



## White Mountain Apache Fire & Rescue Department

P.O. Box 1929,  
612 S. Chief Ave., Whiteriver, AZ 85941  
Ph: 928-338-1701 Fax: 928-338-1710

A designated hospital/clinic will be performing your Annual Physical Examination (APE). The APE is designed to meet the *Federal Interagency Wildland Firefighter Medical Standards* requirements so you may take the “Pack Test”.

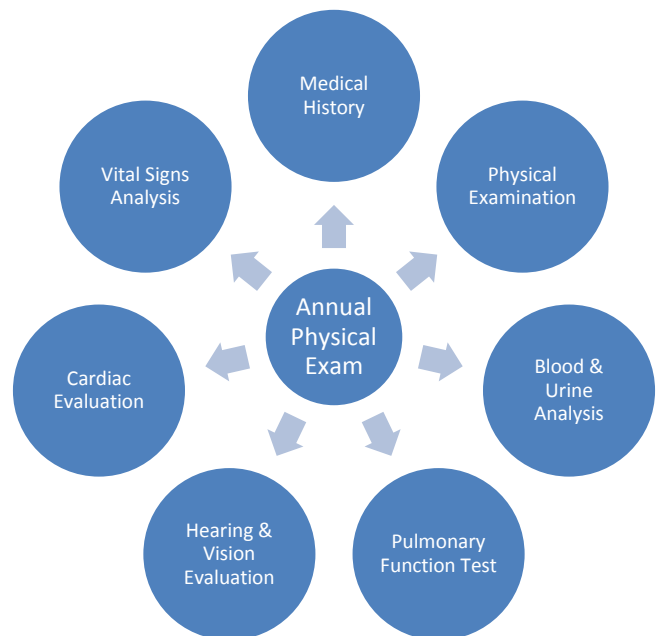
The essential functions and work conditions of a wildland firefighter are identified on page 2. They are the basis for the interagency wildland firefighter medical standards and quantify the expectation that the firefighter can perform the full range of duties at any time and at any place, maintaining continuity of operations at all times. If you need to see the *Federal Interagency Wildland Firefighter Medical Standards* requirements, you may find it at [://www.nifc.gov/medical\\_standards/program](http://www.nifc.gov/medical_standards/program).

**Instructions:** Please fill out all the paperwork and questionnaires before you come to your physical. You will need to fast at least 12 hours before your physical exam. You will be expected to arrive at the facility at the time scheduled. If you need to cancel the appointment call the appointment desk at least 24-hours in advance or you will not be allowed to receive the examination and may be required to obtain it on your own time and expense.

Do not come to any part of the exam if you are ill, have a fever or are on antibiotics. Remember, cancel in a timely manner!!

You will be given back all the documents. Ensure your doctor also completes the Annual Medical and Clearance Form (last page) for Wildland Firefighters (Arduous Duty). Make a copy for yourself and give the original back to the White Mountain Apache Fire & Rescue Services.

Once you have turned in the Annual Medical and Clearance Form for Wildland Firefighters (Arduous Duty), you are cleared to take the Pack Test.



**ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A  
WILDLAND FIREFIGHTER**

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<i>May include:</i>			
<ul style="list-style-type: none"> <li>• long hours (minimum of 12 hour shifts)</li> <li>• irregular hours</li> <li>• shift work</li> <li>• time zone changes</li> <li>• multiple and consecutive assignments</li> <li>• pace of work typically set by emergency situations</li> <li>• ability to meet “arduous” level performance testing (the “Pack Test”), which includes carrying a 45 pound pack for 3 miles in 45 minutes, approximating an oxygen consumption ( max) of 45 mL/kg-minute</li> <li>• typically 14-day assignments <i>But may extend up to 21-day assignments</i></li> <li>• <i>for smokejumpers</i> - ability to meet the minimum Smokejumper Fitness Test, which includes 1 ½ mile run in 11:00 minutes or less, 25 pushups, 7 pullups, 45 situps; and carry 110 lbs for 3 miles in 90 minutes or less.</li> </ul>	<ul style="list-style-type: none"> <li>• use shovel, Pulaski, and other hand tools to construct fire lines</li> <li>• lift and carry more than 50#</li> <li>• lifting or loading boxes and equipment</li> <li>• drive or ride for many hours</li> <li>• fly in helicopters and fixed wing airplanes</li> <li>• work independently, and on small and large teams</li> <li>• use PPE (includes hard hat, boots, eyewear, and other equipment)</li> <li>• arduous exertion</li> <li>• extensive walking, climbing</li> <li>• kneeling</li> <li>• stooping</li> <li>• pulling hoses</li> <li>• running</li> <li>• jumping</li> <li>• twisting</li> <li>• bending</li> <li>• rapid pull-out to safety zones</li> <li>• provide rescue or evacuation assistance</li> <li>• use of a fire shelter</li> <li>• <i>for smokejumpers</i> - lift and carry more than 100 lbs; perform parachute jumps, and perform parachute landings on uneven terrain</li> </ul>	<ul style="list-style-type: none"> <li>• very steep terrain</li> <li>• rocky, loose, or muddy ground surfaces</li> <li>• thick vegetation</li> <li>• down/standing trees</li> <li>• wet leaves/grasses</li> <li>• varied climates (cold/hot/wet/dry/humid/snow/rain)</li> <li>• varied light conditions, including dim light or darkness</li> <li>• high altitudes</li> <li>• heights</li> <li>• holes and drop offs</li> <li>• very rough roads</li> <li>• open bodies of water</li> <li>• isolated/remote sites</li> <li>• no ready access to medical help</li> </ul>	<ul style="list-style-type: none"> <li>• light (bright sunshine, UV)</li> <li>• burning materials</li> <li>• extreme heat</li> <li>• airborne particulates</li> <li>• fumes, gases</li> <li>• falling rocks and trees</li> <li>• allergens</li> <li>• loud noises</li> <li>• snakes</li> <li>• insects/ticks</li> <li>• poisonous plants</li> <li>• trucks and other large equipment</li> <li>• close quarters, large numbers of other workers</li> <li>• limited/disrupted sleep</li> <li>• hunger/irregular meals</li> <li>• dehydration</li> </ul>

## Annual Medical History and Clearance Form Wildland Firefighters (Arduous Duty)

Firefighter's Name:		SSN:	
Name of Employing Agency:		Date of Birth:	
Position/Job Title:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address (Street or PO Box, City, State & Zip):		Date of Last Physical Exam:	
Home Phone:		Work Phone:	

Incomplete forms or missing information may result in a delay clearing you for firefighter duties and prevent you from taking the Pack Test. Submitting information that is misleading or untruthful may result in termination or failure to be cleared as a firefighter. This history form and review do not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the White Mountain Apache Fire & Rescue Department or their representatives for the purpose of medical clearance as an arduous duty wild land firefighter.

Firefighter's Signature:	Date:
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### MEDICAL HISTORY

#### Smoking History

This information is needed since smoking increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung disease, coronary heart disease, high blood pressure and stroke. Please check your smoking status and complete the associated section:

Current Smoker
  Former Smoker
  Never Smoked

#### Current Smokers

Number of cigarettes per day? \_\_\_\_\_  
 Number of cigars per day? \_\_\_\_\_  
 Number of pipe bowls per day? \_\_\_\_\_  
 Total Years you have smoked? \_\_\_\_\_

#### Former Smokers:

Number of cigarettes per day? \_\_\_\_\_  
 Number of cigars per day? \_\_\_\_\_  
 Number of pipe bowls per day? \_\_\_\_\_  
 Total years you smoked? \_\_\_\_\_

#### Describe Your Physical Activity or Exercise Program

Type of Activity or Exercise: \_\_\_\_\_

Intensity:      Low \_\_\_\_\_      Moderate \_\_\_\_\_      High \_\_\_\_\_  
 (Examples:      Walking                      Jogging/Cycling                      Sustained heavy breathing and perspiration)

Duration in Minutes per Session: \_\_\_\_\_

Frequency in Day per Week: \_\_\_\_\_

#### Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)


