Fire Department, or
- (2) was a \_\_\_\_\_ Fire Department officer or employee within the past twelve (12) months; and was officially involved in, participated in, or acted upon any matter related to the Work, or is otherwise prohibited from such performance by SMC 4.16.075.

#### **Section 17: NO CONFLICT OF INTEREST**

The Consultant confirms that the Consultant does not have a business interest or a close family relationship with the a Fire Department officer or employee who was, is, or will be involved in the consultant selection, negotiation, drafting, signing, administration, or evaluating the Consultant's performance. As used in this section, the term "Consultant" shall include any employee of the Consultant who was, is, or will be involved in the negotiation, drafting, signing, administration, or performance of the Agreement. As used in this section, the term "close family relationship" refers to the following: spouse or domestic partner; any dependent parent, parent-in-law, child, son-in-law, or daughter-in-law; or any parent, parent-in-law, sibling, uncle, aunt, cousin, niece or nephew residing in the household of a Fire Department officer or employee described above.

#### **Section 18: ERRORS & OMISSIONS; CORRECTION**

The Consultant shall be responsible for the professional quality, technical accuracy, and the coordination of all data, reports, and other services furnished by or on the behalf of the Consultant under this Agreement. The Consultant, without additional compensation, shall correct or revise any errors or omissions, within or outside of the scope of HIPAA protected information, in said work, and/or other Consultant services immediately upon notification by The Task Force in consultation with The City. The obligation provided for in this section with respect to any acts or omissions during the term of this Agreement shall survive any termination or expiration of this Agreement.

#### **Section 19: CONFIDENTIALITY**

The Consultant agrees that they will not permit the duplication or disclosure of any information designated as "Confidential and Proprietary", or protected by HIPAA laws, to any person (other than its own employee who must have such information for the performance of that party's obligations hereunder) unless such duplication, use or disclosure is specifically authorized in writing by each individual uniformed employee or is required by law. "Confidential and Proprietary" information does not include ideas, concepts, know-how, or techniques related to information that, at the time of disclosure, is in the public domain unless the entry of that information into the public domain is a result of any breach of this Agreement. Likewise, "Confidential and Proprietary" information does not apply to information that is independently developed, already possessed without obligation of confidentiality, or rightfully obtained from a third party without an obligation of confidentiality.

#### **Section 20: INTELLECTUAL PROPERTY RIGHTS**

The Consultant hereby assigns to the City of \_\_\_\_\_ all rights in any invention, improvement, or discovery, including but not limited to, designs, specifications, and patent rights developed in connection with the performance of the Agreement or any subcontract hereunder. Notwithstanding the above, the Consultant does not convey to the City (or any of its Agencies), nor does the City (or any of its Agencies) obtain, any right to any individual data, document, or material utilized by Consultant, that is created or produced as part of or separate from this Agreement, or was preexisting material (not already owned by the City), provided that the Consultant has clearly identified in writing such material as preexisting prior to commencement of the Work. To the extent that preexisting materials are incorporated into the Work, the Consultant grants the City an irrevocable, non-exclusive right and/or license to use, execute, reproduce, display, and transfer the preexisting material, but only as an inseparable part of the Work.

The Consultant grants to the City and The Task Force a non-exclusive, irrevocable, unlimited, royalty-free license to use aggregate data or research reports prepared by the Consultant for the City under this Agreement. If requested by the City and or The Task Force, a copy of all documents or materials, that do not violate Section 19 of this document, that are developed solely for, and paid for by, the City in connection with the performance of the Work, shall be promptly delivered.

The City and or The Task Force may make and retain copies of such documents for its information and reference in connection with their use on the project. The Consultant does not represent or warrant that such documents are suitable for reuse by The City and or The Task Force, or others, on extensions of the project, or on any other project

#### **Section 21: EXTRA WORK**

The Fire Department in consultation with The Task Force may desire to have the Consultant perform work or render services in connection with this project other than that expressly provided for in the "Scope of Work" section of this Agreement. This



will be considered extra work, supplemental to this Agreement, and shall not proceed unless authorized by an amendment. Any costs incurred due to the performance of extra work prior to execution of an amendment will not be reimbursed under this Agreement or an amendment.

#### **Section 22: KEY PERSONS**

The Consultant shall not transfer or reassign any individual designated in this Agreement as essential to the Work, without the express written consent of The City through the Task Force which consent shall not be unreasonably withheld. If, during the term of this Agreement, any such individual leaves the Consultant's employment, the Consultant shall present to The City through the Task Force one or more individual(s) with greater or equal qualifications as a replacement, subject to The City through the Task Force's approval, which shall not be unreasonably withheld. The City's approval shall not be construed to release the Consultant from its obligations under this Agreement.

#### **Section 23: DISPUTES**

Any dispute or misunderstanding that may arise under this Agreement concerning the Consultant's performance shall first be resolved through negotiations, if possible, between the Consultant's Project Manager and The Task Force's Project Manager, or if necessary shall be referred to The City and the Consultant's senior executive(s). If such officials do not agree upon a decision within a reasonable period of time, the parties may pursue other legal means to resolve such disputes, including but not limited to alternate dispute resolution processes.

#### **Section 24: TERMINATION**

- A. For Cause: The Task Force through The City may terminate this Agreement if the Consultant is in material breach of any of the terms of this Agreement, and such breach has not been corrected to The City's reasonable satisfaction in a timely manner.
- B. For Reasons Beyond Control of Parties: Either party may terminate this Agreement without recourse by the other where performance is rendered impossible or impracticable for reasons beyond such party's reasonable control such as but not limited to an act of nature; war or warlike operation; civil commotion; riot; labor dispute including strike, walkout, or lockout, except labor disputes involving the Consultant's own employees; sabotage; or superior governmental regulation or control.
- C. For Convenience: The Task Force through The City may terminate this Agreement at any time, without cause and for any reason including The City's convenience, upon written notice to the Consultant.
- D. Notice: Notice of termination pursuant to this section shall be given by the party terminating this Agreement to the other not less than thirty (30) days prior to the effective date of termination.
- E. Actions Upon Termination: In the event of termination not the fault of the Consultant, the Consultant shall be paid for the services properly performed prior to termination, together with any reimbursable expenses then due, but in no event shall such compensation exceed the maximum compensation to be paid under the Agreement. The Consultant agrees that this payment shall fully and adequately compensate the Consultant and all subconsultants for all profits, costs, expenses, losses, liabilities, damages, taxes, and charges of any kind whatsoever (whether foreseen or unforeseen) attributable to the termination of this Agreement.

Upon termination for any reason, the Consultant must notify The City and all members of the Task Force of the new secure location of all medical record, data, and reports. The City and other members of the Task Force shall have the same rights to use these materials as if termination had not occurred.

#### **SECTION 25: CONSULTANT PERFORMANCE EVALUATION PROGRAM**

The Consultant's performance will be evaluated by The City at the conclusion of the contract.

#### **SECTION 26: DEBARMENT**

In accordance with SMC Ch. 20.70, the Director of the Department of Executive Administration or his/her designee may debar a Consultant and prevent the Consultant from entering into a contract with the Fire Department or from acting as a subconsultant on any contract with the Fire Department for up to five years after determining that any of the following reasons exist:

- A. The Consultant has received overall performance evaluations of deficient, inadequate, or substandard performance on three or more City of \_\_\_\_\_ Contracts.
- B. The Consultant has failed to comply with Fire Department ordinances or Contract terms, including but not limited to, ordinance or Contract terms relating to small business utilization, discrimination, or equal benefits.

- C. The Consultant has abandoned, surrendered, or failed to complete or to perform work on or in connection with a Fire Department Contract.
- D. The Consultant has failed to comply with Contract provisions, including but not limited to quality of workmanship, timeliness of performance, and safety standards.
- E. The Consultant has submitted false or intentionally misleading documents, reports, invoices, or other statements to the Fire Department in connection with a Contract.
- F. The Consultant has colluded with another firm to restrain competition.
- G. The Consultant has committed fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Contract for the Fire Department or any other government entity.
- H. The Consultant has failed to cooperate in a City of \_\_\_\_\_ debarment investigation.
- I. The Consultant has failed to comply with SMC 14.04, SMC Ch. 14.10, SMC Ch. 20.42, or SMC Ch. 20.45, or other local, State, or federal non-discrimination laws.

The Director or his/her designee may issue an Order of Debarment in accordance with the procedures specified in SMC 20.70.050. The rights and remedies of the City of \_\_\_\_\_ under these debarment provisions are in addition to any other rights and remedies provided by law or under the Agreement.

**Section 27: MISCELLANEOUS PROVISIONS**

- A. Amendments: No modification of this Agreement shall be effective unless in writing to The City and The Task Force and signed by an authorized representative of each of the parties hereto.
- B. Binding Agreement: This Agreement shall not be binding until signed by both parties. The provisions, covenants, and conditions in this Agreement shall bind the parties, their legal heirs, representatives, successors, and assigns.
- C. Applicable Law/Venue: This Agreement shall be construed and interpreted in accordance with the laws of the State of \_\_\_\_\_. The venue of any action brought hereunder shall be in the Superior Court for \_\_\_\_\_ County.
- D. Remedies Cumulative: Rights under this Agreement are cumulative and nonexclusive of any other remedy at law or in equity.
- E. Captions: The titles of sections or subsections are for convenience only and do not define or limit the contents. F. Severability: If any term or provision of this Agreement is determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each term and provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law.
- G. Waiver: No covenant, term or condition or the breach thereof shall be deemed waived, except by written consent of the party against whom the waiver is claimed, and any waiver of the breach of any covenant, term or condition shall not be deemed to be a waiver of any preceding or succeeding breach of the same or any other covenant, term or condition. Neither the acceptance by The City of any performance by the Consultant after the time the same shall have become due nor payment to the Consultant for any portion of the Work shall constitute a waiver by The City of the breach or default of any covenant, term or condition unless otherwise expressly agreed to by The City, in writing.
- H. Entire Agreement: This document, along with any exhibits and attachments, constitutes the entire agreement between the parties with respect to the Work. No verbal agreement or conversation between any officer, agent,
- I. Negotiated Agreement: The parties acknowledge that this is a negotiated agreement, that they have had the opportunity to have this Agreement reviewed by their respective legal counsel, and that the terms and conditions of this Agreement are not to be construed against any party on the basis of such party's draftsmanship thereof.

IN WITNESS WHEREOF, in consideration of the terms, conditions, and covenants contained herein, or attached and incorporated and made a part hereof, the parties have executed this Agreement by having their representatives affix their signatures below.

**CONSULTANT**

**THE City**

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Fire Chief Date

**With mutual collaboration:**

By \_\_\_\_\_  
Signature Local \_\_\_ President Date

By \_\_\_\_\_  
Signature Local \_\_\_ President Date

City of \_\_\_\_\_ Business License Number: \_\_\_\_\_

\_\_\_\_\_ State Unified Business Identifier Number (UBI): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

ADDENDUM  
REQUIRED CONTRACT DOCUMENTS

Sample Insurance Requirements  
Sample Equal Benefits Compliance  
Sample Outreach Plan

## FIREFIGHTER JOB FUNCTION ANALYSIS

### **MINIMUM / PREFERRED QUALIFICATIONS:**

- High School Graduate or completion of General Education Certificate (GED).
- Valid Driver's License and positive record (Driving records will be checked in all 50 States).
- Candidates must be able to communicate effectively in English, both verbally and in writing.
- Be at least 18 years of age.

Candidates must pass a comprehensive written examination, be in physical condition to successfully pass a physical ability and strength test, be subject to a complete NFPA 1582/WFI medical exam, complete a psychological exam and must meet or exceed established standards. Medical Technician (EMT) Certification may be required to be considered for final hire.

Successful candidates must also complete approximately 12.5 weeks of training at a Fire Academy.

