

# MEDICAL CRITERIA FOR PARTICIPATION IN FIREFIGHTING TRAINING

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations and E.O. 9397

**PRINCIPAL PURPOSE(s):** To assist in determining physical suitability for participation in firefighting training.

**ROUTINE USE(s):** The Blanket Routine Uses that appear at the beginning of the Department of the Navy's Compilation in the Federal Register apply.

**DISCLOSURE:** Providing the information is voluntary. However, failure to do so may preclude participation in firefighting training.

NAME \_\_\_\_\_ RANK/RATE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ COMMAND \_\_\_\_\_

COURSE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### SECTION A: MUST BE COMPLETED WITHIN 96 HOURS TO ARRIVAL AT FIREFIGHTING SCHOOL

#### CIRCLE YES OR NO

- YES NO 1. Do you have any fractures, sprains, splints or casts?
- YES NO 2. Do you have a hernia?
- YES NO 3. Are you pregnant?
- YES NO 4. Are you being or have within the last 10 days been treated for pneumonia, bronchitis or Asthma\*?
- YES NO 5. Do you have conjunctivitis (eye infection)?
- YES NO 6. Do you have high blood pressure, heart disease, stress related chest pains, or are you being treated /monitored for any of these?
- YES NO 7. Have you had surgery or a postoperative procedure within the last 10 days?
- YES NO 8. Are you on light/limited duty or have you had a tooth extracted within the last 72 hours?
- YES NO 9. Are you out of height/weight or body standards IAW OPNAVINST 6110.1?
- YES NO 10. Are you unable to participate in or complete the PRT?
- YES NO 11. Are you taking any prescription or over-the-counter medications?  
LIST MEDICATIONS \_\_\_\_\_
- YES NO 12. Do you have hypotension (low blood pressure), or hypoglycemia (low blood sugar)?
- YES NO 13. Do you have any open cuts, recent stitches or new tattoos? (within the past 72 hours)
- YES NO 14. Do you have nasal congestion or an ear/nose/throat infection?
- YES NO 15. Do you have a history of heat exhaustion or heat stroke?
- YES NO 16. Have you been briefed on necessary hydration procedures?
- YES NO 17. Have you tested positive for either Sickie Cell Trait or G6PD? (If "yes" then hydration brief by Corpsman/EMT is required)
- YES NO 18. Are you sunburned or do you have any other recent skin burns?
- YES NO 19. Do you have any plastic or metal joints?
- YES NO 20. Do you have any other illness/injury not covered above?

Members health record AVAILABLE / NOT AVAILABLE for medical screening (circle one)

SUITABLE \_\_\_\_\_ HEALTH CARE PROVIDER/CORPSMAN'S NAME \_\_\_\_\_  
UNSUITABLE \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

NOTE: This prospective student has been screened as suitable for firefighting training based on the information provided above. Specifically, the following "YES" answers have been evaluated and found not to be disqualifying factors (list question numbers for which student answered "YES") IAW CNSTINST 3541.1 IF a "YES" answer is given for questions 1-5, 21 or 22, the student will automatically be disenrolled. **Students with Asthma MUST be screened and cleared for training by a medical officer or Independent Duty Corpsman and have their inhaler with them to participate in firefighting training.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B: TO BE COMPLETED BY STUDENT UPON ARRIVAL AT FIREFIGHTING SCHOOL**

When a student reports for training with a listed condition, the parent command is required to provide evidence of medical evaluation specifically stating the students medical suitability for firefighting training. Additionally, the parent command is to certify that all students attending firefighting training are medically suitable for participation. This does not alleviate the school from conducting a complete medical screening utilizing this questionnaire. The Firefighting School corpsman/EMT shall conduct all medical screening and shall consult with the Officer-in-Charge of the Firefighting School in making the final decision regarding student suitability/unsuitability for participation in live firefighting training.

- YES NO 21. Have you slept less than 4 hours since midnight?
- YES NO 22. Have you consumed any alcohol in last 12 hours?  
If yes, explain \_\_\_\_\_
- YES NO 23. Do you have any petroleum based/flammable products in your hair?
- YES NO 24. Have you experienced any changes to your health since being screened by a medical representative? If yes, explain \_\_\_\_\_
- YES NO 25. Is there any reason you may not be fully capable of participating in firefighting training?  
If yes, explain \_\_\_\_\_

NOTE: All students will be given a brief regarding the hydration procedure prior to participating in live firefighting training.

I certify that the above fully describes my current health. I understand that I am to notify a Firefighting School Instructor immediately if I am injured at any time during training or if my health changes at any time during this course. I further understand that contact lenses can be worn during Firefighting training.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Signature (for second day use only) Date

Evaluated fit for training: YES/NO

\_\_\_\_\_  
HOSPITAL CORPSMAN/EMT Date

\_\_\_\_\_  
HOSPITAL CORPSMAN/EMT Date

\_\_\_\_\_  
Officer in Charge, Firefighting School Date