MEDICAL EXAM FORM AND HEALTH QUESTIONAIRE

INSTRUCTIONS: MEDICAL EXAM FORM (Pages 2-4) The patient needs to fill out items 1-15 and sign item #56. The physician needs to fill items 16-55 and 57-60.

INSTRUCTIONS: HEALTH QUESTIONAIRE (Pages 5-13) The patient needs to fill out all qustions to the best of their ability and print, sign, date page #13. The "Medical Exam" form and "Health Questionaire" are to be KEPT WITH THE PATIENTS MEDICAL RECORDS at the hospital.

THE LAST PAGE OF THIS PACKET (***DUTY STATUS STATEMENT FORM***) NEEDS TO BE FILLED OUT AND RETURNED TO THE FIRE DEPARTMENT ALONG WITH A COPY OF THE HOSPITAL BILL.

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

1. NAME (Last) (First) (Middle)	2. SEX)	3. DATE OF EXAMINATION

4. SOCIAL SECURITY #	5. JOB DESCRIPTION (Fire Department)	6. DATE: LAST EXAMINATION

7. REASON FOR PRESENT EXAMINATION

☐ Pre-Employment ☐ Schedule Medical Evaluation ☐ Baseline Examination

8. TEMP	9. PULSE	10. BLOOD PRESSURE	11. HEIGHT	12. WEIGHT	13. RESPIRATIONS

14.VISION	UNCORRECTED				CORRECTED			15.COLOR BLIND
DISTANCE	RE 20/	BOTH	LE 20/		RE 20/	BOTH	LE 20/	☐ YES
NEAR	RE 20/	BOTH	LE 20/		RE 20/	BOTH	LE 20/	☐ NO

CLINCIAL EVALUATION

* Code √ Within normal limits X Significantly abnormal N/A Not examined

	Area Examined	**Use Code**	Remarks (Describe all Signficant Abnormal finding)
16	Head and Neck		
17	Thyroid		
	Lymph nodes		
18	Eyes		
	Fundi		
19	Ears		
20	Nose and sinuses		
21	Mouth and throat		
22	Teeth		
23	Chest and lungs		
	Breast		
24	Heart		
25	Abdomen		
26	Inguinal. E.g.hernia		
27	Genitalia		
28	Pelvis		

* Code √ Within normal limits X Significantly abnormal N/A Not examined

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

* Code √ Within normal limits X Significantly abnormal N/A Not examined

	Area Examined	Use Code	Remarks (Describe all Signficant Abnormal finding)
29	Anus and rectum		
	Prostate		
	Procloscopic		
30	Spine		
31	Skin		
32	Arms		
	Hands		
33	Legs		
	Feet		
34	Peripheral-Vascular		
35	Neurologic		
36	Emotional Stress		
37	Other		

* Code √ Within normal limits X Significantly abnormal N/A Not examined

38. Urine Dip Glucose: Albumin: S.G.

Heme: Leukocyte-Esterase: Other:

39. Flex	40. Strep Test	41. Body fat	42. PFT	43. Audio

44. Chest X-Ray	45. EKG (Specify test used)	46. Hemocult

47. Back evaluation	48. Tetanus	49. PPD

* Code √ Within normal limits X Significantly abnormal N/A Not examined

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

* Code √ Within normal limits X Significantly abnormal N/A Not examined			
50. Stress Test Results Code Box			
51. Other X-ray or laboratory findings Code Box			
52. Physician's summary remarks, including recommendations made to patient (include code numbers for diagnoses and conditions found)			
53. Recommendation / Restrictions	54. Physician's signature		
	55. R.N. signature (if applicable)		
	56. Patient's signature		
57. Work qualification	58. Contact person:	59. Date:	60. Initial:

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

Health History (To be filled out by the patient)

	Yes	No	If "Yes" Give Details
Have You Had Any Surgeries/Operations:			
On your back, arm, leg or knee?	☐	☐	
To treat a hernia?	☐	☐	
Varicose veins?	☐	☐	
Other operations?	☐	☐	
Have you ever been hospitalized?	☐	☐	
Allergy - Have You Ever Had or Do You Currently Have			
Serious allergy?	☐	☐	
Bad reaction to any medication?	☐	☐	
Advised not to take any medication?	☐	☐	
Skin - Have You Ever Had or Do You Currently Have			
Hives/eczema or rash?	☐	☐	
Chronic skin problems(e.g. cut slow to heal)?	☐	☐	
Excessive skin dryness?	☐	☐	
Problems with "easy brusing"?	☐	☐	
Chemical or jewerly rash/sensitivity?	☐	☐	
Neuro - Have You Ever Had or Do You Currently Have			
A psychiatric or emotional problem?	☐	☐	
Numbness/weakness/paralysis?	☐	☐	
Dizziness or fainting spells?	☐	☐	
Severe/frequent or migraine headaches?	☐	☐	
Head injury, concussion, or skull fracture?	☐	☐	
Neurological disorders?	☐	☐	
Seizures or blackouts?	☐	☐	
Stroke?	☐	☐	

