

**ST. LAWRENCE COUNTY**  
**OFFICE of EMERGENCY SERVICES**  
*48 Court Street*  
**Canton, New York 13617-1169**  
**(315) 379-2240 - Fax (315) 379-0681**

**MEDICAL EVALUATION FORM**

FIRE DEPARTMENT \_\_\_\_\_

Member's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

	YES	NO
1. Do you have high blood pressure?	_____	_____
2. Do you ever have ringing in your ears?	_____	_____
3. Do you have persistent headaches?	_____	_____
4. Do you get dizzy or lightheaded?	_____	_____
5. Do you have cardiac (heart) problems?	_____	_____
6. Do you have pains in your chest, back, neck or arms?	_____	_____
7. Do you ever have tightness or a squeezing feeling in your chest?	_____	_____
8. Do you have Asthma, Emphysema or Chronic Bronchitis?	_____	_____
9. Do you ever get short of breath during mild exercise?	_____	_____
10. Do you have a persistent cough?	_____	_____
11. Do you frequently suffer from cold symptoms?	_____	_____
12. Do ever detect wheezing when you breathe?	_____	_____
13. Do you ever faint or feel like you are about to faint?	_____	_____
14. Do you ever have or have you ever had seizures?	_____	_____
15. Do you have any medical problems that are not being controlled by medical staff?	_____	_____
16. Do you smoke tobacco products?	_____	_____

Do you have any medical problems that you are currently under treatment for? \_\_\_\_\_

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

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

A "no" answer to the above questions (1-16) means that this member has met the requirements of this Medical Evaluation. They are able to wear self-contained breathing apparatus.

\_\_\_\_\_  
 Licensed Health Care Professional

\_\_\_\_\_  
 Date

A "yes" answer to one or more of the questions in 1-16 above may require further evaluation by the Department Licensed Health Care Professional before member can wear a self-contained breathing apparatus. This evaluation may or may not include a physical examination.

**FURTHER EVALUATION ACTIONS**

\_\_\_\_\_ Further Testing Required

\_\_\_\_\_ Meeting with Health Care Professional

\_\_\_\_\_  
 Licensed Health Care Professional

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**APPENDIX B**