### **DAYS AND HOURS WEEKLY, SCHEDULED BREAKS AND ESTIMATED OVERTIME:**

24-hour shift, worked as follows: 7:30 a.m. – 7:30 a.m. 1 day on / 2 days off, followed by 1 day on / 4 days off. Every 8 cycles, an extra day [debit day] is worked in the middle of a 4-day-off period. Stand by duty includes rest time, meals and free time, subject to on-going emergency calls. Overtime can be offered.

### **SUMMARY OF ESSENTIAL JOB TASKS:**

Firefighters perform multiple, complex and high-risk procedures and techniques in responding to fire and non-fire emergencies. Essential functions include the following:

- Carries raises and takes down ground ladders ranging from 12 to 55 feet; operates aerial ladders
- Lays, charges and operates a hose (line); collects, folds and re-loads hose on engine.
- Carries and throws tarps; operates portable pumps, saws; breeches walls, moves or removes furniture, obstacles.
- Climbs stairs and ladders carrying equipment such as forcible entry and room fire equipment, protective gear, and uncharged hose lines with nozzles.
- Wears a respirator (SCBA) in order to safely perform fire fighting operations, or perform rescues in conditions where smoke or gases may be present; duties may require a Firefighter to wear a SCBA thirty (30) minutes to several hours at one time.
- Cuts or creates openings in structures to ventilate smoke/gases using power saw, ax or other tools.
- Searches premises and rescues (and removes) victims by carrying them down stairs or ladders; administers first aid to victims (includes starting IVs, placing victim on backboard, administering cardiac care).

- Sizes up a motor vehicle accident scene; operates extraction tools such as hydraulic jaws, ram, and cutters; dismantles vehicles to safely extricate victims.
- Performs equipment checks; pulls equipment out of compartments for cleaning and maintenance; washes engines, trucks.
- Performs household duties at fire station such as sweeping, mopping, power washing, lawn mowing.
- Inspects business/industrial locations for compliance with fire codes.
- Educates the public on fire safety issues and rules.

**NON-ESSENTIAL FUNCTIONS:** None

**PHYSICAL REQUIREMENTS OF JOB TASKS:**

The physical demands of this position are considered to be: **Heavy** (50 to 100 pounds lifted/carried or force exerted occasionally; 25 to 50 pounds lifted/carried or force exerted frequently).

- **INTERMITTENT** is on an "on and off again" basis;
- **RARELY** = 1 < % of the time
- **OCCASIONALLY** = 1 - 33% of the time (4.8 min. - 2.6 hrs.)
- **FREQUENTLY** = 34 - 66% of the time (2.7 - 5.3 hrs.)
- **CONSTANTLY** = 67-100% of the time (5.3 - 8.0 hrs.)

NOTE: Although a 24-hour shift is worked in many cases, the following terms apply to an eight (8) hour work day; variations to this baseline occur due to the nature of this occupation.

Percentage of work day and/or intermittence is noted if appropriate. **N/A denotes "not applicable."** Surface, body part involved, object used, weight, distance, and average/maximum times are noted below.

**FREQUENTLY**

- **Standing:** Dynamic standing, raising ladders, operating a hose, clearing debris, inspecting equipment, sweeping or mopping, power washing
- **Walking:** Walking from and to truck or engine multiple times at fire or accident scene
- **Walking on rough ground or uneven surfaces :** When working in fire scenes that have no pavement or smooth surfaces, working on surfaces strewn with debris
- **Twist or Turn:** Frequently, removing and replacing protective gear, tools and equipment from the truck, removing, deploying and replacing ground ladders, moving or removing furniture or other obstacles
- **Reaching Waist to Shoulder:** Pulling hoses off of truck or engine, carrying/using axes or other tools, moving or removing furniture or other obstacles, retrieve and store items and supplies
- **Handling/grasping:** Using tools, hoses, first aid cases, ladders, protective gear, backboards, removing victims, sweeping, mopping

**OCCASIONALLY**

- **Running:** Running from truck or engine to fire or accident scene with tools, equipment, fan or other items; running to pull a dry hose; running to transport a victim on a backboard; running up or down a staircase
- **Sitting:** Riding in a truck or engine to and from a fire or accident scene
- **Driving:** If assigned to drive equipment to and from a fire or accident scene
- **Balance:** When climbing ladders or stairs, suppressing fires at or near rooftops or several stories above ground, walking or running on wet or muddy surfaces, carrying victims

- **Work at heights:** When suppressing fires at or near rooftops roof tops or several stories above ground, climbing/standing on a ladder, standing on top of parked equipment
- **Climb stairs or ladders:** Deploying and climbing a ground or aerial ladder to enter a building or suppress a fire; climbing stairs in a building to reach sources of fires or to access and retrieve victims
- **Bend/stoop:** Unwinding hoses, laying a hose, coupling and uncoupling a hose, mopping a floor, dismantling a vehicle, unpacking and re-packing medical equipment and supplies
- **Crouch/Squat:** Unwinding hoses, pulling hose, coupling and uncoupling a hose, administering first aid to a victim
- **Crawl/Kneel:** Crawl on the floor or through wreckage to access a victim; kneel: unwinding hoses, laying/pulling hose, coupling and uncoupling a hose, administering first aid to a victim
- **Awkward positions:** Reaching over or under wreckage or debris to reach and remove a victim, administer first aid to a victim, or remove debris and obstacles at an accident or fire scene
- **Reaching Shoulder to Overhead:** Climbing up ground or aerial ladders, hoisting ground ladders onto shoulder, pulling up to enter a truck or engine, swinging an ax or a sledgehammer overhead
- **Reaching floor to waist:** Holding/carrying ground ladders with other Firefighters, putting on boots and pants, picking up hoses from the ground, shoveling debris
- **Extension/flexion:** Extension: pushing ladders back into trucks or engines, pushing on internal or external doors in buildings, shoving debris away at a fire or MVA scene; flexion: retrieving hoses, grasping ground ladders below waist
- **Power Grasping:** Moving/pulling/operating a charged hose, breaching a wall, hanging on to ladder rungs after strenuous exercise
- **Finger/Feel:** Starting an IV on a victim, adjusting oxygen and mask, putting on and removing protective gear, writing reports, typing on a computer, using MSA self-contained breathing apparatus
- **Operate Foot Control:** If assigned to drive equipment

**REPETITIVE USE OF HANDS/ARMS:**

Low: <1250 movements/hr.     Medium: 1250-2500 movements/hr.     High >2500 movements/hr.

**PUSH/PULL:** . No. of lbs. excess of 50# (N)ever (R)arely (O)ccasionally (F)requently (C)onstantly

(force)

Using:  arm/hand     leg/foot     whole body     right/left/both

**Objects pushed** (exerting force on or against an object in order to move it away) include: debris, doors, walls and beams, furniture, ladders, victims on a backboard

**Objects pulled** (to draw towards oneself, in a particular direction, or into a particular position).include: dry and charged hoses of varying lengths, ladders, debris, doors, walls and beams, furniture, victims on a backboard, pulling rope on extension ground ladders; also pulled are victims who may or may not be on a backboard

**LIFTING/CARRYING:** Sample of objects lifted include: radio + flashlight (5#); thermal imager (8#); oxygen kit (14#); first aid kit (14#); ax and trumpet tool (weighed together: 20#); 16" blade chain saw (20#);self-contained breathing apparatus (25#);defibrillator pack (26#); protective gear-boots, pants, coat, helmet (28#); hydraulic cutters (30#); portable 8-gallon capacity wet vacuum

(empty: 30#); hydraulic portable fire extinguisher (32#); ram (36#); dry and charged hoses of varying lengths; hydraulic jaws (48#); fan (78#); gasoline generator (approx. 115#), 28-foot, 2-section ground ladder (84#); 35-foot, 3-section ground ladder (approx. 120-135#; other ground ladders include 14- and 18-foot roof ladder, 10-foot extension ladder, and 45-foot ladder). Also lifted are victims of varying weights.

1 -10 lbs.	Frequently	31 - 50 lbs.	Occasionally
11 - 20 lbs.	Frequently	51 - 75 lbs.	Occasionally
21 - 30 lbs.	Frequently	76 - 100 lbs.	Occasionally

Most items (or victims) are lifted from **ground/floor to waist** level, **occasionally to frequently** throughout a working shift.

Heaviest item lifted *jointly* is **a 45-foot ground ladder**, weighing **in excess of 120-135 lbs.** and lifted **1** time per day.

Heaviest amount of weight lifted *alone* is **a victim (adult or child)**; weight will vary, but an adult will generally weigh **a minimum of 100 lbs.**

Heaviest amount of weight carried is **a victim (adult or child)**; weight will vary, but an adult will generally weigh **a minimum of 100 lbs.** Firefighters must support the combined weight (53#) of protective gear and a self-contained breathing apparatus (SCBA) in addition to other weight that is carried, as warranted by conditions and tasks.

The distance a victim is carried will also vary, but may include descending a ladder or a staircase.

**TOOLS, VEHICLE OR EQUIPMENT OPERATION, MATERIALS, PRODUCTS, SUPPLIES, PROTECTIVE CLOTHING, SAFETY DEVICES ETC. REQUIRED TO PERFORM JOB, TRAINING OR PROCEDURE:**

Equipment and tools used include the following: hydraulic equipment, fan, wet vac, gasoline generators, chain saw, ground ladders, protective gear such as helmet, boots, and coat, breathing apparatus, radio, flashlights, first aid kits, defibrillator, hoses, power washer; hand tools such as axes, crow bars, sledgehammers.

**ENVIRONMENTAL CONDITIONS:**

- **Fumes, chemicals, dust, odor:** Exposed to extremely toxic and hot gases, fumes and smoke; exposure to hazardous substances
- **Exposure to extreme changes in temperature:** Exposed to extremely high temperatures in enclosed spaces from fires; normal Northwest seasonal changes and temperatures
- **Vibration:** Vibration occurs when using power equipment such as chain saw, or riding in an engine or truck
- **Light:** Duties may be performed at night, or inside buildings where visibility is extremely poor due to thick smoke or electricity outage
- **Noise:** Exposed to loud and very loud noises from pumps, engines, trucks, sirens, and loud voices from commanders and fellow Firefighters
- **Ventilation:** Exposed to extremely poor ventilation conditions at fire scenes



- **Hazards:** Exposes to fall hazards from climbing ladders or stairs; exposed to burn and smoke/gas inhalation hazards from working around fires and/or combustible materials; exposed to electrical shock hazards, especially if working around electrical lines; exposed to fast moving traffic at MVA scenes
- **Indoor or Outdoor work:** 60% indoors; 40% outdoors
- **Varying work sites:** Work is performed at the assigned station, and at varying fire and accident scenes

**POSSIBLE JOB MODIFICATIONS:** None

**SPEAK/HEAR REQUIREMENTS:** Essential to be able to speak to and hear fellow Firefighters, Commanders, and victims

**VISION REQUIREMENTS:** Near and far acuity essential to perform duties of this position; must be able to see and operate equipment and tools in dark and/or smoky conditions

**COGNITIVE/PSYCHOSOCIAL REQUIREMENTS:**

The following mental/psychosocial functions are considered essential for the performance of the duties of this position:

- Cope with and perform under chaotic and emergency situations; guide and communicate with victims who may be distressed, incoherent, English-limited, or who may be children
- Ability to maintain focus on task while integrating information from multiple, simultaneous sources such as radio communications, and communications from fellow Firefighters
- Recall, process and apply detailed and complex emergency response protocols and instructions
- Organize and prioritize time, decisions, and resources
- Adapt quickly and efficiently to changing, priorities, tasks, emergencies and environmental circumstances
- Respond to and execute orders from commanders
- Cope with heights; ability to ascend and descend ground and aerial ladders
- Ability to perform duties professionally and satisfactorily in a full 24-hour shift
- Ability to self-assess and report any diminishing physical and/or psychological capacities affecting job performance
- Ability to skillfully perform repetitive tasks
- Ability to work and cooperate with a close-knit team

## ADDITIONAL OPERATIONAL OFFICER JOB FUNCTION ANALYSIS

### **SUMMARY OF ESSENTIAL JOB TASKS:**

An Operations Officer must also be able to perform the duties of a Firefighter and participate in multiple, complex and high-risk procedures and techniques in responding to fire and non-fire emergencies as well as set up operations and take command at the scene of an emergency.

