



# Fire/Rescue Medical Program

Provided by Sound Medical Systems and HealthSure

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## Fire/Rescue/EMS Member Status Update

*This portion of the form must be completed before the member can be examined:*

Name of Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Fire Department : \_\_\_\_\_

My current status in the department is: \_\_\_\_\_

I hereby have the permission of the FD for a medical evaluation and am requesting to be medically certified as:

- ☐ Interior/Indoor ("Class A")   ☐ Exterior/Outdoor ("Class B")   ☐ Fire Medic (EMS)   ☐ Administrator  
☐ Fire Police   ☐ Probationary Member   ☐ Junior Firefighter   ☐ Other \_\_\_\_\_

I understand that if am found at my exam or soon afterwards, to have a condition which will affect my status, that I will be informed immediately by Sound Medical / Healthsure personnel as to the condition, and the new status. The Fire Department will then be notified and sent a copy of this form only. A member's medical information is private, confidential and secure with Sound Medical / Healthsure. Fire District and department personnel are only informed regarding medical certification status, not medical information other than immunization, PPD and drug testing results without the member's signed permission.

I have read and understand all of the above:

Fire/Rescue Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL CERTIFICATION:

**As a result of the physical exam and testing performed on or near the date of exam, you are "Medically Certified"** to carry out the following duties as described by NFPA, IAFF and your department:

- ☐ **Interior/Indoor Structural Firefighter** (often referred to as "Class A") You are medically certified to use SCBA respirators and you have satisfied the requirements as authorized on OSHA 29 CFR 1910.134 and .156 If you satisfy the Fit Test requirement for the year.
- ☐ **Exterior/Outdoor Structural Firefighter** (often referred to as "Class B")
- ☐ **Fire-Police Firefighter** (often referred to as "Class C")
- ☐ **EMS Fire/Rescue** (Often referred to as "Class E")
- ☐ **Administrative** (clerical)
- ☐ **Medical Leave:**   ☐ Line of Duty   ☐ Non Line of Duty (status/activity based on Department policy)
- ☐ Other: \_\_\_\_\_

**TUBERCULIN TESTING (PPD)**   ☐ Performed   ☐ Not Performed   **IMMUNIZATION STATUS**   ☐ Reviewed & Verified

### MASK FIT:

☐ Respiratory Fit Test completed. SCBA Mask Size:   ☐ Small   ☐ Med   ☐ Large   ☐ XL   3M N-95 Mask Size:   ☐ Small   ☐ Regular

### DRIVING:

- ☐ You are NOT medically cleared to drive any fire district vehicle at any time
- ☐ You are medically cleared to drive:
- ☐ All vehicles, all situations: (Heavy Duty Fire-matic, Emergency, Ambulance, Passenger)
- ☐ All vehicles, only in non-emergency situations: (Heavy Duty Fire-matic, Emergency, Ambulance, Passenger)
- ☐ Passenger Vehicles only (emergency situations)   ☐ Passenger vehicles only (non- emergency situations only)
- ☐ Heavy Duty Firematic vehicle Apparatus (exhibition only, parades etc.)

### STATUS NOTIFICATION:

☐ The above represents a change in status. If member desires to return to prior status he/she will have to obtain clearance from the medical director after appropriate treatment, notifications and or review.

☐ SMS has notified the member of above changes, date: \_\_\_\_\_   ☐ FD notified, date: \_\_\_\_\_

**M.D. SIGNATURE:** \_\_\_\_\_

John F. Folan, M.D. F.A.C.P.

Date: \_\_\_\_\_