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Eyes/Ears - Have You Ever Had or Do You Currently Have			
Hearing loss?	☐	☐	
Frequent ear infections?	☐	☐	
Ringing in ears?	☐	☐	
Other ear problems?	☐	☐	
Glaucoma or cataracts?	☐	☐	
Red eyes?	☐	☐	
Eye injury/vision loss?	☐	☐	
Other eye problems?	☐	☐	
Glasses/contacts?	☐	☐	
Date of last vision screen?	☐	☐	
Head/Neck - Have You Ever Had or Do You Currently Have			
Date of last dental exam:	☐	☐	
Recent problems with teeth/dentures?	☐	☐	
Frequent mouth ulcers/infections?	☐	☐	
Sinus or hay fever?	☐	☐	
Frequent sore throats?	☐	☐	
Frequent nose bleeds?	☐	☐	
Trouble with thyroid (e.g. taking thyroid medciation)?	☐	☐	
Problem requiring radiation treatment to the neck area?	☐	☐	
Lungs - Have You Ever Had or Do You Currently Have			
Asthma or wheezing?	☐	☐	
Coughed up any blood?	☐	☐	
Shortness of breath without apparent reason?	☐	☐	
TB or a positive skin test for TB?	☐	☐	
Pneumonia or pleurisy?	☐	☐	
Do you cough every day, especially in the morning?	☐	☐	

Continued on next page

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Pain or tightness in chest?	☐	☐	
More than three episodes of bronchitis in one year?	☐	☐	
Ever smoke tobacco in any form?	☐	☐	How long: Pack per day: When quite:
Had a chest x-ray?	☐	☐	Last time:
Heart - Have You Ever Had or Do You Currently Have			
Rheumatic fever or heart murmur?	☐	☐	
Heart disease?	☐	☐	
Treated for heart condition?	☐	☐	
Unusually cold or bluish-colored hands or feet?	☐	☐	
High blood pressure. If yes, how is it treated?	☐	☐	
Anemia or any blood disorders?	☐	☐	
Phlebitis, varicose veins, or blood clots/poor circulation?	☐	☐	
Chest pain with activity?	☐	☐	
GI - Have You Ever Had or Do You Currently Have			
Ulcers?	☐	☐	
Hiatal hernia?	☐	☐	
Idigestion, pain, or unusual burning in stomach?	☐	☐	
Vomiting blood?	☐	☐	
Bloody/tarry bowel movements?	☐	☐	
Colitis or nervous stomach?	☐	☐	
Yellow jaundice or hepatitis?	☐	☐	
Problems with your pancreas?	☐	☐	
Gallbladder disease?	☐	☐	

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Kidneys - Have You Ever Had or Do You Currently Have			
Bladder or kidney infections?	☐	☐	
Kidney stones?	☐	☐	
Burning or discomfort on urination, or frequent urination?	☐	☐	
Hernia?	☐	☐	
Blood in urine?	☐	☐	
Miscellaneous - Have You Ever Had or Do You Currently Have			
Diabetes or sugar in your blood or urine?	☐	☐	
Cancer of any kind?	☐	☐	
Muscle-Skeletal - Have You Ever Had or Do You Currently Have			
Arthritis, rheumatism, neck, back,or spine injury or disease?	☐	☐	
Been treated for back problems?	☐	☐	
Recurrent stiffness or back pain?	☐	☐	
Bursitis, tendonitis?	☐	☐	
Recurrent pulled muscles or sprains?	☐	☐	
Hand or wrist injury or problem?	☐	☐	
Hip or knee injury or problem?	☐	☐	
Ankle or foot injury or problem?	☐	☐	
Frostbite?	☐	☐	
Job requiring heavy lifting or standing, or sitting for long periods of time?	☐	☐	
Any broken bones?	☐	☐	
For Females Only - Have You Ever Had or Do You Currently Have			
Menstrual irregularities?	☐	☐	
Recurrent problems of the female organs?	☐	☐	
Breast masses or lumps?	☐	☐	
Do you practice monthly breast self-exam?	☐	☐	

Continued on next page

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Have you ever had a mammogram?	☐	☐	
Date of last pap smear?	☐	☐	

For Males Only - Have You Ever Had or Do You Currently Have

Prostate or testicular problems?	☐	☐	
Breast tenderness, swelling, or lumps?	☐	☐	
Do you practice monthly testicular self-exam?	☐	☐	

GENERAL LIFESTYLE (Check the answer that best describes you)

General Health	☐ Poor	☐ Fair	☐ Good	☐ Excellent
% of Seatbelt use	☐ 0-24%	☐ 25-49%	☐ 50-74%	☐ 75-100%
Daily stress	☐ Low	☐ Moderate	☐ High	
Average hours sleep	☐ 6 or less	☐ 7-8 hrs	☐ 8+ hrs or more	
Average meals daily	☐ 1 meal	☐ 2 meals	☐ 3 or more	
Number of eggs per week	☐ 0-1	☐ 2	☐ 3 or more	
Average number red meat per week	☐ 0-1	☐ 2 thru 3	☐ 3 or more	
Average number of alcholic beverages/beers per week	☐ 0-5	☐ 6 thru 14	☐ 15 or more	

	Yes	No	If "Yes" Give Details
Do you exercise three times per week? 30-40 minutes each time? Identify types of exercise.	☐	☐	
Are you more than 30% above your ideal body weight?	☐	☐	
Have you received a tetanus booster in the last 10 years?	☐	☐	
Have you been immunized against hepatitis A and/or B?	☐	☐	Year immunized Hep A:
	☐	☐	Year immunized Hep B:
Do you take any prescription medication?	☐	☐	
Do you take nonprescription medication (or over-the-counter drug) on a regular basis?	☐	☐	
Do you practice in a workplace wellness/help promotion program?	☐	☐	

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
WORK HISTORY (Have you ever:)			
Been restricted in your work or given "light duty" because of your health or injury?	☐	☐	
Left a job because of health problems?	☐	☐	
Been injured on the job and treated by a doctor?	☐	☐	
Received compensation for an industrial injury or illness?	☐	☐	
Are you receiving any health care treatment (e.g. physical therapy, chiropractic, acupuncture, medical, ect)?	☐	☐	
Been hospitalized in the last five years?	☐	☐	
Have you had any illness or injury that we have not asked you about?	☐	☐	
Do you have hobbies, such as furniture refinishing, painting, hunting, shooting or model building?	☐	☐	
Do you moonlight or have a second job?	☐	☐	
WORK HISTORY (Exposures - Have You Ever Worked Around the Following:)			
Chemical plant?	☐	☐	
Coke oven?	☐	☐	
Construction?	☐	☐	
Cotton, flax, or hemp mill?	☐	☐	
Electronics plant?	☐	☐	
Farm?	☐	☐	
Foundry?	☐	☐	
Hazardous waste industry?	☐	☐	
Hospital?	☐	☐	
Lumber mill?	☐	☐	
Metal production?	☐	☐	
Mine?	☐	☐	
Nuclear industry?	☐	☐	

Continued on next page

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Paper mill?	☐	☐	
Pharmaceutical?	☐	☐	
Plastic production?	☐	☐	
Pottery mill?	☐	☐	
Refinery?	☐	☐	
Rubber processing plant?	☐	☐	
Sand pit or quarry?	☐	☐	
Service station?	☐	☐	
Shipyard?	☐	☐	
Smelter?	☐	☐	
Have You Ever Worked With or Been Exposed To:			
Aldrin?	☐	☐	
Arsenic?	☐	☐	
Asbestos?	☐	☐	
Benzene?	☐	☐	
Benzidine?	☐	☐	
Beryllium?	☐	☐	
BIS chlormethyl ether?	☐	☐	
Cadmium?	☐	☐	
Carbon disulfide?	☐	☐	
Carbon tetrachloride?	☐	☐	
Chlorine?	☐	☐	
Chlorodane?	☐	☐	
Chloroform?	☐	☐	
Chloroprene?	☐	☐	
Chromates?	☐	☐	
Chromic acid mist?	☐	☐	
Cutting oils?	☐	☐	
DDT?	☐	☐	
Dieldrin?	☐	☐	

Continued on next page

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

	Yes	No	If "Yes" Give Details
Dust coal?			
Dust sandblasting?			
Dust other?			
Ethyl dibromide?			
Ethylene oxide?			
Heptachlor?			
Hexachlorobenzene?			
Isocyanates (TDL, MDI)?			
Lour or continuous noise?			
Mercury?			
Methylene chloride?			
Microwaves, lasers?			
Nickle?			
PCB's?			
Pesticides, herbicides?			
Phenois?			
Phosgene?			
Plastics?			
Radioactive materials?			
Roofing materials?			
Rubber?			
Silica?			
Solvents/defreasers?			
Soots and tars?			
Spray painting?			
TRI/PER chloroethylene?			
Vinly chloride?			

List any toxins/chemical/biological hazards you might be exposed to:

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

Space for Additional Comments:

NOTE: Upon completion of this form please keep with Hosptial Medical Records.

Patient: Name (Print) _____

Signature _____ Date _____

VALDEZ FIRE DEPARTMENT
MEDICAL EXAMINATION FORM AND HEALTH QUESTIONAIRE

DUTY STATUS STATEMENT FORM

Instructions: *Please have the physician fill out the information below. This page is to be returned to the Fire Deparment in the provided seal envelope to Mike Bowden or George Keeny.*

Section One: ☐ PATIENT NAME: _____

The above name patient has undergone a physical examination to establish their abilities to perform their job duties as assigned with the Valdez Fire Department. At this time after reviewing their Health Questionaire along with the physical exam I herby find this individual ***FIT FOR DUTY*** .

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Section Two: ☐ PATIENT NAME: _____

The above name patient has undergone a physical examination to establish their abilities to perform their job duties as assigned with the Valdez Fire Department. At this time after reviewing their Health Questionaire along with the physical exam I herby find this individual ***NOT FIT FOR DUTY*** . Further medical monitoring or testing is required. These needs have been discussed with the patient.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____