



Castlegar Fire Department Firefighter Medical Examination

Surname: _____ Given Names: _____

Date of Birth: ____/____/____
Year Month Day

The medical examination to be performed is to determine if the person above has maintained an acceptable level of fitness to perform as a Firefighter and has not contracted any disabling diseases or disabilities that would prevent him/her from functioning effectively on the fire ground.

Worksafe BC Regulation Part 31, section 31.20 – Fitness to use Self Contained Breathing Apparatus (SCBA)

A physician's certificate of fitness to use SCBA must be provided to the employer by a firefighter who:

- a) Experiences breathing difficulty while using the apparatus, or*
 - b) Is known to have heart disease, impaired pulmonary function, or any other condition that might make it dangerous for the firefighter to use self contained breathing apparatus.*
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The physician shall determine using any testing procedures that they feel necessary, if the above named person is fit under the listed criteria below for firefighting duties. This is done to help ensure that the firefighter will not jeopardize themselves or others that they may come into contact with while performing their duties.

Fit for Full Duty:

Able to respond to emergency incidents and enter into an atmosphere that is IMMEDIATELY DANGEROUS TO LIFE AND HEALTH (IDLH) and fit to wear SCBA as per Worksafe BC Part 31, Section 31.20

Fit for Light Duty:

Able to respond to emergency incidents, take a support role and be able to drive fire apparatus. The firefighter is not able to enter into an IDLH atmosphere and is not allowed to wear SCBA as per Worksafe BC Part 31, Section 31.20

Unfit For Duty:

Not able to respond to emergency incidents, but able to help out around the fire hall as the department sees fit. The firefighter is not able to enter into an IDLH atmosphere and is not allowed to wear SCBA.

1. If a fee is applicable for the service of the physician, it is to be billed to the Castlegar Fire Department, 2161 6th Ave, Castlegar, BC, V1N 3B2.
2. To function safely and effectively as a member of the fire department, it is essential that the applicant be physically and mentally fit to perform the varied duties of a firefighter.

3. Height: _____ Weight: _____ BMI: _____

4. Blood Pressure: ____/____ Pulse: _____ Resp. Normal Yes___ No___

5. Vision: Without Glasses: R 20/____ L 20/____
With Glasses: R 20/____ L 20/____

6. History of significant previous illness:

7. Is there any evidence or history of:

Allergies	Yes/No	Seizure Disorder	Yes/No
Heart Disease	Yes/No	Diabetes	Yes/No
Hypertension	Yes/No	Infectious Disease	Yes/No
Asthma	Yes/No	Arthritis	Yes/No
Other Respiratory disease	Yes/No	Back Pain/Disorder	Yes/No
Fainting Spells	Yes/No	Hernia	Yes/No
Dizziness	Yes/No		

8. Is this your first contact with this patient? Yes/No

9. If no, how long have you treated the patient? _____

10. Are there any reasons to be concerned that the applicant can safely operate a fire apparatus under stressful situations? Yes/No

11. Is the patient taking any regular medication which may affect duties?
Yes/No

If yes, please specify:

12. In light of your examination please recommend a frequency that you would like to see this patient again for a follow up examination and re-evaluation.

Every year ____ Every two years ____ Every three years ____

13. In light of your examination, findings and the guidance of this form:

Do you consider the patient physically and mentally capable of performing the duties of a Firefighter?

Circle one:

Fit for Full Duty

Fit for Light Duty

Unfit for Duty

Physician (signature) _____

Date: _____

Physician Name (print) _____

Address: _____

Phone Number: _____ Cell: _____

This information and all other personal information that is gathered is kept in the strictest of confidence and used solely for its intended purpose.

Please Return completed form and invoice if any to:

Sam Lattanzio, Fire Chief

Castlegar Fire Department

460 Columbia Avenue,

Castlegar, BC

V1N 1G7