# Firefighter Annual Medical Physical Program

The purpose of this document is to outline parameters of a medical evaluation program for candidate and uniform members.

Our Fire and Rescue Organization is committed to providing members with a safe and healthful working environment. Annual medical evaluations in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, Current Edition, will be afforded to all members.

The purpose of this document is to outline a medical evaluation program that will reduce the risk and burden of fire and emergency medical service occupational morbidity and mortality while improving the health, and thus the safety and effectiveness of member operating to protect civilian life and property. The annual medical physical program of members shall include, but not limited to, the following:

* Identifying conditions that interfere with a member’s ability to safely perform essential job tasks without undue risk to harm to self or others.
* Monitoring the effects of exposure to specific biological, physical, or chemical agents on individual members.
* Detecting changes in a member’s health that can be related to harmful working conditions.
* Detecting patterns of disease or injury occurrence in the workforce that could indicate underlying work-related problems.
* Providing members with information about their current health, promoting wellness, and referring them for appropriate further evaluation and treatment.
* Providing member with information and education about occupational hazards.
* Providing a cost-effective investment in work-related disease prevention, early detection, and promoting a healthy lifestyle for members.
* Complying with federal, state, provincial, local, and/or other jurisdictional requirements.

This standard shall specify safety requirements for those members involved in rescue, fire suppression, emergency medical services, hazardous materials operations, special operations, and other related activities. This shall be applicable to all organizations providing the above activities. Members will have the ability to follow two options that are outlined in this document.

**MEMBER OPTIONS and PROCESS**

***Option 1:*** Members will be provided the opportunity, while on duty, to complete an Annual Physical as described in **Exhibit A** with an approved, contracted Healthcare Provider. Members will provide the **Participation Notice** to the Department upon completion. The scheduling of this physical will be coordinated through the organizations outlined process.

***Option 2:*** Members will complete an Annual Physical as described in **Exhibit A,** off duty, with a physician of their choice. This option requires coordination with the chosen physician ensuring they understand the NFPA 1582 – Firefighter Annual Medical Physical process and requirements. Furthermore, the physician must understand this is a multi-appointment physical over two visits (see example chart below of two visit appointment testing and schedule). The member will coordinate the appointment with their chosen physician and must bring the following documents with them: *Annual Medical Physical Evaluation Criteria, Participation Notice, and Medical Clearance.* The member must ensure the physician dates and signs the Participation Notice and return to (TBD by organization).

#### Example of Two Visit Appointment Schedule

#### HEALTHCARE PROVIDER INFORMTION FOLLOW-UP QUESTIONS

VISIT REQUIREMENTS and APPOINTMENT LOCATION

|  |  |
| --- | --- |
| ***Visit Number 1*** | ***Location:*** |
| 1. Treadmill Stress Test
2. Lab Draws
3. Chest X-Ray
 |  |
| ***Visit Number 2*** | ***Location:*** |
| 1. Medical Exam and Final Testing |  |

Members will be paid one (1) hour of overtime for every consecutive year a documented physical is completed with a max of five (5) hours of overtime. Upon completion of the physical, the Participation Notice must be submitted to (TBD by organization) so the member will receive the applicable overtime.

#### Any member of the Local who brings forward a clinical finding to the organization, as a result of participation in the firefighter annual physical program, will be offered light duty while the member works with their physician to mitigate the health issue and return to suppression activity.

Some, if not all, out of pocket expenses directly related to the physical will be reimbursed by (TBD by organization) to a maximum reimbursement (TBD by organization). Supporting documentation from insurance will be submitted to Human Resources prior to reimbursement.

**Annual Medical Physical Evaluation Criteria**

All evaluations need to include a review of lab results for specific known Fire Service cancer risks including ***testicular, prostate, skin, brain, rectum, stomach, bladder, and colon cancer, non-Hodgkin’s lymphoma, multiple myeloma and malignant melanoma.***

**M EDICAL HISTORY QUESTIONNARE**

A health history questionnaire must be completed to provide baseline information with which to compare future medical concerns.

