



Medical Release Form

TEEX Firefighter Recruit Academy

Applicant should complete page 1–4 of this questionnaire, print out a hard copy and take entire form with you to the medical examination to be completed by your physician.

The completed document should be uploaded to your student portal account before the first day of class. Do not mail or email your Medical Release Form to TEEEX.

Note: Document must be completed **no more than 180 days from the Firefighter Academy start date.**

Date (M/D/Y): ____/____/____

Insurance Provider or Provincial Health Care Number:

Last Name _____

First Name _____

Date of Birth (M/D/Y): ____/____/____

Age: _____

Gender: Male Female

Permanent Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Local Address: _____

City: _____ ZIP: _____ Phone: _____

Current Health

Good, No medical complaints

Ok, with the following medical complaints: _____

Are you currently on any treatment for a medical condition? Yes No

If yes, please explain: _____

Activity Related Problems

Back Problems

Fainting

Irregular Heart Beat

Chest Pain

Wheezing

Other _____

Dizziness

Muscle / Joint Problems _____

Please explain: _____

Illnesses, Operations, Hospitalizations or Injuries

Date	Problem	Treatment	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications

Please list any medications you are taking on a regular basis, (prescription and non-prescription)

Allergies

Drug Allergies: _____

Other Allergies: _____

Past Medical History

Do you currently have or have you ever had any of the following conditions? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Head Injury, Loss of Consciousness |
| <input type="checkbox"/> Lung Disease, including Asthma | <input type="checkbox"/> Fractures or Bone, Joint, Muscle, Tendon, Ligament problems |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Bowel Disease | <input type="checkbox"/> Missing Organs (ie, eye, kidney, etc.) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tendinitis, Carpal Tunnel, White Hand |
| <input type="checkbox"/> Mental Health Illness | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Other medical conditions not listed here | |

If you checked any above, please explain:

Occupational Exposure

Have you or do you require use of protective equipment at any time to carry out your job duties (ie, SCBA, Respirator, Noise Protection, etc.). Please explain in detail:

Have you ever worked in an area with exposure to noxious or toxic chemicals, gases, ionizing radiation (ie, X-ray, Gamma ray, etc.), Radiant Energy (ie, UV, infra-red)? Please explain in detail:

Have you ever been required to change jobs or locations due to work conditions or exposures?

Please explain in detail:

Have you ever had a hazardous substance exposure requiring treatment or time off work?

Please explain in detail:

Family History

Have any immediate family members (parent, siblings) had any illnesses Yes No
(ie, Heart Disease, High Blood Pressure, Stroke, Diabetes, Cancer, Alcoholism, other).

Relationship	Age	Living/Present Health	Deceased/Age	Cause
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother/Sister	_____	_____	_____	_____
Brother/Sister	_____	_____	_____	_____
Brother/Sister	_____	_____	_____	_____
Brother/Sister	_____	_____	_____	_____

Lifestyle

SMOKING Do you currently smoke? No Yes: How many per day? _____
Have you smoked in the past? No Yes: When did you quit? _____ (months/years ago)

ALCOHOL Do you consume alcohol? No
 Yes: How many drinks on average per week? _____
Beers (bottles): _____ Spirits (oz): _____ Wine (oz)? _____

EXERCISE Do you exercise on a regular basis? No
 Yes: Please complete table below:

Type of Activity (Gym, Cycling, Running, etc.)	Intensity (Hard/Easy)	Length of Workout (Minutes)	Workout Times per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has a physician ever suggested that you be restricted from physical activity? No Yes, please explain

Consent for independent medical examination and release of information

The above information is correct and complete to the best of my knowledge.

I _____, hereby consent to a medical examination and give my consent for the release of a report of the findings to TEEEX Firefighter Recruit Academy. I further authorize any physician who has attended or examined me to release full details on my medical status to the physician named in the Medical Clearance section located at the end of the Medical Release Form upon their request.

Signature of Applicant: _____ Date: _____

Printed Name _____

Medical Examination

for Physician Use Only

The purpose of this document is to ensure that the applicant is medically fit to undertake live-fire training. A brief summary of the physical demands for the training course are provided below. Further information may be obtained by contacting the Office of the TEEEX Firefighter Recruit Academy at 979-458-0021.

Summary of Physical Demands

This program includes both theoretical and practical study of structural/industrial firefighting, as well as a structured, physical training class, instructed by a qualified Exercise Instructor. The practical component normally includes multiple days of simulated fire suppression exercises where students are exposed to the physical demands normally associated with firefighting work. During a typical practical day, students may experience 4-6 training scenarios. Each scenario involves between 15- 60 minutes of exposure to severe environmental and physical stress.

