Chetwynd Fire Department
Box 357
Chetwynd, BC
V0C 1J0

APPLICANT MEDICAL QUESTIONNAIRE
CHETWYND FIRE DEPARTMENT

History to be completed by the applicant:

To the applicant: Please complete this questionnaire and take it with you to the medical examination by your physician.

Date:_____/_____/_____
Month day year

Name: _____ Care Card # _____
Family name Given Name(s)

Date of birth: _____/_____/_____ Age: _____ Gender: M_____F_____
Month day year

Address:_____ Phone:_____

City: _____ Prov: _____ Postal Code: _____

Present Health:

1. **Good with no medical complaints: Yes____No__**
2. **Symptoms or medical complaints:_____**
3. **Are you presently on any treatment for any medical condition? Yes _____No _____**

If Yes please explain: _____

_____

Activity related problems: _____

Have you experienced any of the following conditions related to work or exercise?

Back problems	☐	**Chest pain**	☐	**Dizziness**	☐	**Fainting**	☐
Muscle or joint problems	☐	**Irregular heart beat**	☐	**Wheezing**	☐	**Other**	☐

Please Explain: _____

_____

Have your ever had a work injury requiring time off work? If yes, please describe._____

_____

Medications: Please list any medications you are taking on a regular basis:_____

_____

_____

Drug Allergies:_____

Other Allergies: _____

Illnesses, operation, hospitalizations, or injuries:

Date: mm/dd/yyyy	**Problem**	**Treatment**	**Outcome**

Check if any near relative had:				**Age**	**Health (If deceased age/cause)**		**Age**	**Health (If deceased age/cause)**
ASTHMA/ALLERGIES	☐	HEART DISEASE	☐ FATHER			CHILDREN		
CANCER	☐	HIGH BLOOD PRESSURE	☐ MOTHER					
DIABETES	☐	KIDNEY DISEASE	☐ SISTERS					
NEUROLOGICAL DISORDER	☐	EPILEPSY	☐ BROTHERS					
BLOOD DISORDERS	☐	STROKES	☐					

Check if you ever had or do you now have any problems related to:

EYE OF VISION DEFECTS	☐	LUNGS, PNEUMONIA	☐	BACK PAIN	☐	EAR OR HEARING DEFECTS	☐	RHEUMATIC FEVER	☐
VARICOSE VEINS	☐	HEMORRHOIDS	☐	FREQUENT HEADACHE	☐	SHORTNESS OF BREATH	☐	ANEMIA BLOOD DISORDER	☐
DIZZY SPELLS	☐	SWELLING OF ANKLES	☐	DIABETES	☐	EPILEPSY, CONVULSIONS	☐	HEART TROUBLE	☐
SKIN PROBLEM/ALLERGIES	☐	FAINTING, PARALYSIS	☐	HIGH BLOOD PRESSURE	☐	LOSSOF WEIGHT, APPETITE	☐	NOSE/SINUS	☐
BOWEL STOMACH	☐	FREQUENT INDIGESTION	☐	THROAT, THYROID	☐	LIVER GALLBLADDER	☐	KIDNEY, BLADDER	☐
CHEST PAINS	☐	HERNIA	☐	DISABILITY AWARDS	☐	FRACTURES, DISLOCATION	☐	OTHER ILLNESSES/INJURY	☐
ALCOHOL CONSUMED	☐	AMOUNT PER WEEK				TOBACCO CONSUMED	☐	AMT. PER DAY	

Consent for independent medical examination and release of information:

The above information is correct and complete to the best of my knowledge. I _____, hereby consent to a medical examination by Dr. _____, who then has my consent to send a report of the findings to the Chetwynd Fire Department. I further authorize any physician who has attended or examined me to release full details of my medical status to the above named physician upon their request.

Signature of Applicant:_____ Date: _____

Witness:_____ Date: _____

PHYSICAL EXAMINATION

Chetwynd Fire Department
Box 357
Chetwynd, BC
V0C 1J0

To be completed by physician:

Height:	Weight	BP	Pulse Rate Regular?	Hearing	
				Right	Left

Color Vision	Vision	Without Glasses		With Glasses		Are contact lenses worn? yes ☐ no ☐ Name of doctor who provided lenses:
	Near:	Right	Left	Right	Left	
	Far 20/					

Forward bending knees extended distance fingertips from floor:	Reflexes	
	Romberg	Patellar
Approx. Inches	Achilles	Babinsky

List only limiting physical conditions

	Normal	Abnormal	Not Examined	Findings	Follow-up Suggested
General Assessment					
E.N.T.					
Pulmonary					
Abdomen					
Genitourinary					
Neurological					

PHYSICIANS COMMENTS, SUMMARY, RECOMMENDATIONS AND DIAGNOSES:

Rating:
(please check one)

☐ **Physically fit for membership/active fire duty without physical limitations.**

☐ **Physically fit for membership/active fire duty with LIMITATIONS. (please explain)**_____

☐ **Does not meet medical requirements.**

Examining Physician:

Name: _____ **Date:** _____

Signature: _____

Address: _____

Note to Chetwynd Medical Clinic:
Please send Invoice to:

Attention: Chief Sabulsky
District of Chetwynd
Box 357
Chetwynd, BC, V0C, 1J0