**PHYSICAL EXAMINATION**

|  |
| --- |
| **Vital Signs:**Height, Weight, Blood Pressure, Temperature, Heart Rate, Respiratory Rate |
| **HEENT:** Head, Ears, Eyes, Nose Throat |
| **Neck:** Major Vessels, Lymph Nodes, Endocrine Structures, Physiological Functioning, Abnormal Masses, Gland Enlargement, Suspicious Skin Lesions |
| **Cardiovascular:**Inspection, Auscultation, Percussion, Palpation |
| **Pulmonary**: Inspection, Auscultation, Percussion, Palpation |
| **Gastrointestinal:** Inspection, Auscultation, Percussion, Palpation |
| **Genitourinary:**Hernia exam (Also, see Cancer Screening). |
| **Lymph Nodes:**The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, axillary, and inguinal regions. |
| **Neurological:**The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes). |
| **Musculoskeletal:** Includes an overall assessment of range of motion (ROM) of all joints. |
| **Skin:**Inspect for Color, Vascularity, Lesions, Edema. |

**B lood Analysis**

The following are components of the blood analysis. At a minimum, laboratory

services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols.

|  |  |
| --- | --- |
| White Blood Cell Count | Differential |
| Red Blood Cell Count (Hematocrit) | Platelet Count |
| Glucose | Sodium |
| Albumin | Calcium |
| HBA1c | Potassium |
| Blood Urea Nitrogen | Carbon Dioxide |
| C-Reactive Protein | Creatine |
| Total Protein |  |

##### Liver Function Testing

|  |  |
| --- | --- |
| SGOT/AST  | Alkaline Phosphatase |
| SGPT/ALT  | Bilirubin |
| LDH | Albumin |

**Annual Medical Physical Evaluation Criteria (Cont.)**

##### Cholesterol

|  |  |
| --- | --- |
| Total Cholesterol | Low Density |
| Lipoprotein (LDL-C) | High Density Lipoprotein |
| Total Cholesterol/HDL Ratio | Triglycerides |

## U rinalysis

|  |  |
| --- | --- |
| Dip Stick to include: pH, Glucose, Ketones, Protein, Blood, Bilirubin | *Microscopic to include: WBC, RBC, WBC Casts, RBC Casts, Crystals* |

## V ision Testing

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders including cataracts, macular degeneration, glaucoma, and diabetic retinopathy.

**P ulmonary (Spirogram)**

Testing should include: FVC, FEV1, FEV1 / FVC Ratio, Peak expiratory flow rate, Pre/Post Bronchodilator, and DLCO.

**C hest X-Ray** (Initial Baseline)

Repeat chest x-ray every three (3) years (optional) and every five (5) years (mandatory).

## A erobic / Cardiovascular Evaluation

Testing should include the following: Resting 12 lead and Stress EKG with Vo2 calculated (annually).

## C ancer Screening Elements

|  |  |
| --- | --- |
| Clinical Breast Examination | Mammogram – Annual beginning at ager 40 |
| Pap Smear | Testicular Exam |
| Digital Rectal Exam | Fecal Occult Blood Testing |
| Bladder Cancer | Colonoscopy (Discuss with Physician) |
| PSA – Annual on all male uniformed personnel who have a positive family history or prostate cancer or are African American beginning at age 35. All uniformed male personnel beginning at age 40. |  |

**Annual Medical Physical Evaluation Criteria (Cont.)**

## I mmunizations and Infectious Disease Screening

|  |  |
| --- | --- |
| Hepatitis A Vaccine | Hepatitis B Vaccine |
| Tuberculosis Screen (Annual PPD) | Hepatitis C Virus Screen |
| Tetanus/Diphtheria Vaccine (Booster) | Influenza Vaccine |
| Measle, Mumps, Rubella Vaccine (MMR) | Polio Vaccine |
| Varicella Vaccine | Human Papilloma Virus (HPV) |
| HIV Screening (Required to be offered) |  |

## H eavy Metal and Special Exposure Screening

|  |  |
| --- | --- |
| Arsenic (Urine) | Mercury (Urine) |
| Lead (Urine) | Aluminum |
| Antimony | Bismuth  |
| Cadmium | Chromium |
| Copper | Nickel |
| Zinc | Organophosphates (RBC Cholinesterase) |
| Polychlorinated Biphenyls (Blood) |  |

**Optional Screenings**

|  |  |
| --- | --- |
| Testosterone – Total | Testosterone – Free |
| Thyroid (TSH) | Coronary Artery Calcium CT or EBT scan |

**Annual Medical Physical Evaluation Criteria (Cont.)**

**Patient Biometric Data**

**THIS DOES NOT RETURN OR REPORTED TO EMPLOYER/ORGANIZATION**

Please provide your patient with the following information for their personal use.

|  |  |
| --- | --- |
| **Blood Pressure** |  |
| **Total Cholesterol** | HDL: LDL: |
| **Triglycerides** |  |
| **Glucose** | Fasting: Non-Fasting: |
| **Waste Girth** |  |
| **Hip Girth** |  |



# Participation Notice

Dear Healthcare Provider,

Your Emergency Services patient is requesting your evaluation as part of their fire department’s participation in its Fire Service Occupational Health and Fitness Program. This program is a holistic medical surveillance program that is designed to track the unique health needs of the modern firefighter.

