



INDIAN RIVER STATE COLLEGE

Fire/Rescue Department

PHYSICAL EXAMINATION DIRECTIONS

IMMUNIZATIONS MAY TAKE 30 DAYS TO COMPLETE, SO MAKE AN APPOINTMENT AS SOON AS POSSIBLE.

FRONT OF FORM

1. Student to complete the top portion of the form.
2. Physician or nurse practitioner to complete the bottom portion of the form, **sign, and date, including the complete address and phone number of the facility. Form will not be accepted without this information completed. (Cannot be a Chiropractor.)**

BACK OF FORM

- I. **Tuberculin Test: Follow your healthcare provider's procedure for Tuberculin Skin Testing Method.** If Tuberculin Skin Test or Quantiferon Gold Test is positive, have chest X-ray taken or complete the symptom-free checklist if you have had a positive chest x-ray in the past. This test is valid for one year from the time of reading, and must be valid through the end of each semester. (If the TB expires during the semester, it must be updated prior to registering for the semester.)
- II. **MMR: (Measles, Mumps, Rubella Vaccine)** – (a) Proof of two vaccines (physician requires that there be one month between vaccines), or (b) proof of immunizations by titer, or (c) exempt from vaccine if born before 1/1/57. If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).
- III. **Tetanus/Diphtheria/Pertussis:** Proof of immunization within the last seven years. (If the Tetanus expires during the semester, it must be updated prior to registering for the semester.)
- IV. **Hepatitis Vaccination:** (a) Proof of **either** two Heplisav B or three Hepatitis B immunizations **and** positive surface antibody test 1-2 months after all doses, or (b) Positive Hepatitis B Titer. If you do not have (a) or (b) sign to decline immunization at this time.
- V. **Varicella Status:** (a) Known history of chickenpox with positive Varicella Titer, or (b) 2 doses of the Varicella Vaccine.
- VI. **Annual Influenza (Flu) Vaccine:** Vaccine must be done every year.
- VII. **Physician or Nurse Practitioner must initial each section where data is entered then sign and date at the bottom.**

All health information that is not documented on health forms must have:

1. Letterhead from institution or physician or nurse practitioner.
2. Signature of physician or nurse practitioner.
3. Date immunization or update was given.



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING
BUREAU OF FIRE STANDARDS AND TRAINING

Please print legibly.

NAME: LAST FIRST MI STUDENT ID

Indian River State College

TRAINING CENTER E-MAIL ADDRESS CONTACT PHONE NUMBER

For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. The examination is required by section 633.412, F.S., before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 458, F.S.; or an osteopathic physician, surgeon, or physician's assistant licensed to practice in this state pursuant to chapter 459, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

Such examination must include, at a minimum, the following:

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead EKG	Auditory hearing in the pure tone
Systolic and Diastolic Blood pressure	Far visual acuity corrected or uncorrected
Respiratory system	Peripheral vision
Gastrointestinal system	Genitourinary system
Endocrine and metabolic systems	Musculoskeletal system
Neurological system	

For the medical professional conducting the examination to complete: (sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury, or deficiencies. The applicant is medically fit to engage in firefighter training.

Signature _____

Has a pre-existing or current condition, illness, injury, or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefighter training.

Signature _____

Completion Required (please print)

Name of medical professional signing form

Date signed

Office address

Office telephone number

LABORATORY TESTS AND IMMUNIZATIONS

Student Name: _____ Student ID: _____ Program: _____

PLEASE INITIAL EACH SECTION AND SIGN BOTTOM OF PAGE

To be completed by Health Care Practitioner

I.

Tuberculin Skin Test	Date Administered:	Date Read:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR			
Quantiferon Gold Test	Date Drawn:	Date Read:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR			
Chest X-Ray	Date:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative

II.

If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).			
MMR Vaccine	Date:	Date:	
OR			
Rubella Titer	Date:	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune
Rubeola Titer	Date:	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune
Mumps Titer	Date:	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune

III.

Tetanus/Diphtheria/Pertussis	Date:		<input type="checkbox"/> Valid within the last 7 years
OR	Tetanus Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Diphtheria Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Pertussis Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

IV.

Hepatitis B Vaccine	Date:	Date:	Date:	Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR	Heplisav B Vaccine	Date:	Date:	Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
OR	Hepatitis B Titer	Date:		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

OR

Sign declination if all immunizations and Surface Antibody Test are not complete or titer results were negative.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature (if declining) _____

V.

Varicella Titer	Date:		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
OR			
Varicella Vaccine	Date:		
	Date:		

VI.

Influenza (Flu) Vaccine	Date:
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VII.

I certify that the above tests and/or vaccinations were performed in this office or laboratory, or documentation was provided to me by the patient.

(If the above tests and/or vaccinations were *not* performed in this office, documentation of agency performing the tests and/or immunizations is provided).

Licensed Health Care Practitioner Signature: _____ License #: _____

Print Name: _____ Date: _____

Essential Job Tasks and Descriptions from NFPA 1582, 2018 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods. (5.1.1.1)
2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads. (5.1.1.2)
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. (5.1.1.3)
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs. (5.1.1.4)
5. Wearing fire protective ensemble that is encapsulating and insulated and SCBA, 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). (5.1.1.5)
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility. (5.1.1.6)
7. Wearing personal protective ensemble and SCBA, advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles. (5.1.1.7)
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. (5.1.1.8)
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. (5.1.1.9)
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens. (5.1.1.10)
11. Performing critical, time-sensitive, and 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. (5.1.1.11)
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, and hear and locate the source of calls for assistance from victims or other firefighters. (5.1.1.12)
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. (5.1.1.13)