



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 Titters (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:**