### **Essential functions include the following:**

- Sets up incident command post and staging areas; develops strategy and coordinates with other superiors, such as Battalion Chiefs; calls for more crews as warranted by situation.
- Supervises crews; makes decisions to ensure safety of crew at scene of emergency.
- Deals effectively with patients and family members at scene of emergency.
- Assesses skills and knowledge of crew members; trains and drills crew on a continuous basis; implements training programs to address performance issues.
- Oversees the proper maintenance of facility and equipment.
- Completes documentation on all runs; compiles reports and keeps files current.
- Conducts and supervises fire prevention inspections in buildings, public assemblies or other sites.
- Carries raises and takes down ground ladders ranging from 12 to 55 feet; operates aerial ladders.
- Lays, charges and operates a hose (line); collects, folds and re-loads hose on engine.
- Carries and throws tarps; operates portable pumps, saws; breeches walls, moves or removes furniture, obstacles.
- Climbs stairs and ladders carrying equipment such as forcible entry and room fire equipment, protective gear, and uncharged hose lines with nozzles.
- Wears a respirator (SCBA) in order to safely perform fire fighting operations, or perform rescues in conditions where smoke or gases may be present; duties may require a Fire Lieutenant to wear a SCBA thirty (30) minutes to several hours at one time.
- Cuts or creates openings in structures to ventilate smoke/gases using power saw, ax or other tools.
- Searches premises and rescues (and removes) victims by carrying them down stairs or ladders; administers first aid to victims (includes starting IVs, placing victim on backboard, administering cardiac care).
- Sizes up a motor vehicle accident scene; operates extraction tools such as hydraulic jaws, ram, and cutters; dismantles vehicles to safely extricate victims.
- Performs equipment checks; pulls equipment out of compartments for cleaning and maintenance; washes engines, trucks.
- Performs household duties at fire station such as sweeping, mopping, power washing, lawn mowing.
- Educates the public on fire safety issues and rules.

### **COGNITIVE/PSYCHOSOCIAL REQUIREMENTS:**

The following mental/psychosocial functions are considered essential for the performance of the duties of an Operations Officer:

- Issue orders at emergency scene; respond to and execute orders from Battalion Chief

## Appendix B: Job Description/Analysis Samples and Templates

- Cope with and perform under chaotic and emergency situations; guide and communicate with victims who may be distressed, incoherent, English-limited, or who may be children
- Ability to maintain focus on task while integrating information from multiple, simultaneous sources such as radio communications, and communications from fellow Firefighters
- Recall, process and apply detailed and complex emergency response protocols and instructions
- Organize and prioritize time, decisions, and resources
- Adapt quickly and efficiently to changing, priorities, tasks, emergencies and environmental circumstances; make time-sensitive risk-benefit assessments at emergency scene
- Cope with heights; ability to ascend and descend ground and aerial ladders
- Ability to perform duties professionally and satisfactorily in a full 24-hour shift
- Ability to self-assess and report any diminishing physical and/or psychological capacities affecting job performance
- Ability to skillfully perform repetitive tasks
- Ability to cultivate and cooperate with a close-knit team
- Ability to take initiative in addressing problems in day-to-day operations
- Ability to demonstrate leadership, promote a positive attitude, and motivate personnel to work as a team
- Ability to delegate responsibility using clear, understandable instructions, explaining objectives and expectations
- Ability to recognize and deal effectively with performance problems
- Ability to provide feedback to subordinates and to upper management; demonstrate sensitivity to and communicate effectively with a diversity of individuals, whether crew, or civilians

## PARAMEDIC JOB FUNCTIONS

### MINIMUM / PREFERRED QUALIFICATIONS:

Firefighters must have successfully completed training at an accredited fire fighting academy, and pass physical and psychological exams. Paramedics additionally must have completed at least five years in service as a Firefighter, complete 2800 hours of training at an accredited university/program, and work under the supervision of a Senior Paramedic for 18 months.

### SUMMARY OF ESSENTIAL JOB TASKS:

Individuals in this occupation perform Paramedic duties only after having first served as a Firefighter and must be able to perform fire fighting duties in any given emergency.

#### **Essential Paramedic functions include:**

- Responds to fire, accident, medical and other emergencies
- Directs or performs emergency medical procedures and duties
- Accompanies SWAT teams into hostile, life-threatening situations
- Checks apparatus and maintains medic units
- Maintains equipment and medical supplies; checks inventory of equipment and supplies
- Maintains and cleans Medic I quarters
- Trains and supervises Paramedic students

### PHYSICAL REQUIREMENTS OF PARAMEDIC JOB TASKS:

- **INTERMITTENT** is on an "on and off again" basis;
- **RARELY** = 1 < % of the time
- **OCCASIONALLY** = 1 - 33% of the time (4.8 min. - 2.6 hrs.)
- **FREQUENTLY** = 34 - 66% of the time (2.7 - 5.3 hrs.)
- **CONSTANTLY** = 67-100% of the time (5.3 - 8.0 hrs.)

NOTE: Although a 24-hour shift is worked in many cases, the following terms apply to an eight (8) hour work day; variations to this baseline occur due to the nature of this occupation.

#### ***Frequently***

- **Standing:** Dynamic and static standing, performing emergency rescue/medical procedures, engaging in combat duties AVERAGE DAILY TOTAL: up to 11 hours, depending on the situation and station location
- **Walking:** Walking to and from an accident or fire scene to emergency vehicles AVERAGE DAILY TOTAL: up to 11 hours, depending on situation
- **Extension/Flexion:** Opening/closing aid unit doors, moving accident victims, performing combat duties
- **Handling/Grasping:** Handling gurneys, hospital beds, accident victims, Lifepak, ventilation kit, drug kit, medical supplies, firefighting equipment
- **Power Grasping:** Handling gurneys, hospital beds, accident victims, Lifepak, ventilation kit, drug kit, firefighting equipment
- **Finger/Feel:** Starting IV's, applying tourniquets and bandages, using syringes, writing reports, typing on a computer, using a telephone
- **Balance:** While in combat on ladders, stairways, rooftops and unprotected heights
- **Walk on Rough Ground:** At fire scenes or accident sites
- **Twist /Turn:** Getting into awkward positions to reach and move victims, performing combat duties, performing salvage and clean-up duties

**Occasionally to Frequently**

- **Driving:** Driving aid unit or Medic truck. AVERAGE DAILY TOTAL: 2-4 hours (if assigned to driving duties for the shift)
- **Reaching Waist to Shoulder:** Accessing and moving victims at accident scenes (multiple times per response), performing emergency medical procedures, performing combat duties
- **Reaching Knee to Waist:** Accessing and moving victims at accident scenes (multiple times per response), performing emergency medical procedures, performing combat duties

**Occasionally**

- **Sitting:** While riding in emergency vehicles, performing paperwork. AVERAGE DAILY TOTAL: up to 4 hours
- **Bend/Stoop:** Accessing accident victims, giving emergency medical treatment, maneuvering hose and other fire fighting equipment (may alternate with Crouch/Squat)
- **Crouch/Squat:** Accessing accident victims, giving emergency medical treatment, maneuvering hose and other fire fighting equipment (may alternate with Bend/Stoop)
- **Crawl/Kneel:** Accessing accident victims, giving emergency medical treatment, maneuvering hose and other fire fighting equipment, working in confined spaces
- **Reaching – Shoulder to Overhead:** Accessing supplies in aid unit, starting IV's, storing items in aid unit, climbing ladders
- **Reaching Floor to Knee:** Reaching down to patient at ground/floor level
- **Operate Foot Control:** When driving aid unit or Medic truck

**Push/Pull:** No. of lbs. varies (N)ever (R)arely (O)ccasionally (F)requently (C)onstantly (force)

Using: R-O arm/hand R-O leg/foot R-O whole body R-O right/left/both

Objects **pushed** (Exerting force on or against an object in order to move it away): gurneys and hospital beds (with and without a patient), debris at a fire scene, vehicle doors and building doors, brooms

Objects **pulled** (draw towards oneself, in a particular direction, or into a particular position.): accident or fire victims, gurneys and hospital beds (with and without a patient), fire hoses, debris, starting small gas-powered engines

**Lifting/Carrying:** Paramedics also lift: ventilation kit (15#), tactical uniform (23#).a Lifepak (30#), drug kit (31#) a drug/ventilation kit for tactical assignments (32#); monitor (70#); equipment and supplies of varying weights including a dry hose (80#), a charged hose (up to 115#), ladders (up to 261#), monitor (70#), fire extinguishers, debris (such as burnt furniture); and accident and fire victims of varying weights.

1 -10 lbs.	Frequently	31 - 50 lbs.	Occasionally
11 - 20 lbs.	Frequently	51 - 75 lbs.	Occasionally
21 - 30 lbs.	Frequently	76 - 100 lbs.	Rarely to occasionally

Amounts of weight lifted vary per situation; lifting generally performed from ground to waist level multiple times per shift, depending on the number of calls. Paramedics lift victims generally for 75% of the shift.

The heaviest amount of weight carried is **a victim**; weight carried depends on victim, who is carried a distance generally of **under 100 feet** at any given time by a Paramedic.

*NOTE: In terms of carrying accident and fire victims, heavier amounts of weights (>100#) are carried frequently, while lighter victims (such as children) are carried rarely to occasionally.*

**TOOLS, VEHICLE OR EQUIPMENT OPERATION, MATERIALS, PRODUCTS, SUPPLIES, PROTECTIVE CLOTHING, SAFETY DEVICES ETC. REQUIRED TO PERFORM JOB, TRAINING OR PROCEDURE:**

Items include: load bearing vest, kevlar helmet, tactical gear, gurneys, various medical equipment/supplies such as Lifepak, drug kit, ventilation kit, Survivair mask, helmet, coat, pants, boots, uniforms, axe, fire hoses, shovels, brooms, cleaning supplies, office equipment, lawn mowers, aid units, trucks.

**ENVIRONMENTAL CONDITIONS:**

- **Fumes, Chemicals, Dust, Odors:** Smoke from fires; odors from cleaning solvents, fuels, vehicle exhausts including diesel exhausts, and toxic materials
- **Exposure to Extreme Changes in Temperature:** Extreme heat from fires and heat from hot/scorched items; duties performed under all kinds of weather conditions
- **Vibration:** Riding in emergency vehicles; other related firefighter duties as needed
- **Noise:** High-pitched sirens and alarms, traffic noises, voices
- **Light:** Duties performed under natural and artificial light conditions
- **Ventilation:** Can be compromised by smoke and fumes; use of a breathing device often required
- **Hazards :** Exposure to fire, explosions, smoke inhalation, electrical shock, risk of falling from heights and slipping on wet/slippery surfaces, risk of being hit by falling objects, exposure to airborne and bloodborne pathogens

**INDOOR OR OUTDOOR WORK:** For Paramedics, 75% indoors; for Firefighters, indoor work is typically 21 hours and 3 hours outdoors unless engaged in combat

**SPEAK/HEAR REQUIREMENTS:** Essential to perform the duties of this position

**VISION REQUIREMENTS:** Near and far acuity essential to perform the duties of this position; 20/100 in each eye uncorrected; corrected to 20/20 in better eye and 20/30 in lesser eye.