Date of last Tetanus (Td) shot: \_\_\_\_\_

<p style="text-align: center;"><b>MEDICAL HISTORY (Continued)</b></p> <p><b>Do you have, or have you ever had?</b></p>	Yes	No	<p style="text-align: center;">Every item checked "Yes" must be explained in the spaces below, specifying the number of item. Copies of pertinent medical records also may be necessary.</p>
1. Surgery, or advised to have surgery?			
2. Treatment by doctors, healers, or other practitioners for any problem other than minor illnesses?			
3. Treatment for a mental or emotional condition?			
4. Allergies? (If "Yes", describe in the box on the right).			
5. Any type of eye disorder?			
6. Do you wear glasses?			
7. Contact lenses? Hard or Soft (Circle one)			
8. Any type of ear disease?			
9. Problem with dizziness or balance?			
10. Any type of skin disease (other than acne)?			
11. Varicose veins, blood clots, or swollen and painful veins?			
12. Anemia?			
13. High blood pressure?			
14. A stroke?			
15. Poor circulation in hands or feet?			
16. Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat) or heart attack?			
17. Problem with passing out, fainting, or losing consciousness?			
18. Any type of lung disease?			
19. Asthma, bronchitis or emphysema?			
20. A need to use inhaler?			
21. Tuberculosis or positive TB skin test?			
22. Diabetes?			
23. A need of insulin shots?			
24. Unexplained weight loss or gain?			
25. Joint pain or arthritis?			
26. Loss of use of an arm, leg, finger or toe?			
27. Back pain, back trouble, or injury?			
28. Tremors, shakiness, or seizures?			
29. Numbness or tingling in hands or feet?			
30. Frequent headaches or migraines?			
31. Any type of stomach or intestine disease?			
32. Hernia?			
33. Hepatitis?			
34. Any type of liver disease?			
35. Blood in the stool or vomited blood?			
36. Any type of kidney or bladder disease?			
37. Kidney stones?			
38. Difficulty or pain with urination?			
39. Diagnosed or treated for alcoholism or alcohol dependence?			
40. Diagnosed as depended on drugs or treated for drug abuse?			

Firefighter Name (Print Only): \_\_\_\_\_

Screening Item	Results	Qualifying Standard	Comments															
1. Height (inches)		None																
2. Weight (pounds)		None																
3. Blood Pressure (mmHg)		Less than or equal to 140/90																
4. Pulse (bpm)		None																
5. Hearing (without hearing aids)	<p style="text-align: center;">Heard?</p> <p>Whispered word at 1 foot from ear (opposite ear should be covered)</p> <p>Right Whisper <input type="checkbox"/></p> <p>Left Whisper <input type="checkbox"/></p> <p>Spoken word at 1 foot from ear (opposite ear should be covered.)</p> <p>Right Spoken <input type="checkbox"/></p> <p>Left Spoken <input type="checkbox"/></p> <p>The use of a hearing aid(s) to meet this standard is <b>not</b> permitted.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>500 Hz</th> <th>1000 Hz</th> <th>2000 Hz</th> <th>3000 Hz</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		500 Hz	1000 Hz	2000 Hz	3000 Hz	Right					Left					<p>A current pure tone, air conduction audiogram, using equipment and a test setting which meet the standards of the American National Standards Institute (see 29 CFR 1910.95); and documentation of hearing thresholds of no greater than 40 dB at 500, 1000, 2000, and 3000 Hertz in each ear; and no evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.</p>	
	500 Hz	1000 Hz	2000 Hz	3000 Hz														
Right																		
Left																		
6. Vision	<p>Uncorrected far: <i>(Soft contact lense wearers can leave contacts in)</i></p> <p>Right -20/ _____</p> <p>Left -20/ _____</p> <p>Correct Far:</p> <p>Right -20/ _____</p> <p>Left -20/ _____</p> <p>Peripheral Vision: <i>(at least laterally in each eye)</i></p> <p>Right Peripheral _____</p> <p>Left Peripheral _____</p> <p>Color (Red/Green/Yellow):</p> <p>Can see:</p> <p>Red <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/></p>	<p>Far visual acuity uncorrected of at least 20/100 in each eye for wearers of hard contacts or spectacles; and far visual acuity of at least 20/40 in each eye corrected (if necessary) with contact lenses or spectacles; and color vision sufficient to distinguish at least red, green, and amber (yellow); and peripheral vision of at least laterally in each eye; and normal depth perception; and no ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.</p>																
7. Cardiac & Vascular	<p>EKG: _____</p> <p>Exam:</p>	<p>Normal baseline 12 lead electrocardiogram (minor, asymptomatic arrhythmias may be acceptable); no pitting edema in the lower extremities, and normal cardiac exam. A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including phlebitis or thrombosis, venous stasis and arterial insufficiency</p>																
8. Chest & Respiratory System	<p>Actual VFC: _____</p> <p>Actual FEV1: _____</p> <p>Actual FEV1/FVC: _____</p> <p>Comments:</p>	<p>A pulmonary function test showing: forced vital capacity (FVC) of at least 70% of the predicted value; forced expiratory volume at 1 second (FEV1) of at least 70% of the predicted value; and the ratio FEV1/FVC of at least 70%; and no evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.</p>																

