Stark State College
Emergency Fire Services

Medical Evaluation
NFPA 1582

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

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

The Ohio Department of Public Safety requires Firefighter students to meet the medical requirements of NFPA 1582 (National Fire Protection Association).
NFPA 1582 Chapter 6
6.1: A medical evaluation of a candidate shall be conducted prior to the candidate being placed in a training program or fire department emergency response activities.
6.2.2: Candidates with category A medical conditions shall not be certified as meeting the medical requirements of this standard.

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

6.3 Head and Neck	Yes	No
Do you have any defect of skull preventing helmet use or leaving underlying brain unprotected from trauma?		
Do you have any skull or facial deformity that would not allow for a successful fit of a respirator?		

6.4 Eyes and Vision	Yes	No
visual acuity less than 20/40 binocular corrected, or less n 20/100 binocular uncorrected?		
Do you have Monochromatic vision?		
Do you have Monocular vision?		

6.5 Ears and Hearing	Yes	No
Do you have chronic vertigo or impaired balance?		
Do you have hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5?		
Do you require a hearing aid or cochlear implant?		

6.6 Dental	Yes	No
Do you have any dental conditions that would inhibit the use of a respirator?		
Do you have any dental conditions that would inhibit your ability to communicate effectively?		

6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx	Yes	No
Do you have a tracheostomy?		
Do you have aphonia?		
you have any nasal, oropharyngeal, tracheal, esophageal, aryngeal conditions that would inhibit the use of a respirator?		

6.8 Lungs and Chest Wall Do you have any of the following conditions?	Yes	No
Active hemoptysis		
Current empyema		
Pulmonary hypertension		
Active tuberculosis		
Obstructive lung disease		
Lung transplant		
Hypoxemia - Exercise testing is indicated when resting oxygen is less than 94% - Exercise desaturation shall not be less than 90%		
Asthma - reactive airway disease requiring bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years, unless the candidate can meet the requirement in 6.8.1.1 *Exceptions available upon request*		

6.9 Aerobic Capacity	Yes	No
Do you have an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 mL02/kg/min) ?		

6.10.1 Heart Do you have any of the following conditions?	Yes	No
Coronary heart disease		
Cardiomyopathy or congestive heart failure		
Acute pericarditis, endocarditis, or myocarditis		
Recurrent syncope		
Third - Degree atrioventricular block		
Cardiac pacemaker		
Hypertrophic cardiomyopathy		
Heart transplant		
A medical condition requiring an automatic implantable cardiac defibrillator		

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0.2 Vascular System you have any of the following conditions?	Yes	No
Hypertension		
Thoracic or abdominal aortic aneurysm		
Carotid artery stenosis or obstruction resulting in greater than or equal to 50 % reduction in blood flow		
Peripheral vascular disease		
6.11 Abdominal Organs and Gastrointestinal System	Yes	No
Presence of uncorrected inguinal / femoral hernia		
6.12 Metabolic Syndrome	Yes	No
Metabolic syndrome with aerobic capacity less than 12 METs		
6.13 Reproductive System	Yes	No
Are you pregnant? *See annex for further information*		
6.14 Urinary System	Yes	No
Do you have renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis?		
6.15 Spine and Axial Skeleton Do you have any of the following conditions?	Yes	No
Scoliosis of thoracic or lumbar spine with angle greater than or al to 40 degrees		
History of spinal surgery with rods still in place		
Any spinal or skeletal condition producing sensory or motor deficit 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%		
Thoracic vertebral fractures with vertebral body compression greater than 50%		
Lumbosacral vertebral fractures with vertebral body compression greater than 50%		

6.16 Extremities Do you have any of the following conditions?	Yes	No
Joint replacement. See addendum for exceptions		
Amputation or congenital absence of upper extremity		
Amputation of either thumb proximal to the mid-proximal phalanx		
Amputation or congenital absence of lower extremity. See addendum for exceptions		
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		
6.17 Neurological Disorders Do you have any of the following conditions?	Yes	No
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 or progression within previous 3 years		
Myasthenia gravis with activity or evidence or progression within previous 3 years		
Progressive muscular dystrophy or atrophy		
Uncorrected cerebral aneurysm		
Any single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders. See addendum for exceptions		
Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment		
Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment		

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Skin Do you have any of the following conditions?	Yes	No
Metastatic or locally extensive basal or squamous cell carcinoma or melanoma		
Any dermatologic condition that would not allow for a successful fit test for a respirator		
6.19 Blood and Blood-Forming Organs Do you have any of the following conditions?	Yes	No
Hemorrhagic states requiring replacement therapy		
Sickle cell disease (homozygous)		
Clotting disorders		
6.20 Endocrine and Metabolic Disorders Do you have any of the following conditions?	Yes	No
Type 1 diabetes mellitus. *Exceptions available upon request*		
Insulin-requiring Type 2 diabetes mellitus. *Exceptions available upon request*		
6.22 Tumors and Malignant Diseases Do you have any of the following conditions?	Yes	No
Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk of reoccurrence		
4 Chemicals, Drugs, and Medications	**Yes**	**No**
Do you require chronic or frequent treatment with any of the following medications or classes of medications?		
Narcotics, including methadone		
Sedative-hypnotics		
Full-dose or low-dose anticoagulation medications or any drugs that prolong prothrombin time (PT), partial thromboplastin time (PTT), or international normalized ratio (INR)		
Respiratory medications; inhaled bronchodilators, inhaled corticosteroids, systemic corticosteroids, theophylline, and leukotriene receptor antagonists		
High-dose corticosteroids for chronic disease		
Anabolic steroids		
Evidence of illegal drug use detected through testing, conducted in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA)		
Evidence of clinical intoxication or a measured blood level that exceeds the legal definition of intoxication		

Student Name:

_____

Office Name:

_____

Office Phone:

_____

Office Contact Person:

_____

This is to certify that the above named student had a physical exam on _____ (date) and is in apparent good health, has no condition that would endanger the health and wellbeing of students or College staff, has met the requirements of this form, and is physically / mentally able to participate in the Firefighter program at Stark State College

Healthcare Provider Printed Name:

_____

Healthcare Provider Signature:

_____

Office Stamp Area

ANNEX

b.13 a

Heavy physical exertion has been associated with spontaneous abortions. Lifting heavy objects should be avoided during pregnancy. Excessive heat, toxic chemicals and catecholamine surges have the potential for fetal harm.

A "YES" answer does not indicate non-compliance. Further documentation concerning pregnancy and NFPA 1582 is available upon request.