**MENTAL REQUIREMENTS:** Must be alert to safety and fire hazards; ability to competently function, multitask, process commands, and exercise professional judgment under extremely stressful and time-sensitive situations; ability to self-assess and report any diminishing physical and/or psychological capacities affecting job performance; ability to skillfully perform repetitive tasks; ability to cope with unpredictable environments and victims

**POSSIBLE JOB MODIFICATIONS:** None Firefighter Paramedics must be physically capable of performing the full range of physical demands of the position; individuals returning from leave due to a disability are often placed into a probationary status for assessment

## BATTALION CHIEF JOB FUNCTION ANALYSIS

### **MINIMUM / PREFERRED QUALIFICATIONS:**

Graduation from high school or satisfactory completion of the General Education Development Test.

Experience:

Four years of regular service as an Officer.

Substitution: Any one of the following that has not been previously applied to attain promotion may be substituted for one year of the above require experience:

1. An associate of Applied Science degree in Fire Command and Administration;
2. An accredited two-year degree or two years are not applied toward achieving the allowable substitution of an Associate of Applied Science degree in Fire Command and Administration;
3. A four-year accredited college degree;
4. An accredited graduate degree; PROVIDED that the course of study in 2, 3 and 4 can be demonstrated to the Secretary as being applicable to the required knowledge, skills, and abilities for fire fighting.

### **SUMMARY OF ESSENTIAL JOB TASKS:**

A Battalion Chief directs emergency scene operations in an assigned district and supervises or performs specialized functions in support of Fire Department operations. Essential functions include the following:

- Commands all fire fighting, lifesaving and fire prevention operations in an assigned district; sets up command post at fire or accident scenes; may set up or assume multiple command posts at a single incident; supervises overhaul and salvage operations.
- Wears a respirator (SCBA) in order to safely perform fire fighting operations, or perform rescues in conditions where smoke or gases may be present; duties may require a Battalion Chief to wear a SCBA thirty (30) minutes to several hours at one time.
- Instructs company officers in all aspects of their work and enforces departmental regulations; makes regular inspections of company personnel, quarters, equipment and records.
- Supervises administrative details; grants leaves; administers discipline. Makes daily staffing assessment for all stations in district; rotates personnel as needed; files payroll reports.
- Approves requests for equipment, supplies and repairs. Inspects, tests, and evaluates new types of fire fighting equipment, recommends types, kinds and quantities of each for future procurement; establishes standard methods of use for equipment.
- Supervises training operations for companies, individuals, and recruits as the evaluation officer. May participate in annual training sessions such as confined space and high-angle rescue; reviews and reports on drills.
- Supervises fire investigations and work of fire inspectors, including arson investigations when assigned to fire prevention as the Assistant Fire Marshal.
- Supervises the receiving and transmitting of fire alarms, and other emergency messages and the dispatching of fire equipment and personnel; supervises of acquisition, operation, maintenance and routine repair or replacement of the fire communications equipment and systems.

- Coordinates the indoctrination and training of fire alarm dispatchers, when assigned to the fire alarm center as the Chief of Communications.
- Supervises all aspects of Emergency Medical Services when assigned to Chief of Emergency Medical Services.
- Establishes and monitors battalion programs and office procedures regarding staffing, record keeping, inspections, and fire tactics when assigned as Supervising Battalion Chief.
- Advises citizen emergency response team; interacts with federal and outside agencies.
- Completes all necessary reports, correspondence, and documentation as required in the performance of assigned duties.
- May rotate to assume Deputy Fire Chief duties in charge of all Fire Department operations.

**NON-ESSENTIAL FUNCTIONS:** None

**DAYS AND HOURS WEEKLY, SCHEDULED BREAKS AND ESTIMATED OVERTIME:**

24-hour shift, worked as follows: 7:30 a.m. – 7:30 a.m. 1 day on / 2 days off, followed by 1 day on / 4 days off. Every 8 cycles, an extra day [debit day] is worked; only 4 debit days are scheduled (July through December); other 4 days are floating debit days.

**PHYSICAL REQUIREMENTS OF JOB TASKS:**

Percentage of work day and/or intermittence is noted if appropriate. **N/A denotes "not applicable."** Surface, body part involved, object used, weight, distance, and average/maximum times are noted below.

Overall, the physical demands for this job are considered to be: **Light** (up to 20 pounds lifted/carried or force exerted occasionally or up to 10 pounds lifted/carried or force exerted frequently) to **medium** (25-50 pounds lifted/carried or force exerted occasionally or 10-25 pounds lifted/carried or force exerted frequently).

***Frequently***

- **Driving:** Driving to visit fire stations, driving to and from a fire or accident scene
- **Handling/Grasping:** Handling protective gear, radio, clipboard, telephone, manuals, folders, using a computer mouse, driving a vehicle, inspecting equipment

***Occasionally to Frequently***

- **Reaching – waist to shoulder:** Reaching for telephone and office equipment, accessing manuals/folders, retrieving and storing items and supplies, checking and securing protective gear, assisting with rescue of civilian or Firefighter
- **Standing:** Dynamic standing, inspecting equipment, directing and monitoring training exercises, directing emergency scene operations, performing office work
- **Sitting:** Performing administrative tasks, participating in meetings, conducting training

***Occasionally***

- **Walking:** Walking to, from and around at fire or accident scenes, walking in fire stations, at training exercises
- **Power Grasping:** Grasping a steering wheel, assisting with rescue of a civilian or Firefighter
- **Finger/Feel:** Using protective gear, writing reports, typing on a computer, using a radio to communicate with personnel, supervisors, other emergency workers
- **Operate Foot Control:** When driving a vehicle



- **Balance:** When climbing stairs, working near rooftops or several stories above ground to assess fire fighting operations
- **Climb ladders or stairs:** Climbing stairs in the fire station, or in a building (perhaps several flights) to set up command post
- **Twisting/Turning:** Removing and replacing protective gear, performing administrative work such as filing, sorting through mail, if participating in training exercises
- **Reaching – shoulder to overhead :** Pulling up to enter a vehicle, climbing up ground or aerial ladders (intermittent), reaching for file drawers or bookshelves, if participating in training exercises (such as high-angle rescue)
- **Reaching Floor to waist:** Checking and securing protective gear, putting on protective gear, assisting with rescue of civilian or firefighter, removing debris/obstacles at an accident or fire scene

***Intermittent/Occasionally***

- **Bend/Stoop:** Accessing lower-placed file drawers, assisting with rescue of firefighter or civilian
- **Crouch/Squat:** Accessing lower-placed file drawers, assisting with rescue of firefighter or civilian

***Intermittent***

- **Running:** Running from vehicle to fire or accident scene
- **Work at heights:** If setting up command at or near rooftops or several stories above ground
- **Walking on rough ground or uneven surfaces :** When working at fire scenes that have no pavement or smooth surfaces, working on surfaces strewn with debris
- **Crawl/Kneel :** To assess fire fighting operations, assisting in rescue of Firefighter or civilian
- **Awakward Positions:** Reaching over or under wreckage or debris to reach and remove a Firefighter or civilian, administer first aid to a victim, remove debris/obstacles at an accident or fire scene, if participating in training exercises (such as high-angle rescue)

***Intermittent/Rarely***

- **Extension/Flexion:** Extension: pushing file drawer, doors; flexion: lifting protective gear, assisting with rescue of a civilian or firefighter

**Push/Pull:** No. of lbs. varies (N)ever (R)arely (O)ccasionally (F)requently (C)onstantly  
(force)

Using: 0 arm/hand 0 leg/foot 0 whole body 0 right/left/both

Objects pushed (Exerting force on or against an object in order to move it away)include: doors, file drawers, securing equipment on vehicle

Objects pulled (To draw towards oneself, in a particular direction, or into a particular position.) include: pulling open doors, file drawers, possibly helping to rescue victims, if participating in training exercises (such as high-angle rescue)

**Lifting/Carrying:** Sample of objects lifted include: protective gear-boots, pants, coat, helmet (28#); self-contained breathing apparatus (25#); radio + flashlight (5#); thermal imager (8#), office supplies, manuals, folders (separately under 10#).

1 -10 lbs.	Occasionally	51 - 75 lbs.	Intermittent *
11 - 20 lbs.	Occasionally	76 - 100 lbs.	Intermittent *
21 - 30 lbs.	Occasionally	100 + lbs.	Intermittent *

31 - 50 lbs.      Occasionally

Most items are lifted from ground/floor to waist level, occasionally throughout a workday.

Heaviest amount of weight lifted alone is protective gear weighting 28 lbs. and lifted 4-5 times per workday. In addition, self-contained breathing apparatus weighting 25 lbs. is lifted twice per workday.

\* Notes:

- Heaviest amount of weight lifted *jointly* is a victim (adult or child); lifted on an intermittent basis, if the needs arises. Weight will vary, but an adult will generally weigh a minimum of 100 lbs.
- Heaviest amount of weight carried *jointly* is a victim (adult or child); carried on an intermittent basis, if the needs arises. Weight will vary, but an adult will generally weigh a minimum of 100 lbs.
- The distance a victim is carried will also vary, but may include descending a ladder or a staircase.
- A Battalion Chief must support the combined weight (53#) of protective gear and a self-contained breathing apparatus (SCBA) in addition to other weight that is carried, as warranted by conditions and tasks.

**REPETITIVE USE OF HANDS/ARMS:**

✓ **Low:** <1250 movements/hr.    \_\_\_ **Medium:** 1250-2500 movements/hr.    \_\_\_ **High** >2500 movements/hr.

**SPEAK/HEAR REQUIREMENTS:** Essential to be able to speak to and hear subordinates, other commanders, supervisors, other emergency workers

**VISION REQUIREMENTS:** Near acuity, far acuity and color vision essential to perform duties of this position (includes computer work); must be able to see in dark and/or smoky conditions

**TOOLS, VEHICLE OR EQUIPMENT OPERATION, MATERIALS, PRODUCTS, SUPPLIES, PROTECTIVE CLOTHING, SAFETY DEVICES ETC. REQUIRED TO PERFORM JOB, TRAINING OR PROCEDURE:**

Equipment and tools used include the following: protective gear such as helmet, boots, and coat; self-contained breathing apparatus, thermal imager, radio, flashlights, first aid kits, Command Vehicle (Chevy Suburban)

**ENVIRONMENTAL CONDITIONS:**

- **Fumes, Chemicals, Dust, Odors:** Smoke Exposed to extremely toxic and hot gases, fumes and smoke; exposure to hazardous substances.
- **Exposure to Extreme Changes in Temperature:** Exposed to extremely high temperatures in enclosed spaces from fires; normal Northwest seasonal changes and temperatures
- **Vibration:** Vibration occurs when riding in an engine or truck.
- **Noise:** Exposed to loud and very loud noises from pumps, engines, trucks, sirens, and loud voices from other commanders, subordinates, and victims.
- **Light:** Duties may be performed at night, or inside buildings where visibility is extremely poor due to thick smoke or electricity outage.
- **Ventilation:** Exposed to extremely poor ventilation conditions at fire scenes.

- **Hazards:** Exposes to fall hazards from climbing ladders or stairs; exposed to burn and smoke/gas inhalation hazards from working around fires and/or combustible materials; exposed to electrical shock hazards, especially if working around electrical lines; exposed to fast moving traffic at MVA scenes.