<b>9. Endocrine and Metabolic System</b>	Albumin: _____ BUN: _____ Creatinine: _____ Glucose: _____ A/G ratio: _____ Globulins: _____ Protein: _____ LDL/HDL: _____	A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and normal fasting blood sugar level; and normal blood chemistry results; and no evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	
<b>10. Hematopoietic System</b>	WBC: _____ RBC: _____ Hematocrit: _____ Platelets: _____ Hemoglobin: _____	A physical exam of the skin that is within the range of normal variation; and a complete blood count (including hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range; no evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	
<b>11. Musculoskeletal System</b>	Exam:	A physical exam of the upper and lower extremities, neck, and back that is within the range of normal variation for strength, flexibility, range of motion, and joint stability; and no evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	
<b>12. CNS/PNS &amp; Vestibular System</b>	Exam:	A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation; and no evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	
<b>13. Gastrointestinal System</b>	Exam:	A physical exam and evaluation of the gastrointestinal tract that is within the range of normal variation; and normal liver function and blood chemistry laboratory tests; and no evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	

<b>14. Genitourinary System</b>	Sp. Gravity _____ Protein _____ Ketones _____ Bilirubin _____ Blood(Hemoglobin)_____	A normal clean catch urinalysis; and no evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	
<b>15. Immune System/Allergic Disorders</b>	Last Tetanus: _____ CBC/WBC: _____	A general physical exam of all major body systems that is within the range of normal variation, normal complete blood count, including white blood count and differential; current vaccination status for tetanus; and no evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.	

**Findings:**

**A. No Significant Findings** – The firefighter meets the qualifying medical standards listed above. The firefighter appears capable of performing the functional requirements of an arduous duty wild land firefighter. Note: this include the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground.

**B. Significant Finding (Uncorrected Far Vision Only)** – The firefighter does not meet the uncorrected far vision standard listed above. An acceptable waiver with restrictions is to require the possession during duty hours of a second set of corrective lenses. With this restriction, the firefighter appears capable of performing the functional requirements of an arduous duty wild land firefighter. Note: this include the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground.

**C. Significant Medical Findings** – The firefighter does not meet one or more of the qualifying medical standards listed above, OR is not considered capable of performing the functional requirements of an arduous duty wild land firefighter, OR is not considered able to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground.

**D. Final Determination - Cannot be Made Based on Available Medical Information** – The following results (please list) were inconclusive and require that further information be provided to the White Mountain Apache Fire & Rescue from the firefighter’s personal health care provider. The firefighter and the White Mountain Apache Fire & Rescue should contact their agency representative for further direction. Final recommendation for participation as an arduous duty wild land firefighter cannot be made at this time.

(Print Only) Name – Local Health Care Professional	Signature – Local Health Care Professional	Date
(Print Only) Address	License/Certification Number	License/Certification State
(Print Only) City, State & Zip	Telephone Number	

Firefighter Name (Print Only): \_\_\_\_\_

# Annual Physical Examination

## ARDUOUS DUTY WILDLAND FIREFIGHTER CLEARANCE FORM

**Local health Care Provider:** Complete the information required below, then detach and provide this page to the firefighter at the end of the medical screening.

**Firefighter:** You must return this page to the White Mountain Apache Fire & Rescue prior to taking the Pack Test.

Firefighter Name: \_\_\_\_\_

Agency, Unit, and Location: \_\_\_\_\_

\_\_\_\_\_

Employee **CLEARED** for Arduous Duty Wildland Firefighting and the Pack Test. (Findings A or B were marked on Page 7)

Second set of corrective lens (glasses) to meet uncorrected vision standard is required. (Finding B was marked on Page 7)

Employee **NOT CLEARED** for Arduous Duty Wildland Firefighting and the Pack Test. Further evaluation is necessary. Findings were discussed with the firefighter. (Findings C or D were marked on Page 7)

\_\_\_\_\_  
(Print Only) Name – Local Health Care Professional

\_\_\_\_\_  
Signature – Local Health Care Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Only) Address

\_\_\_\_\_  
License/Certification Number

\_\_\_\_\_  
License/Certification State

\_\_\_\_\_  
(Print Only) City, State & Zip

\_\_\_\_\_  
Telephone Number