



Fire Science
HEALTH RECORD

DIRECTIONS: Have your physician or college health fill out and sign the Health Record. **This must be on file with your immunization records prior to residency check-in to the Fire Residency Program**

Name _____ Birth Date _____
Last First Middle

Home Address _____ Phone No. _____

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings:

- _____ Cardiovascular System Remarks _____
- _____ Respiratory Remarks _____
- _____ Gastrointestinal Remarks _____
- _____ Genitourinary-Gynecologic Remarks _____
- _____ Central Nervous System Remarks _____
- _____ Musculo-Skeletal Remarks _____
- _____ EENT (include visual & hearing acuity) Remarks _____
- _____ Scoliosis Remarks _____

List all medications student is taking. _____

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)? _____

The skills portion of Fire Science training may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical EMT experiences. _____

This is to certify that I have examined this student and find that he/she is able to participate in ANY form of fire service skills/testing.

Date of examination _____ Examining Physician/NP/PA _____
Address _____

II. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN COLLEGE HEALTH

Immunizations must be documented by a physician, their office personnel, college health, or a health department representative. Students are not authorized to complete the form

III. TUBERCULIN SKIN TEST REQUIRED ANNUALLY.



Name: _____

Required immunizations, Tests, & or Titers (Attach a Photocopy)

1. **TDAP** in last 10 years Date: _____

2. **MMR-**
(2 shots needed at least 30 days apart) #1 Date: _____

(Cannot be given during pregnancy) #2 Date: _____

OR Measles, Mumps, and Rubella Titer Date: _____ Results: _____

3. **VARICELLA**

I had chickenpox on _____
(Date of disease) (Physician Signature)

OR Varicella Vaccine #1 Date: _____

#2 Date: _____

OR Varicella Titer Date: _____ Results: _____

4. **TB SKIN TEST**

2 Step required: Date planted: _____ Results: ____ mm Date read: _____

Date planted: _____ Results: ____ mm Date read: _____

5. **Seasonal Flu** (Sept. 1 –April 30)
(Not needed Summer Semester) Date: _____

6. **HEPATITIS A & B (Optional)** Date #1: _____

Date #2: _____

Date #3: _____

HEPATITIS A & B VACCINE WAIVER

The Hepatitis Vaccine is safe. You are considered to be a higher risk of contracting Hepatitis A & B because you will be working in the Pre-Hospital and Hospital setting. Approximately 15-20% of people who work in these areas are immune. If you are immune, you will of course not need immunized.

Circle appropriate response and sign:

YES I understand the risks and benefits of immunization with the Hepatitis A & B vaccine. If I am not immune, I will seek the vaccination.

Signed: _____ Date: _____

NO I understand the risks and benefits of immunization with the Hepatitis A & B vaccine. Despite potential benefits, I prefer NOT to be immunized at this time.

Signed: _____ Date: _____

Have you ever had Hepatitis?

If yes, what type?

Other Comments: