Tasmania Fire Service

Medical Declaration and
Pre-employment Medical Examination
Trainee Firefighter
FORM 3
ADVICE TO OCCUPATIONAL PHYSICIANS

The Tasmania Fire Service is recruiting Trainee Firefighters in 2019. Our selection process includes the completion of a pre-employment medical examination to ensure candidates are suitable for the role.

Attached is a Confidential Medical Report Form. Please examine the person and advise us of your recommendation. If you have any additional or specific questions relating to medical conditions, please contact the TFS Recruitment Officer, Station Officer Sandra Onn on 03 6173 2074 or at sandra.onn@fire.tas.gov.au

Operational employees with the Tasmania Fire Service at times may have to carry out prolonged and demanding physical work in extreme temperature and high levels of humidity; necessitating the wearing of protective clothing and at times breathing apparatus (approximately 17 Kg) which is bulky and heavy. They also are required at times to carry knapsack water pumps (approximately 20 Kg).

They could also be exposed to considerable psychological stress in emergencies and while in dangerous situations, such as enclosed, dark, smoke filled spaces or working at great height. Training is designed to minimise these dangers and stresses but the maintenance of acceptable physical fitness and medical health is essential.

It should be noted that in addition to general medical problems, certain common conditions are generally considered unacceptable for operational staff. For example any history of asthma, significant hay fever, obesity, significant colour blindness or impaired eyesight or hearing would normally preclude a person because these factors could put the employee or members of his/her crew at undue risk.

The completed form should be returned via email as soon as possible to sandra.onn@fire.tas.gov.au or by mail:

'Confidential'
TFS Recruitment Officer
Employment Conditions and Strategy
GPO Box 308
HOBART 7001

Tasmania Fire Service

CONFIDENTIAL MEDICAL DECLARATION

CAREER FIREFIGHTER APPLICATION 2019

(Pages 1 and 2 completed by applicant prior to medical examination)

Personal Statement of Health made by : .....
Given Names Surname

Address: .....

Date of Birth: ..... Telephone: .....

Name of Family General Practitioner: .....

1. Present Occupation/Position? .....
2. Previous Occupation? .....
3. Do you take regular medication? .....
4. Do you consume alcohol? What form and daily quantity? .....
5. Do you smoke? What form and daily quantity? .....
6. Do you engage in regular exercise? .....
7. Have you been admitted to hospital? When & why? .....
8. In the last two years how many times have you seen a Doctor? .....
9. How many days have you had off work because of sickness or injury? .....
10. When did you last have a Tetanus vaccination? .....
11. What is the present state of your general health? .....
12. Have you **ever** had any of the following? Circle Yes or No.

a.	High blood pressure, rheumatic fever, pain in the chest or any heart complaint?	Yes/No	.....
b.	Pneumonia, T.B. or other lung disease?	Yes/No	.....
c.	Asthma, wheezing, bronchitis or chest infection?	Yes/No	.....
d.	Hay fever, sinus trouble, deafness, eczema, or other skin rash?	Yes/No	.....
e.	Indigestion, stomach ulcer, bowel, liver or gall bladder disease?	Yes/No	.....
f.	Epilepsy, headaches, faint attacks or fits of any kind?	Yes/No	.....
g.	Mental or nervous disorder or breakdown?	Yes/No	.....
h.	Kidney or bladder disease including renal colic or stone, pyelitis or cystitis?	Yes/No	.....

i. Diabetes, gout, cancer or tumour of any type? Yes/No .....

j. Coughing of blood, passage of blood from the bowel or in the urine? Yes/No .....

k. Back injury, strain or ache or joint trouble? Yes/No .....

l. Any other illness, injury or broken bones? Yes/No .....

13. Do you suffer from any allergies? Yes/No .....

14. Have you ever had your eyes tested, worn spectacles or contact lenses or been told you were colour blind? Yes/No .....

15. a. Has any near relative suffered from diabetes, epilepsy, T.B., mental disorder, breakdown or suicide? Yes/No .....

b. Has any near relative suffered from high blood pressure, heart disease, asthma or lung disease? Yes/No .....

16. Complete the following schedule of family history

	LIVING		**DECEASED**	
Relationship	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

Declaration.