**INDOOR OR OUTDOOR WORK:** 50% indoors; 50% outdoors.

**VARYING WORK SITES:** Work is performed at the assigned station, and at various fire and accident scenes.

**POSSIBLE JOB MODIFICATIONS:** None.

**COGNITIVE/PSYCHOSOCIAL REQUIREMENTS:**

The following mental/psychosocial functions are considered essential for the performance of the duties of this position:

- Ability to coordinate staffing levels and make the most effective use of equipment and facilities.
- Ability to conduct fire investigations, analyze fire investigation findings, draw sound conclusions and make appropriate recommendations.
- Ability to motivate, lead, and train personnel, including the maintenance of discipline appropriate for a paramilitary organization.
- Ability to establish and maintain effective working relationships with subordinates through team building and positive staff development; ability to speak effectively in groups and in public; ability to supervise others.
- Cope with and issue commands under chaotic and emergency situations; guide and communicate with subordinates, or with victims who may be distressed, incoherent, English-limited, or who may be children.
- Ability to maintain focus on task while integrating information from multiple, simultaneous sources such as radio communications, and communications from subordinates and other commanders.
- Recall, process and apply detailed and complex emergency response protocols and instructions.
- Organize and prioritize time, decisions, and resources.
- Adapt quickly and efficiently to changing priorities, tasks, emergencies and environmental circumstances.
- Cope with heights; ability to ascend and descend ground and aerial ladders.
- Ability to perform duties professionally and satisfactorily in a full 24-hour shift.
- Ability to self-assess and report any diminishing physical and/or psychological capacities affecting job performance.
- Ability to skillfully perform repetitive tasks.

**MEDICAL EXAM FORM**

<b>NAME:</b>	<b>ID:</b>	<b>AGE:</b>	<b>DOB:</b>	<b>DATE:</b>
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**REASON FOR VISIT**

20\_\_\_ Annual Incumbent Exam WFI & NFPA 1582 Chapter 7
     
  RTW/Light Duty Eval
     
  Annual Volunteer Exam
     
  *Cadet/Candidate Exam* WFI & NFPA 1582 Chapter 6 Categories A & B noted if found

MD/Phone Consult
     
  Other: \_\_\_\_\_

<b>PHYSICAL EXAM / DATA</b>			<b>Comments</b>
<b>Test/Screening</b>	<b>Nml</b>	<b>Abn</b>	
VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Uncorrected <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Acuity: Both 20/____ R 20/____ L 20/____ <input type="checkbox"/> Category A _____ <input type="checkbox"/> Category B _____
HEARING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 500 Hz, <input type="checkbox"/> 1000 Hz, <input type="checkbox"/> 2000 Hz, <input type="checkbox"/> 3000 Hz, <input type="checkbox"/> 4000 Hz, and <input type="checkbox"/> 6000 Hz. <input type="checkbox"/> Category A _____ <input type="checkbox"/> Category B _____
SPIROMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Category A _____ <input type="checkbox"/> Category B _____
CARDIAC STRESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WFI <input type="checkbox"/> Bruce <input type="checkbox"/> Other METS: _____ 85% time: _____ <input type="checkbox"/> Recovery 5 min Post _____ <input type="checkbox"/> Category A _____ <input type="checkbox"/> Category B _____
LABS/X-RAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Category A _____ <input type="checkbox"/> Category B _____

<b>PHYSICAL EXAM</b>			<b>Physician Notes/Comments</b>	
			<small>With categories A &amp; B noted if found on <i>Cadet/Candidate exam</i></small>	
General	<input type="checkbox"/>	<input type="checkbox"/>		BP
HEENT	<input type="checkbox"/>	<input type="checkbox"/>		HR
Neck	<input type="checkbox"/>	<input type="checkbox"/>		HT
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>		WT
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		
Back	<input type="checkbox"/>	<input type="checkbox"/>		
Extremities	<input type="checkbox"/>	<input type="checkbox"/>		
GU	<input type="checkbox"/>	<input type="checkbox"/>		
Rectal	<input type="checkbox"/>	<input type="checkbox"/>		
Neurological	<input type="checkbox"/>	<input type="checkbox"/>		
Medical History	<input type="checkbox"/>	<input type="checkbox"/>		

**Assessment**

Individual may perform all duties, including operations.
     
  Individual may perform duties, not including operations.

**Plan**

Follow up on any abnormal labs with your primary care provider.

\_\_\_\_\_  
 Physician/LHCP Signature      Date

## Exam Notes

\_\_\_\_\_  
Physician/LHCP      Signature

\_\_\_\_\_  
Date

## PREHIRE MEDICAL HISTORY QUESTIONNAIRE

<b>NAME (LAST, FIRST MIDDLE):</b>	<b>SOC SECURITY #:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE, ZIP CODE</b>	
<b>IF YOU PREVIOUSLY HAVE HAD A FIRE MEDICAL EXAM, PLEASE PROVIDE:</b>		<b>WORK PHONE</b> (      )	
<b>DATE(s):</b>	<b>HOME/CELL PHONE</b> (      )		
<b>DEPT(s):</b>			

**A response is required for each item below. Do not leave any blanks. Check “Yes” if you have ever had any of the following conditions or symptoms. Be sure to include conditions that were treated through any workers’ compensation system. You must explain all “Yes” and “Not Sure” answers on Page 4.**

- EYES, EARS, NOSE, THROAT**
- Yes   NotSure   No
- 1. Worn Glasses/Contact Lenses
  - 2. Worn Retainer Lenses
  - 3. Cataract
  - 4. Blurred or Double Vision
  - 5. Glaucoma
  - 6. Blind Spot
  - 7. Impaired Peripheral Vision
  - 8. Refractive Surgery (such as Lasix)
  - 9. Color Vision Impairment
  - 10. Abnormal Color Vision Test
  - 11. Corneal Refractive Therapy
  - 12. Sinus Trouble
  - 13. Loss of Smell
  - 14. Ruptured Ear Drum
  - 15. Ringing/Buzzing Ears
  - 16. Hearing Trouble
  - 17. Abnormal Hearing Test
  - 18. Ear Surgery
  - 19. Ear Aches

- PULMONARY**
- Yes   NotSure   No
- 20. Asthma
  - 21. Shortness of Breath
  - 22. Chronic or Frequent Cough
  - 23. Positive TB Skin Test
  - 24. Chest Tightness
  - 25. Wheezing
  - 26. Pneumonia
  - 27. Pneumothorax (Collapsed Lung)

- GASTROINTESTINAL**
- Yes   NotSure   No
- 28. Vomited Blood
  - 29. Persistent Diarrhea
  - 30. Colitis
  - 31. Black/Bloody Bowel Movement
  - 32. Recurrent Hemorrhoids
  - 33. Hepatitis
  - 34. Liver Disease
  - 35. Elevated Liver Enzymes
  - 36. Trouble Swallowing
  - 37. Pancreatitis
  - 38. Hernia

- 39. Ulcer
- 40. Irritable Bowel Syndrome
- 41. Crohn's Disease

**CARDIOVASCULAR**

Yes NotSure No

- 42. Heart Attack
- 43. Heart Murmur
- 44. Palpitation (Irreg. Heartbeat)
- 45. Heart Valve Abnormality
- 46. Enlarged Heart
- 47. Pain or Discomfort in Chest
- 48. Heart Failure
- 49. Swelling of Feet/Legs
- 50. Leg Pain While Walking
- 51. Painful Varicose Veins
- 52. High Blood Pressure

**MUSCULO/SKELETAL**

Yes NotSure No

- 53. Fractures/Broken Bones
- 54. Back Trouble/Pain/Injury
- 55. Scoliosis
- 56. Neck Trouble/Pain/Injury
- 57. Numbness of Extremities
- 58. Arthritis/Rheumatism
- 59. Joint Pain or Swelling
- 60. Shoulder Injury/Dislocation/Pain
- 61. Elbow Trouble/Pain/Injury
- 62. Wrist/Hand Trouble/Pain/Injury
- 63. Hip Trouble/Pain/Injury
- 64. Knee Trouble/Pain/Injury
- 65. Shin Pain

- 66. Leg Pain/Injury
- 67. Ankle/Foot Trouble/Pain/Injury
- 68. Carpal Tunnel Syndrome

**CENTRAL NERVOUS SYSTEM**

Yes NotSure No

- 69. Epilepsy
- 70. Convulsion/Seizure
- 71. Fainting Spell
- 72. Loss of Consciousness
- 73. Recurrent Dizziness
- 74. Traumatic Brain Injury
- 75. Migraine Headache
- 76. Frequent Headaches
- 77. Stroke
- 78. Transient Ischemic Attack (TIA)
- 79. Tremors
- 80. Chronic Muscular Disease
- 81. Chronic Neurological Disease
- 82. Attention Deficit Disorder
- 83. Skull Defect

**MISCELLANEOUS**

Yes NotSure No

- 84. Kidney Disease
- 85. Bladder Trouble
- 86. Blood in Urine
- 87. Prostatitis
- 88. Irregular Vaginal Bleeding
- 89. Currently Pregnant
- 90. Menstrual problem - *that kept you from going to work*
- 91. Referred for Psychological Help

Yes NotSure No

- 92. Drug/Alcohol Treatment
- 93. Mental Hospitalization
- 94. Panic Attack
- 95. Diabetes
- 96. Thyroid Trouble
- 97. Bleeding Tendencies
- 98. Anemia
- 99. Enlarged Glands
- 100. Skin Problems/Cancer/Rashes
- 101. Sun/Heat Intolerance
- 102. Eczema
- 103. Razor Bumps
- 104. Cyst/Tumor

Yes NotSure No

- 105. Cancer/Leukemia
- 106. Chronic Fatigue
- 107. Night Sweats
- 108. Undesired Weight Loss
- 109. Claustrophobia
- 110. Multiple Chemical Sensitivity
- 111. Wool Allergy
- 112. Sleep Apnea
- 113. Snoring
- 114. Trouble Sleeping
- 115. Low Blood Sugar
- 116. Blood Clot in Lungs/Legs

Yes NotSure No

- 117. Do you have any physical activity limitations?
- 118. Do you need any special accommodations to assist you in performing required job tasks?
- 119. Do you ever get wheezy or taken medication to prevent wheezing/shortness of breath with exercise?
- 120. Have you ever worked for this City/County before? If "yes", at what position, and in which department? \_\_\_\_\_
- 121. Have you ever been refused any employment because of any physical, psychological, or medically related reason?
- 122. Have you ever been rejected for or discharged from a military position because of physical, psychological, or medically related reasons?
- 123. Have you ever failed a pre-placement medical or psychological examination?
- 124. Have you ever been terminated or resigned from employment, or had to change job positions due to a physical, psychological, or medically related reason?
- 125. Have you ever failed to complete a training academy due to a physical, psychological, or medically related reason?
- 126. Have you ever had a positive drug or alcohol test?
- 127. Do you occasionally use or are you currently taking any prescription or over the counter medications? List name, dosage, frequency of use, and the reason the medication is used on Page 5.
- 128. Have you ever been absent from work due to job stress?



Yes NotSure No

- 129. Have you ever had any surgical or arthroscopic procedures?
- 130. Do you currently have a cold/cough or have you had any in the last two weeks?
- 131. Have you ever been hospitalized for reasons other than pregnancy? If "yes", list date, length of stay, and reason on Page 5.
- 132. Are you currently under a doctor's care for any medical condition?
- 133. Have you ever seen a doctor for back/neck pain, injury, or problems?
- 134. Have you ever been off work because of back/neck pain, injury, or problems?
- 135. Have you had a recent change in the size or color of a mole, or a sore that would not heal?
- 136. Have you ever had any problems using a gas mask? (Check "No" if you have never used a gas mask).
- 137. Have you missed more than five days from work due to medical reasons in the past year?
- 138. Have you been exposed to loud noise today? If "yes", were you wearing ear protection? Yes No
- 139. Are you a current cigarette smoker?

A. How many packs of cigarettes do you smoke a day? \_\_\_\_\_

B. How long have you been smoking? \_\_\_\_\_

- 140. Are you an ex-smoker?

A. How many years did you smoke? \_\_\_\_\_

B. How many packs a day? \_\_\_\_\_

C. When did you quit? \_\_\_\_\_

- 141. Have you used chewing tobacco or smoked cigars/pipe in the last 15 years?
- 142. Has someone ever been concerned about your drinking or suggested that you cut down?
- 143. Have you ever been convicted of driving under the influence (DUI)?
- 144. Have you ever felt bad about your drinking?
- 145. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

146. I am  left right handed.

147. I drink \_\_\_\_\_beers; \_\_\_\_\_glasses/shots of hard liquor; \_\_\_\_\_glasses of wine per week.

148. Describe any hobbies/recreational/work activities that have exposed you to noise, chemicals, or duty conditions:

\_\_\_\_\_.

