



# Reserve Mines Volunteer Fire Department

195 Main Street  
Reserve Mines, Nova Scotia  
B1E 1E7



## Volunteer Fire Fighter Intake Medical Assessment

*To be completed by physician*

**The candidate shall provide the physician with a copy of the Fire Fighter Job Description at the time of examination**

1. Eyes and vision:

- a. Far visual acuity less than 20/40 binocular, corrected with contact lenses or glasses, or far visual acuity less than 20/100 binocular for wearers of hard contacts or glasses, uncorrected
- b. Color perception – monochromatic vision resulting in inability to use imaging devices such as thermal imaging cameras
- c. Monocular vision
- d. Any eye condition that results in the candidate not being able to safely perform one or more of the essential job tasks
- e. **IN YOUR OPINION, DOES THE PATIENT HAVE 20/30 CORRECTED VISION WITH COLOR AND PERIPHERAL VISION ACCEPTABLE FOR THE FIRE FIGHTER?**
  1. YES \_\_\_
  2. NO \_\_\_

2. Ears and hearing:

- a. Chronic vertigo or impaired balance as demonstrated by the ability to tandem gait walk
- b. Any ear condition (or hearing impairment) that results in the candidate not being able to safely perform one or more of the essential job tasks
- c. **IN YOUR OPINION, DOES THE PATIENT HAVE NORMAL UNAIDED HEARING**
  1. YES \_\_\_
  2. NO \_\_\_
- d. **DOES THE PATIENT HAVE ANY EAR CONDITION (OR HEARING IMPAIRMENT) THAT RESULTS IN A PERSON NOT BEING ABLE TO SAFELY PERFORM FIRE FIGHTER JOB TASKS**
  1. YES \_\_\_
  2. NO \_\_\_

3. Fire fighting involves periods of heavy physical exertion under conditions of physical and emotional stress, sometimes for prolonged periods.

- a. **IN YOUR OPINION, DOES THE PATIENT HAVE ANY CARDIOVASCULAR DISEASE OR CONDITIONS THAT WOULD LIMIT THE CANDIDATE FROM PERFORMING THE ROLE OF FIRE FIGHTER?**
  1. YES \_\_\_
  2. NO \_\_\_



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4. As a fire fighter, your patient will be required to wear protective clothing and a breathing apparatus weighing approximately 75lbs, they will be required to perform various physical function such as sitting, standing, walking, running, kneeling, crouching, stooping, squatting, twisting upper body, climbing, balancing, pushing, pulling and/or lifting which can last for extended periods of time

a. **IN YOUR OPINION, DOES THE PATIENT HAVE ANY CURRENT MEDICAL CONDITIONS THAT WILL PROHIBIT THEM FROM SAFELY DOING ANY OF THESE ACTIVITIES? (IF YES, PLEASE INDICATE WHICH ACTIVITIES IN THE COMMENTS BELOW)**

1. YES

2. NO

**PHYSICIAN COMMENTS:**

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Based on my examination of this patient (please print name)

\_\_\_\_\_ I have found him/her to be:

fit for position of fire fighter

unfit for position of fire fighter

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address & Phone #: \_\_\_\_\_