I declare that the answers to the above questions are true, and that I have not withheld any information, and I consent to the State Fire Commission Medical Examiner seeking further information from any Doctor who at any time has attended me and I authorise the giving of such information. I understand that I will be informed before such medical reports are requested, and that this information will only be sought to enable a fully informed decision to be made about my safety and employment with the Tasmania Fire Service.

Dated the ..... day of 2019

Applicant's Signature: .....

Witnessed by Medical Examiner: .....

Doctor’s comments on items on medical declaration:

_____

_____

_____

_____

_____

_____

_____

Medical Examination

Candidate Name: _____ DOB: _____ Gender: _____

_

Examination Date:_____ Examining Doctor: _____

1 General Observation *(scars, posture, general, hygiene, other)*	Normal ☐	Abnormal ☐	Comments:
2 Cardiovascular System: **Blood Pressure:** *(repeat if necessary)*	**Systolic:** mm HG **Diastolic:** mm HG _____ **Systolic:** mm HG **Diastolic:** mm HG _____		
Pulse Rate:	Normal ☐	Abnormal ☐	Comments:
Heart Sounds:	Normal ☐	Abnormal ☐	Comments:
Peripheral Pulses:	Normal ☐	Abnormal ☐	Comments:
3 Chest/Lungs:	Normal ☐	Abnormal ☐	Comments:
4 Abdomen: *(Liver, hernia other)*	Normal ☐	Abnormal ☐	Comments:
5 Musculoskeletal: *(ROM, strength, wasting, reflexes)* **Shoulders:**	Normal ☐	Abnormal ☐	Comments:
Neck:	Normal ☐	Abnormal ☐	Comments:
Back:	Normal ☐	Abnormal ☐	Comments:

Hip/Knees/Ankle/Foot:	Normal ☐	Abnormal ☐	Comments:
Hands/Wrists/ Forearms/Elbows:	Normal ☐	Abnormal ☐	Comments:
6 Neurological: **Gait:** *(Open eyes, closed eyes other)*	Normal ☐	Abnormal ☐	Comments:
Balance: *(Romberg's Sign: a pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by side for 30 seconds)*	Normal ☐	Abnormal ☐	Comments:
Coordination:	Normal ☐	Abnormal ☐	Comments:
7 Skin *(Dermatitis, scars, other)*	Normal ☐	Abnormal ☐	Comments:
8 Vision *(Pupils, visual fields, eye movements etc)*	Normal ☐	Abnormal ☐	Comments:
9 ENT *(Teeth, throat, ear canals/drums hearing)*	Normal ☐	Abnormal ☐	Comments:
10 Other	Normal ☐	Abnormal ☐	Comments:

Summary:

_____

_____

_____

_____

_____

_____

_____

INVESTIGATIONS:

Urinalysis:	Dip Stick	Drug Screen	Comments:
Height: **cm** **Weight:** **kg**	**Blood Pressure:** **Pulse Rate:**		Comments:
Colour Vision: *(Ishihara)*	Pass:	Fail:	Explanation:
Distant Vision: **Uncorrected:**	Right:	Left:	Both:
Corrected	Right:	Left:	Both:
Near Vision **Uncorrected:**	Right:	Left:	Both:
Corrected:	Right:	Left:	Both:
	Comments:		

Lung Function Test

Insert results and comments:

Percentage Loss of Hearing

(Based on NAL Report NO. 118)

Insert results and comments:

Tasmania Fire Service
CONFIDENTIAL MEDICAL REPORT
CAREER FIREFIGHTER APPLICATION

Candidate Name: _____ DOB: _____ Gender: _____

Examination Date:_____ Examining Doctor: _____

Chest Expiration: ..... Abdomen: .....

Chest Inspiration: ..... Urine: .....

SYSTEM REVIEW

General Comments:

Respiratory:

Cardiovascular:

Gastrointestinal:

Genito Urinary:

Locomotor:

Nervous:

Vision (including colour):

Hearing:

TESTS

Lung Function - Achieved - Predicted:

FEV 1:

FVC:

FER %:

X-Rays (Chest and/or Lumbar Spine {A/P and lateral erect, no shoes} if indicated):

Audiometry (permanent employment only):

ECG (if indicated) :

Fitness Assessment:

Assessment and any other relevant comments:

Medical Examiner's Name: ..... Contact No: ……

Medical Examiner's Signature: .....

Date: ..... / ..... / 2019