149. Please describe your typical exercise or physical activity including any physical activity at work:

#1: \_\_\_\_\_For \_\_\_\_\_ hours a week. For\_\_\_\_\_ number of years.

#2: \_\_\_\_\_For \_\_\_\_\_ hours a week. For\_\_\_\_\_ number of years.

#3: \_\_\_\_\_For \_\_\_\_\_ hours a week. For\_\_\_\_\_ number of years.





## CANDIDATE MEDICATION CARD

### Information about you

Your name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Address: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

	<i>name</i>	<i>phone</i>
Pharmacy:	_____	_____
Primary care doctor:	_____	_____
Other physicians:	_____	_____
Specialists:	_____	_____

### Vaccinations (date of last immunization)

Influenza: \_\_\_\_\_ Pneumococcal: \_\_\_\_\_

MMR: \_\_\_\_\_ Tetanus/diphtheria: \_\_\_\_\_

Hep A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

### Medical Conditions

- asthma   
  heart disease   
  diabetes   
  high blood pressure   
  cancer   
  kidney disease  
 other(s) \_\_\_\_\_

### Over-the-Counter Medications

(check all that you use regularly)

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy relief, antihistamines | <input type="checkbox"/> Herbals, dietary supplements |
| <input type="checkbox"/> Antacids                       | <input type="checkbox"/> Laxatives                    |
| <input type="checkbox"/> Aspirin/other pain,            | <input type="checkbox"/> Sleeping pills               |
| <input type="checkbox"/> Cold/cough                     | <input type="checkbox"/> Vitamins, minerals           |

### Discontinued Medications or Products

Medication, Food, Environmental	Discontinued Medications, Allergy, Side Effects, Reaction or Intolerance Experienced (symptoms, severity, dates)

Diet pills

Others (list below):

--	--

## Prescription Medications

<b>Start Date</b>	<b>Name of Medicine</b> Brand name Generic name too if available	<b>Prescribed By</b>	<b>Dose</b> (mg, units, puffs, drops)	<b>When Do You Take It?</b> How many times per day? Morning and night? After meals?	<b>Purpose</b> Why do you take it?	<b>Important Comments</b> (e.g. danger signs, side effects, drug-drug, drug-food interactions, stopped taking*)	<b>Stop Date</b>	<b>Monitoring Required</b> (e.g. lab test every _____ weeks)	<b>Notes</b> Date reviewed; Date Updated

\*Always refer to physician and pharmacist input and the detailed drug sheets provided with each medication for a complete list of potential side effects/danger signs/interactions.

**USE PENCIL**

Whenever you see a doctor, including your primary care physician and any specialists, **review and update this medication list.**  
After any hospitalization, check with your doctor to review this medication list.

## PHYSICIAN'S REPORT OF FINDINGS (CANDIDATE)

**Candidate's Name:** \_\_\_\_\_

The results from your medical examination performed on \_\_\_\_\_ 20, \_\_\_\_\_  
by: \_\_\_\_\_ are as follows:

The **physical exam** was  Normal  Abnormal  Not applicable  
Blood pressure was \_\_\_\_\_/ \_\_\_\_\_ which is  Normal  Abnormal  
Comments:

The **hearing test** was  Normal  Abnormal  Not applicable  
Comments:

The **pulmonary function test** was  Normal  Abnormal  Not applicable  
Comments:

The **vision test** was  Normal  Abnormal  Not applicable  
Comments:

The **lab results** were  Normal  Abnormal  Not applicable  
*See enclosed results. Any lab value marked with an H or L is outside the normal limits and should be discussed with your primary doctor to determine the importance of the finding.*  
Comments:

The **chest x-ray** was  Normal  Abnormal  Not applicable  
Comments:

The **treadmill stress test** was  Normal  Abnormal  Not applicable  
The test was terminated due to:  Reached 12 METs  Stopped by candidate  
 Abnormal findings on EKG  
Comments:

Please discuss all abnormal findings with your primary doctor. Abnormal findings might be signs of significant medical conditions that should be addressed by your primary doctor.

Sincerely,

## LETTER TO PRIVATE LICENSED HEALTH CARE PROFESSIONAL

Dear Health Practitioner,

Your firefighter patient \_\_\_\_\_ is requesting your evaluation as part of his or her fire department's participation in its Fire Service Occupational Health and Fitness Program. This program is a holistic medical surveillance program that is designed to track the unique health needs of the modern firefighter.

The Department will pay:

- All pre-approved and documented expenses.
- Pre-approved and documented expenses up to \$ \_\_\_\_\_
- All expense not covered by insurance.
- Nothing – Patient is responsible for all costs.

The following is the standard physical examination protocol recommended by firefighting industry standards. For additional information regarding fire service annual medical evaluations see [NFPA 1582](#) (sections 7.5 through 7.7) and the IAFC / IAFF [Wellness/Fitness Initiative \(WFI\)](#), Chapter 2.

If you choose to perform other testing based upon your professional judgment for the purpose of caring for your patient, those tests should be considered as part of your medical care for your patient—not for surveillance purposes—and billed accordingly.

### Occupational Health Medical Questionnaire

This questionnaire is an extensive medical history questionnaire. If you do not have an Occupational Health Medical Questionnaire, we will be more than happy to provide one for you.

### Hands-on Physical Examination

- **Vital Signs**
- **Head, Eyes, Nose, and Throat**
- **Neck**
- **Cardiovascular** - *Inspection, auscultation, percussion and palpitation.*
- **Pulmonary** - *Inspection, auscultation, percussion and palpitation.*
- **Gastrointestinal** - *Inspection, auscultation, percussion and palpitation.*
- **Rectal** - *(See cancer screening)*
- **Lymph Nodes** - *The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, axillary, and inguinal regions.*
- **Neurological** - *The neurological exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes).*
- **Musculoskeletal** - *Includes an overall assessment of range of motion (ROM) of all joints. Additionally, observation of the personnel performing certain standard office exercises or functions helpful in assessing joint mobility and function.*

**Blood Analysis** - The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols:

- **White Blood Cell Count**
- **Differential**
- **Red Blood Cell Count (Hematocrit)**
- **Platelet Count**
- **Liver Function Tests** - *Includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin*
- **Triglycerides**
- **Glucose**
- **Blood Urea Nitrogen**
- **Creatinine**
- **Sodium**
- **Potassium**
- **Carbon Dioxide**
- **Total Protein**
- **Albumin**
- **Calcium**
- **Cholesterol** - *Includes Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio*

#### **Urinalysis**

- **Dip Stick** - *Includes pH, Glucose, Ketones, Protein, Blood, and Bilirubin*
- **Microscopic** - *Includes WBC, RBC, WBC Casts, RBC Casts, and Crystals*

**Vision Test** - *Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders including cataracts, macular degeneration, glaucoma and diabetic retinopathy.*

#### **Pulmonary (Spirogram)**

##### **Chest X-Ray**

- **Initial Baseline**
- **Repeat Chest X-Ray** (*Every three years-optional*)
- **Repeat Chest X-Ray** (*Every five years-mandatory*)

##### **EKG** (Resting)

##### **Stress Test Tread Mill** (*if indicated or for 40 and over*)

#### **Cancer Screening Elements**

- **Clinical Breast Exam**
- **Mammogram** - *Annual beginning at age 40*
- **Pap Smear**
- **Prostate Specific Antigen** - *Annual on all male uniformed personnel who have a positive family history of prostate cancer or are African-American beginning at age 40. All male uniformed personnel beginning at age 50.*
- **Digital Rectal Exam**
- **Fecal Occult Blood Testing**
- **Skin Exam**
- **Testicular Exam**

*Letter to Private Licensed Health Care Professional*



## Immunizations and Infectious Disease Screening

- **Tuberculosis Screen** (Mandatory annual PPD)
- **Hepatitis C Virus Screen** (Baseline)
- **Hepatitis B Virus Vaccine** (Mandatory)
- **Tetanus/Diphtheria Vaccine** (Booster every 10 years)
- **Measles, Mumps, Rubella Vaccine** (MMR)
  - **Measles Vaccine** -Vaccine is required for all uniformed personnel born in or after 1957 if there is no medical contraindication and no evidence of at least one dose of live vaccine on or after one's first birthday.
  - **Mumps Vaccine** - Vaccine is required for all uniformed personnel born in or after 1957 if there is no documentation of physician-diagnosed mumps, no adequate immunization with live mumps after their first birthday and no evidence of laboratory immunity.
  - **Rubella Vaccine** - Vaccine is required unless proof of immunity is available.
- **Polio Vaccine** - The vaccine shall be given to uniformed personnel if vaccination or disease not documented.
- **Hepatitis A Vaccine** -Vaccine shall be offered to high risk (HazMat, USAR, SCUBA) and other uniformed personnel with frequent or expected frequent contaminated water exposure.
- **Varicella Vaccine** (required to be offered)
- **Influenza Vaccine** (required to be offered)
- **HIV Screening** (required to be offered) - HIV testing should be offered on a confidential basis as part-exposure protocols and as requested by the physician patient.

## Reporting of Biometric data

Using your official stationery, please provide your patient with the following information to input into their confidential Department Health Risk Assessment Medical File.

Systolic Blood Pressure \_\_\_\_\_

Diastolic Blood Pressure \_\_\_\_\_

Total Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_

Triglycerides \_\_\_\_\_

Glucose \_\_\_\_\_ Fasting/Non-Fasting \_\_\_\_\_

Waist Girth \_\_\_\_\_

Hip Girth \_\_\_\_\_

# HEALTH ASSESSMENT QUESTIONNAIRE

Name: Last: \_\_\_\_\_, First: \_\_\_\_\_ MI: \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail address: \_\_\_\_\_

## DEMOGRAPHICS

1. Date of birth(mm/dd/yy): \_\_\_\_\_ INJ/ILL # \_\_\_\_\_

2. Ethnicity: *Mark all that apply*

- White  Black/African American  Asian//Pacific Islander
- Hispanic  Native American  Mid-East/Asian Indian
- Alaskan Native  South East Asian  Other

3. Gender:  Female  Male

4. Marital Status:

- Married, spouse in household
- Married, spouse not in household
- Living as married/domestic partner
- Widowed
- Divorced
- Separated
- Never married

5. Educational Level:

- High School
- Some College, no degree
- Associates Degree
- Bachelor's Degree
- Some Post Bachelor's classes
- Master's Degree
- Doctorate Degree
- Post Doctorate Degree

## CURRENT EMPLOYMENT

6. Are you currently employed as a firefighter?  Yes  No - Year Retired: \_\_\_\_\_

7. Year of Hire: \_\_\_\_\_ *Have you ever left for more then 6 months*  Yes \_\_\_\_\_ Months

8. Do you currently work at another job?  Yes, Number of hours per week: \_\_\_\_\_

9. Current primary assignment:  Admin Since: \_\_\_\_\_  Operations Since: \_\_\_\_\_

*How many stations have you been assigned to for more that one year?* \_\_\_\_\_

## ILLNESS/INJURY EXPERIENCE IN THE PAST YEAR

10. Please estimate how many days of non-work-related sick leave (including dependent care) you have taken in the past year. \_\_\_\_\_ Days

11. Please estimate how many Industrial Injury hours you have had in the past year: \_\_\_\_\_ Hrs

12. In the past year have you been on Light Duty prior to returning to full duty?

- Yes \_\_\_\_\_ Days  No

13. In the past year have you been placed on Long Term or Permanent alternative duty?  No

- Yes *Permanent*: Since \_\_\_\_\_ *Long Term*: Date: \_\_\_\_\_ for \_\_\_\_\_ months