The physical training class (for the Firefighter Recruit Academy) runs 4 times a week for an hour each session. The workouts are designed to stress all of the body's energy systems of aerobic, anaerobic, and muscular strength/ endurance to peak limits. Workouts range from high intensity circuits, 1.5 to 3 mile runs, and industry specific training (Fire-Fit-Combat Challenge Simulation). Some of the major stressors are outlined below in more detail:

1. Tolerating extreme fluctuations in temperature while performing duties. Students are required to perform physically demanding work in hot (up to 150°C or 400°F), humid (up to 100%) atmospheres while wearing personal protective equipment that significantly impairs thermoregulation.¹ (Core body temperatures can reach up to 40°C or 104°F after 20 min of hard work).
2. Wearing firefighting clothing and equipment that weighs at least 22 kg (50 lb) while performing firefighting work.¹
3. Performing physically demanding work while wearing positive pressure self-contained breathing apparatus (SCBA) which presents a significant resistance to expiratory flow and may reduce peak exercise ventilation by approximately 15%.^{1,2}
4. Making rapid transitions from rest to near maximal exertion without warm-up periods.¹
5. Operating in environments of high noise, poor visibility, limited mobility; at heights; and, in enclosed or confined spaces.¹
6. Using hose, ladders, and manual or power tools that weigh up to 45 kg (100 lb).^{3,4}
7. High levels of energy expenditure that are estimated to average approximately 8-10 METS^{4,5} and may exceed 12 METS.¹ Completion of Stage 3 of the Bruce treadmill protocol (3.4 mph and 14% grade) or running at 6.0 mph on level ground is equivalent to about 10 METS.
8. High levels of cardiovascular stress as evidenced by average heart rates of 70% of the age-predicted maximum during training scenarios with brief, repeated periods of near maximal heart rate (90+%).⁶

¹ National Fire Protection Agency. (2003) Standard 1582, Medical Requirements for Fire Fighters and Information for Fire Department Physicians. Quincy, MA: National Fire Protection Association.

² Eves ND, Jones RL, Petersen SR (2005) The influence of the self-contained breathing apparatus (SCBA) on ventilatory function and maximal exercise. *Canadian Journal of Applied Physiology* 30(5): 507-519.

³ DOT Occupational Codes. (1993) Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles, U.S. Dept. of Labor, U.S. Government Printing Office, Washington, D.C.

⁴ Gledhill, N., and Jamnik, V. K. (1992). Characterization of the physical demands of firefighting. *Canadian Journal of Sport Science*. 17: 207-213.

⁵ Sothmann, M., Saupe, K., Jansenof, D., Blaney, J., Fuhrman, S. D., Woulfe, T., Raven, P., Pawelczyk, J., Dotson, C., Landy, F., Smith, J. J., and Davis, P. (1990). Advancing age and the cardiorespiratory stress of fire suppression: determining a minimum standard for aerobic fitness. *Human Performance*. 3: 217-236.

⁶ Dreger, RW, Petersen, SR, Dlin RA. Heart rate responses to firefighter training. Final report submitted to the Alberta Fire Training School, March 2002.

Medical Examination

for Physician Use Only

Date of Birth (M/D/Y): ____/____/____

Examination Date (M/D/Y): ____/____/____

Full Name _____

Height: _____ inches or centimeters

Weight: _____ lbs or kg

Vision: Uncorrected: _____

Corrected: _____

Right: 20/

20/

Left: 20/

20/

Both: 20/

20/

Color: Normal Impaired

Hearing: Right Normal: _____

Impaired: _____

Left Normal: _____

Impaired: _____

Blood Pressure: _____/mm Hg

Pulse: _____ bpm

Examination Results	Normal	Abnormal	Not Examined	Findings	Follow-Up Suggested
General Assessment					
E.N.T.					
Pulmonary					
Cardiovascular					
Abdomen					
Musculoskeletal					
Genitourinary					
Neurological					

Comments on physical examination:

Medical Examination

for Physician Use Only

Medical Clearance

I have examined (full name) _____
and am satisfied that this individual is medically fit to participate in the TEEX fire training course described above.

Physician Name: _____

Office Address: _____

Office Telephone: _____

Physician's Signature: _____

Date: _____

The costs associated with completion of this form are the responsibility of the applicant.