Payment:

* All pre-approved and documented expenses are covered by the parent’s Department.
* Pre-approved and documented expenses up to $ .
* Some expense may be covered by patient’s employee insurance.
* Nothing – Patient is responsible for all costs.

This notice confirms that the emergency services member identified above was evaluated as part of the department’s firefighter wellness and fitness program. As indicated below and along with the 14 Essential Job Tasks, this person’s medical evaluation was based on either:

* + **NFPA 1582 - Chapters 7 and 9 along with the 14 Essential Job Functions** h [ttp://www.nfpa.org/1582](http://www.nfpa.org/1582)
	+ IAFC’s FSTAR **Healthcare Provider’s Guide to Firefighter Physicals**

[h ttp://www.fstaresearch.org/resource/?FstarId=11591](http://www.fstaresearch.org/resource/?FstarId=11591)

* + **IAFF/IAFC Wellness Fitness Initiative** (WFI) Chapter 2 h [ttp://www.fstaresearch.org/resource/?FstarId=11368](http://www.fstaresearch.org/resource/?FstarId=11368)
	+ A review of the individual’s personal physician’s record of evaluations

|  |
| --- |
| ***-*** *For Physician Use Only -* |
| **WELLNESS MEDICAL EXAMS** |
| Complex Preventive Medical Exam < 40 yrs old | 99395 | Initial Comprehensive Medical Exam-New pt 40+ yrs | 99386 |
| Complex Preventive Medical Exam 40 + yrs old | 99396 | Initial Comprehensive Medical Exam-New 19-39 yrs | 99385 |
| Established Review | 99213 | Other: |  |
| **FIREFIGHTER EXAM LABS** |
| Comprehensive Metabolic Panel (CMP) | 80053 | Complete CBC, Automated (to include) | 85025 |
| *Albumin Potassium* |  | *HGB WBC & Platelet Count* |  |
| *Biliruben; Total Protein; total* |  | *HCT Automated Differential WBC* |  |
| *Calcium; Total Sodium* |  | *RBC* |  |
| *Carbon Dioxide (bicarbonate) Transferase* |  | Urinalysis with Microscopy | 81001 |
| *Chloride (ALT)(SGPT) & transferase* |  | PSA, Total (males – all ages) | 84152 |
| *Creatinine Aspirate Amino (AST)(SGOT)* |  | HEP C/A/B | 86803 |
| *Glucose Urea Nitrogen (Bun) Incl VAP* |  | *(optional)* HIV | 86703 |
| *Phosphatase Trigylcerides* |  | (*optional)* Thyroid TSH | 84443 |
| *Alkaliine CR protein; High sensitivity* |  | *(optional)* Testosterone; totalTestosterone; free | 8440284403 |
| Hemaglobin A1C (diabetes screen) |  | Bilirubin: Direct | 82248 |
| **WELLNESS PROCEDURES** |
| Chest X-Ray 2 View | 71020 | Resting EKG | 93000 |
| Pulmonary Spirometry/NO BRONCHDILATOR/NO DIFF | 94010 | Maximal Treadmill Stress Test/CLINICAL EVAL/FUNCTIONAL CAPACITY | 93015 |

 / /

Member Name and Date (please print)

 / /

Licensed Healthcare Provider Name and Date (please print)

 / /

Member’s Signature

 / /

Licensed Healthcare Provider’s Signature



**Medical Clearance Form**

**Name:**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by physician:**

Date of exam:

I understand that I am being asked to provide this medical clearance in order to assure the Fire and Rescue Organization that, to a reasonable degree of medical certainty and based upon the information that I have, the person examined by me is a medically capable of participating in all/some/none of the essential job functions listed herein. I have examined the above named individual, reviewed his/her medical history, and make the following recommendation for his/her participation as a fire and rescue member.

**Full Participation Interim Status- (follow up information required) \* No Participation**

**\*Follow up Requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Interim Status Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (print):

 Address:

City: State: Zip:

Telephone:

**Physician’s Signature: Date:**