TABACCO AND ALCOHOL

Smoking:

14. Have you smoked at least 100 cigarettes (5 packs) in your entire life?

- Yes  No *go to Question 18.*

15. About how many cigarettes do you (or did you) usually smoke per day? \_\_\_\_\_

*If less than 1 per day, enter 01; If 95 or more per day, enter 95 (1 pack = 20 cigarettes)*

16. For about how many years have you smoked (or did you smoke) this amount? \_\_\_\_\_

*If less than 1 year, enter 01*

17. How often do you smoke now?

- Every day  Some days  Not at all

18. If you currently use any tobacco products , what kind do you regularly use? Mark all that apply.

- |  |                                    |                                    |  |
|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Cigarettes  | <input type="checkbox"/> Every day | <input type="checkbox"/> Some days | <input type="checkbox"/> Special Occasions |
| <input type="checkbox"/> Cigars  | <input type="checkbox"/> Every day | <input type="checkbox"/> Some days | <input type="checkbox"/> Special Occasions |
| <input type="checkbox"/> Pipe  | <input type="checkbox"/> Every day | <input type="checkbox"/> Some days | <input type="checkbox"/> Special Occasions |
| <input type="checkbox"/> Chew  | <input type="checkbox"/> Every day | <input type="checkbox"/> Some days | <input type="checkbox"/> Special Occasions |
| <input type="checkbox"/> Do not currently use tobacco ( <i>Go to Question 21</i> ) |                                    |                                    |  |

19. During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit?  No  Yes # of days you quit \_\_\_\_\_

20. Were you enrolled in a tobacco cessation program this year?  Yes  No

Alcohol:

21. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?  Yes *if No, go to Question 24.*

22. During the past 30 days, how many days per week / or month did you have at least one drink of any alcoholic beverage? \_\_\_\_\_ days per week / or \_\_\_\_\_ days in past 30 days.

23. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? \_\_\_\_\_ Number of drinks

FAMILY HEALTH HISTORY

24. Do you have a male parent, sibling, or offspring who was diagnosed with a heart attack, angina, or coronary heart disease at an age younger than 55 years old?

- Yes  No

25. Do you have a female parent, sibling, or offspring who was diagnosed with a heart attack, angina, or coronary heart disease at an age younger than 55 years old?

- Yes  No

26. Do you have a male parent, sibling, or offspring who was diagnosed with cancer?

- No  Yes diagnosed with: \_\_\_\_\_

27. Do you have a female parent, sibling, or offspring who was diagnosed with cancer?

- No  Yes diagnosed with: \_\_\_\_\_

28. Do you have a grandparent, parent, sibling, or offspring who was diagnosed with diabetes?

- Yes  No

YOUR HEALTH HISTORY

**29. Below is a list of health problems. Please indicate if and how recently you were diagnosed, and whether you are currently experiencing the problem.**

Health Problem <i>Diagnosed by a health</i>	Diagnosed	Currently experience this	Currently taking	Medications & ( Dosages)
<b>Diabetes: Type: _____</b>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Hypertension</b> <i>high blood pressure</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Hyperlipidemia</b> <i>high cholesterol, high triglycerides</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Cancer:</b> _____	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Heart Disease:</b> _____	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Respiratory Disease</b> <i>asthma, emphysema, COPD, etc.</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Gastrointestinal Disease</b> <i>ulcer, acid reflux, colitis, etc.</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Reproductive Health</b> <i>dysfunction, fetal abnormality, etc.</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Neurologic Disease</b> <i>seizure disorder, stroke, etc.</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Hepatitis: Type: _____</b>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Allergies:</b> _____	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Psychiatric Disorder</b> <i>depression, anxiety, bipolar, PTSD, etc.</i>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Shoulder Injury: _____</b>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Knee Injury: _____</b>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Back Injury/Disease: _____</b>	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Arthritis:</b> _____	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)
<b>Other:</b> _____	<input type="checkbox"/> Yes Yr _____ ⇨	<input type="checkbox"/> Yes ⇨	<input type="checkbox"/> Yes ⇨	1. _____ (_____) 2. _____ (_____)

**Additional Information or Medications:**

---



---

**30. Which, if any, of the following surgeries have you had (please check one box per line).**

Surgery	Never	Within the 12 months	Previous to the past	Brief Description
Chest: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shoulder: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hip__ Leg__ Ankle__ Foot__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**31. We would like to ask about screening tests you have had in the past year, and whether results were normal or required follow-up.**

Screening Test	Within the past	Normal	Abnormal	Brief Description
<b>PSA:</b> <i>Prostate Specific Antigen</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Testicular</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>DRE:</b> <i>Digital Rectal Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>FOB:</b> <i>Fecal Occult Blood (blood in stool)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Colonoscopy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Pap Smear</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Breast</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Mammogram</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Skin:</b> <i>biopsy or exam by physician</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Other:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CURRENT ACTIVITY

**32. On the average, over the last month, how many days each week did you get at least 30 minutes of exercise?**

*Exercise is physical activity that causes you to increase your heart rate, breathe harder, or sweat.*

**Average days per week: \_\_\_\_\_**

**33. How many days per week did you exercise or take part in cardiovascular or aerobic activities that made you sweat and breathe hard for at least 30 minutes?**

*Examples: basketball, tennis, jogging, fast bicycling etc.*

**Average days per week: \_\_\_\_\_**

**34. How many days per week did you exercise to strengthen or tone your muscles?**

*Examples: weight lifting, kettlebell training, core training, functional training, etc.*

**Average days per week: \_\_\_\_\_**

**35. In a typical week, how many days do you take part in any physical activity long enough to work up at sweat.**

**Average days per week: \_\_\_\_\_**

**36. I exercise for 30 minutes almost every day.**

*Strongly Disagree*    *Don't disagree or Agree*    *Strongly agree*  
1    2    3    4    5    6    7

**37. Do you take any vitamins or supplements?**  No

Yes - \_\_\_\_\_

**38. Addition information you would like to convey or discuss during this visit?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHEN YOU HAVE COMPLETED THIS DOCUMENT  
PLEASE SAVE, TO A SAFE PLACE,  
WITH YOUR NAME AS PART OF THE FILE NAME**

Example: HEALTH HISTORY\_ John Smith

**Then send or print, and bring to your appointment along with your Patient Info Packet.**

## EMPLOYEE IMMUNIZATION RECORD

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RANK: \_\_\_\_\_

FIREFIGHTER ID #: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

### IMMUNIZATION RECORD

**HEPATITIS B:** Required only for employees who handle blood or blood contaminated material. Complete a 3 dose vaccination series or show serologic evidence of immunity.

Dates of Vaccination: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5)

Date of Serology \_\_\_\_\_ Result \_\_\_\_\_

Completed on Hire Yes No

Required for this job  Yes  No

**NEED**  
 Yes  No

**TUBERCULIN TEST (PPD/MANTOUX):** Required upon employment .

Date of Last Test \_\_\_\_\_ Result \_\_\_\_mm Chest X-ray Date \_\_\_\_\_

Date of Next Test \_\_\_\_\_ Result \_\_\_\_\_

**NEED**  
 Yes  No

**TETANUS - dIPHTHERIA (Td):** A booster dose is recommended every 10 years.

Date of Last Dose \_\_\_\_\_

**NEED**  
 Yes  No

### POSSIBLE ADDITIONAL IMMUNIZATIONS

**MEASLES/RUBEOLA:** Required for all employees born 1957 or later. Two doses of measles vaccine at or after one year of age AND administered after 1967. Individuals born prior to 1957 are not required to demonstrate proof, but are encouraged to do so if they are uncertain about their measles history.

Date of Vaccination \_\_\_\_\_ Date of Serology \_\_\_\_\_ Result \_\_\_\_\_ MMR Vaccine Date(s) \_\_\_\_

**MUMPS:** One dose of mumps vaccine is recommended at or after one year of age. Individuals born prior to 1957 have probably had the disease and therefore are probably "naturally" immune.

Date of Vaccination: \_\_\_\_\_

**RUBELLA:** Required for all employees. One dose of rubella vaccine given after one year of age OR serologic proof of immunity is required.

Vaccination Date(s) \_\_\_\_\_ Date of serology \_\_\_\_\_ Result \_\_\_\_\_

*All three are now given as one vaccine*

**MMR NEEDED**  
 Yes  No

**POLIO:** A minimum of three doses is recommended.

Dates of Vaccination: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3)

**NEED**  
 Yes  No

**VARICELLA:** Required for employees who work in patient care areas. *Have you had chickenpox?* (Please circle) Yes No  
If "No" Please indicate date and result of serology \_\_\_\_\_  
and/or Immunization dates \_\_\_\_\_

**NEED**  
 Yes  No

**HIV SCREENING** Offered on a confidential basis, by the member, during the time of evaluation.

I CERTIFY THAT THE ABOVE IS TRUE \_\_\_\_\_

Signature

Date 107

## SAMPLE RESPIRATORY MEDICAL CLEARANCE QUESTIONNAIRE

Dear Firefighter:

This is a reminder that this respiratory medical clearance questionnaire is part of a safety process adopted for the protection of each firefighter, their co-workers and the public. It must be completed annually and responses must be complete. Firefighters are expected to fill out this form truthfully in accordance with the Fire Department policy. This document is not valid unless signed and dated.

\*\*\*\*\*

First Name <small>(Please Print)</small>	Last Name	Job Title
I/I #	Company	Shift
Signature <small>(form must be signed and dated to be valid)</small>	Date	

**Part 1 – Employee Background Information – ALL employees must complete this section  
(Please Print)**

Age (to nearest year)	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Height (Feet & Inches)	Weight (pounds)
1.	2.	3.	4.

Phone number(s) where you can be reached by the health care provider who reviews this form.

Best time to contact you at the number(s) listed

Has your employer told you how to contact the health care provider who reviews this questionnaire? Yes   
No

**Check the type of respirators that you will be using:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> SCBA: Pressure Demand   | <input type="checkbox"/> SCBA Rebreather                   | <input type="checkbox"/> SCBA                           |
| <input type="checkbox"/> WMD Escape Hood   | <input type="checkbox"/> Supplied Air FF Respirator        | <input type="checkbox"/> Emerg. Escape Breathing System |
| Negative Pressure APR: <input type="checkbox"/> Half Mask <input type="checkbox"/> Full Mask | <input type="checkbox"/> Powered Air Purifying Resp (PAPR) |   |
| <input type="checkbox"/> Filtering Facepiece, N95 or N100 (HEPA) Mask                        | <input type="checkbox"/> Other _____                       |   |

You may be contacted if there are questions about your responses to this questionnaire, or there is a need for further clinical information relative to respiratory medical clearance only.

**Please note for any question below, any medical issues that occurred prior to age 16 and healed without any residual problems you may check “no” on the questionnaire.** This avoids unnecessary follow up calls, for example, if you had a childhood ear infections, broken ribs playing soccer, etc.

**Without complete information, respiratory medical clearance may be delayed or may not be issued.**



**Part 2-General Health Information**  
**ALL employees must complete this part - Please check "Yes" or "No"**

Yes  No  1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month?

---

Yes  No  2. Have you **ever had** any of the following conditions?  
 Yes  No  a. Seizures (fits)  
 Yes  No  b. Diabetes (sugar disease)  
 Yes  No  c. Allergic reactions that interfere with your breathing d.  
 Yes  No  Claustrophobia (fear of closed-in places)  
 Yes  No  e. Trouble smelling odors

---

Yes  No  3. Have you **ever had** any of the following pulmonary or lung problems?  
 Yes  No  a. Asbestosis  
 Yes  No  b. Asthma  
     ***-If you checked yes,***  
     **I.** Are you under a doctor's care?  
     **II.** Do you take medications for this problem?  
     **III.** Have you had worsening of the problem in the last year requiring an urgent appointment, hospital admission or emergency room evaluation?  
 Yes  No  c. Chronic bronchitis  
     ***-If you checked yes,***  
     **I.** Are you under a doctor's care?  
     **II.** Do you take medications for this problem?  
     **III.** Have you had worsening of the problem in the last year requiring an urgent appointment, hospital admission or emergency room evaluation?  
 Yes  No  d. Emphysema  
     ***-If you checked yes,***  
     **I.** Are you under a doctor's care?  
     **II.** Do you take medications for this problem?  
     **III.** Have you had worsening of the problem in the last year requiring an urgent appointment, hospital admission or emergency room evaluation?  
 Yes  No  e. Pneumonia  
     ***-If you checked yes,*** have you completed treatment?  
 Yes  No  f. Tuberculosis  
 Yes  No  g. Silicosis  
 Yes  No  h. Pneumothorax (collapsed lung)  
 Yes  No  i. Lung cancer  
 Yes  No  j. Broken ribs  
     ***-If you checked yes,*** do you have any residual pain or symptoms?  
 Yes  No  k. Any chest injuries or surgeries:  
     ***-If you checked yes,*** do you have any residual pain or symptoms?  
 Yes  No  l. Any other lung problem that you have been told about

---

Yes  No  4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?  
 Yes  No  a. Shortness of breath  
 Yes  No  b. Shortness of breath walking fast on level ground or walking up a slight hill or incline c.  
 Shortness of breath walking with other people at an ordinary pace on level  
 ground  
 Yes  No  d. Have to stop for breath when walking at your own pace on level ground e.  
 Shortness of breath when bathing or dressing yourself  
 Yes  No  f. Shortness of breath that interferes with your job  
 Yes  No  g. Coughing that produces phlegm (thick sputum)

- Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
- h. Coughing that wakes you early in the morning
  - i. Coughing that occurs mostly when you are lying down j. Coughing up blood in the last month
  - k. Wheezing
  - l. Wheezing that interferes with your job
  - m. Chest pain when you breathe deeply
  - n. Any other symptoms that you think may be related to lung problems

5. Have you **ever had** any of the following cardiovascular or heart problems?
- Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
- a. Heart attack
  - b. Stroke
  - c. Angina
  - d. Heart failure
  - e. Swelling in your legs or feet (not caused by walking)
  - f. Heart arrhythmia (heart beating irregularly)
  - g. High blood pressure *-If you checked yes,*
    - I. Are you under a doctor's care?
    - II. Do you take medications for this problem?
    - III. Have you had worsening of the problem in the last year requiring an urgent appointment, hospital admission or emergency room evaluation?
    - IV. Is your blood pressure under 140/90?
  - h. Any other heart problem that you have been told about? *-If you checked yes, please list the name on the left.*

6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
- a. Frequent pain or tightness in your chest
  - b. Pain or tightness in your chest during physical activity
  - c. Pain or tightness in your chest that interferes with your job
  - d. In the past two years, have you noticed your heart skipping or missing a beat? *-If you checked yes,*
    - I. Are you under a doctor's care?
    - II. Do you take medications for this problem?
    - III. Have you had worsening of the problem in the last year requiring an urgent appointment, hospital admission or emergency room evaluation?
    - IV. Has this been diagnosed as PVCs or PACs?
  - e. Heartburn or indigestion that isn't related to eating
  - f. Any other symptoms that you think may be related to heart or circulation problems

7. Do you **currently** take medication for any of the following problems?
- Yes  No
  - Yes  No
  - Yes  No
  - Yes  No
- a. Breathing or lung problems
  - b. Heart trouble
  - c. Blood pressure
  - d. Seizures (fits)

8. If you have used a respirator, have you **ever had** any of the following problems?  
(If you have never used a respirator, write N/A in the column to the left and go to question 9.)

Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No 

- a. Eye irritation **-If you checked yes,**  
**I.** Was this a limited event that resolved within a day?  
**II.** Did it interfere with your ability to continue to use the respiratory equipment at the time?
- b. Skin allergies or rashes **-If you checked yes**  
**I.** Was this a limited event that resolved within a day?  
**II.** Did it interfere with your ability to continue to use the respiratory equipment at the time?
- c. Anxiety:
- d. General weakness or fatigue
- e. Any other problem that interferes with your use of a respirator?

Yes  No 

9. Would you like to talk to the health care professional who will review this questionnaire about your answers?

### Part 3-Additional Questions for Users of Full-Facepiece Respirators or SCBAs

Please check "Yes" or "No"

Yes  No 

1. Have you **ever lost** vision in either eye (temporarily or permanently)?

Yes  No Yes  No Yes  No Yes  No 

2. Do you **currently** have any of these vision problems?

- a. Need to wear contact lenses  
 b. Need to wear glasses  
 c. Color blindness  
 d. Any other eye or vision problem

Yes  No 

3. Have you **ever had** an injury to your ears, including a broken ear drum?

**-If you checked yes,**

Yes  No 

**I.** Is the injury healed?

Yes  No 

**II.** Do you have ongoing drainage from the ear?

Yes  No 

**III.** Does it still hurt?

Yes  No 

4. Do you **currently** have any of these hearing problems?

- a. Difficulty hearing  
 b. Need to wear a hearing aid  
 c. Any other hearing or ear problem

Yes  No Yes  No 

5. Have you **ever had** a back injury?

6. Do you **currently** have any of the following musculoskeletal problems?

- Yes  No  a. Back pain
- Yes  No  b. Difficulty fully moving your arms and legs
- Yes  No  c. Pain or stiffness when you lean forward or backward at the waist d.
- Yes  No  Difficulty fully moving your head up or down
- Yes  No  e. Difficulty fully moving your head side to side f.
- Yes  No  Difficulty bending at your knees
- Yes  No  g. Difficulty squatting to the ground
- Yes  No  h. Climbing a flight of stairs or a ladder carrying more than 25 lbs
- Yes  No  i. Any other muscle or skeletal problem not previously mentioned

**If you responded yes to ANY of the above, do these symptoms impair your ability to put on, carry, use or remove the SCBA and other respiratory protection equipment?**

Yes  No  7. Do you now, or have you **ever had** weakness in any of your arms, hands, legs, or feet?

**Part 4: Please list all medications that you are currently taking:**

Name of Medication	Dose (e.g.250 mg.)	Frequency (e.g. once daily)

## REPORT OF ANNUAL RESPIRATORY FIT TEST/TRAINING

A. Employee: \_\_\_\_\_ ID# \_\_\_\_\_

Rank:  P  FF  LT  CP  CH Assignment: \_\_\_\_\_

B. Since the last FIT test:

- Has there been a change in your Medical status that would preclude you from wearing a Respirator? (See *Respirator Use Categories* section of this form)  Yes  No
- A weight gain/loss of 20 lbs. or more?  Yes  No

C. Heart Rate: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(If  $\geq 100$  bpm, provide 5-minutes rest: if still  $\geq 100$  bpm, refer to medical provider for clearance)

D. Resting Blood Pressure: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(If  $\geq 160/100$ , provide 5-minutes rest: if still  $\geq 160/100$  refer to medical provider for clearance)

E. Respirator Selected: \_\_\_\_\_ MSA/ Other \_\_\_\_\_  
Face piece size: \_\_\_\_\_

F. Conditions Which Could Affect Respirator Fit: (*Check if exist*)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> glasses      | <input type="checkbox"/> 1-2 day beard growth |
| <input type="checkbox"/> moustache    | <input type="checkbox"/> 2+ day growth        |
| <input type="checkbox"/> facial scar  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> clean shaven | <input type="checkbox"/> None                 |

Comments: \_\_\_\_\_

G. Able to detect challenge agent:  Yes  No

H. Fit Checks: Negative pressure  Pass  Fail  Not Done

I. Fit Testing: Quantitative aerosol challenge method  Pass  Fail

Comments \_\_\_\_\_.

*This record indicates that you have  passed or  failed a qualitative fit test as shown above for the particular respirator shown. Other types shall not be used until fit tested.*

*If you have failed this test, you shall be referred back to the Department's medical provider.*

Employee acknowledgement of test results:

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Test conducted by: \_\_\_\_\_ Date \_\_\_\_\_

**Respirator use categories.** Relevant limitations on respirator use related to the medical conditions of the member, including limitations imposed by the emergency operations, may place a member in the restricted or no use categories.

**Restricted Use:**

- Moderate pulmonary disease.
- Moderate hypertension.
- History of myocardial infarction.

**No Use (contraindications):**

- Severe pulmonary disease.
- Severe hypertension.
- Angina pectoris or arrhythmias.
- Recent myocardial infarction.
- Claustrophobia/anxiety reaction.
- History of spontaneous pneumothorax.
- Has persistent dry or moist rales.
- X-ray denoting fibrosis or modulation in the lungs, pleural thickening, pleural plaques or pleural calcification.
- Suffers from claustrophobia.
- Suffers from emphysema.
- Suffers from asthma, chronic bronchitis, diabetes, heart disease, hypertension, epilepsy, hemophilia, or kidney disease.
- Suffers from perforated eardrums.

## PHYSICIAN'S ANNUAL STATEMENT OF WORK STATUS

Date: \_\_\_\_\_

Firefighter: \_\_\_\_\_ ID # \_\_\_\_\_

- Was seen today and may work without restriction.
- Further consideration is needed. **They should not work until final medical clearance is sent.**
- Has been assigned the following restrictions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Any questions regarding these restrictions should be referred to:

\_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician: \_\_\_\_\_  
(Print or use stamp)

## PHYSICIAN'S STATEMENT OF RETURN TO WORK

\_\_\_\_\_,  Firefighter  Officer  Paramedic  Chief Officer

- CAN as of \_\_\_\_\_ (date) perform the essential tasks of the job described on a reasonably continuous, full time basis (SAME JOB FULL TIME)
- CAN perform the essential tasks of the job described on a reasonably continuous basis as of \_\_\_\_\_ (date) according to the following schedule (TRANSITIONAL RETURN TO WORK - TO SAME JOB):

Hours per day/workdays per week  
Week 1: \_\_\_\_\_ hours/\_\_\_\_\_ days  
Week 2: \_\_\_\_\_ hours/\_\_\_\_\_ days  
Week 3: \_\_\_\_\_ hours/\_\_\_\_\_ days  
Week 4: \_\_\_\_\_ hours/\_\_\_\_\_ days

Comments:

- CAN perform the essential tasks of the job described on a reasonably continuous basis with the following temporary restrictions as of \_\_\_\_\_ (date) for \_\_\_\_\_. (SAME JOB WITH TEMPORARY RESTRICTIONS OR MODIFICATIONS):

Comments:

- CAN perform the essential tasks of the job described on a reasonably continuous basis with the following job modifications only, as of \_\_\_\_\_ (date) (SAME JOB WITH PERMANENT RESTRICTIONS OR MODIFICATIONS):

Comments:

- CANNOT**  **at this time**  **ever** perform the essential tasks of the job described on a reasonably continuous basis for the following objective medical reasons:

Comments:

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S PRINTED NAME

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE



# ADDITIONAL RESOURCES

## Online Resources

- [FEMA Grants](#)
- [IAFC Guide for Implementing the WFI](#)
- [NVFC Heart Healthy Firefighter Program / Starting a Program](#)
- [OSHA 1910](#)
- [Sample Medical Exam Guidelines](#)
- [IAFF WFI Resource – Medical](#)

## References

1. International Association of Fire Fighters (IAFF)/ International Association of Fire Chiefs (IAFC). [The Fire Service Joint Labor Management Wellness- Fitness Initiative](#). 3rd ed. Washington, DC: IAFF; 2008.
2. National Fire Protection Association (NFPA). [NFPA 1582: Standards on Comprehensive Occupational Medicine Programs for Fire Departments](#). Quincy, Mass: NFPA; 2013.
3. Occupational Safety & Health (OSHA). [OSHA 1910: Occupational Safety and Health Standards](#)

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