MF2: Medical Assessment Form for Operational Volunteer Recruits Non-Breathing Apparatus Users & Medical Responders

IMPORTANT PLEASE READ: INFORMATION FOR DOCTORS & MEDICAL CENTRES

Once completed, please send this form with the invoice to Volunteer Recruitment,
Email: volly.applications@fireandemergency.nz Fax: +64 4 471 1793

All of the questions in this form for new volunteer recruits are relevant. We ask that every question on this form is answered fully and comprehensively. Please read the form carefully.

As an examining doctor, you must consider the tasks, physical and psychological environment and safety-critical nature of firefighting while undertaking this medical assessment, and ensure that the forms are completed in full and all relevant information is provided to Fire and Emergency New Zealand.

Firefighters and medical responders perform functions that are physically and psychologically demanding. These functions are often performed in emergency situations, under difficult environmental conditions. Any potential cause of sudden incapacity is not compatible with this type of work. Firefighters require a level of medical fitness compatible with a class 2-5 licence.

The Fire and Emergency New Zealand National Medical Officer will ultimately be responsible for determining whether a new applicant is fit to become a volunteer firefighter or medical responder. Please **do not** pre-empt this decision by offering an opinion regarding work fitness, as this can create confusion and delay the process, especially if this opinion is different from that of the National Medical Officer.

There are some situations where further medical assessments or tests are required before a decision can be made on work fitness. Fire and Emergency New Zealand will request these if required.

If you have any questions regarding the medical screening assessment process, please contact Volunteer Recruitment, who are based at Fire and Emergency New Zealand National Headquarters in Wellington. Jane Yates 04 496 3716 or Lynsey Nault 04 474 4815.

Medical Assessment Form for Operational Volunteer Recruits Non-Breathing Apparatus Users & Medical Responders

SECTION A – *applicant to read and complete*

IMPORTANT PLEASE READ: INFORMATION FOR APPLICANTS

Please get this form completed and sent to Fire and Emergency New Zealand quickly – this will ensure your application to become a volunteer progresses. Ensure you read and sign page 2.

- Fire and Emergency New Zealand pays for the information we request on this form. If the Medical centre asks you to pay, request they send the invoice with your medical to:
  Fax 04 471 1793 or email volly.applications@fireandemergency.nz
- If you have any questions phone your volunteer recruitment team at NHQ on 04 474 4815
- If you have to travel from your hometown, for example, if you are in a remote area with no medical centre in your community, please ask your CFO/Controller for an Expense Claim Form for mileage reimbursement.

First Name(s) _____ Last Name _____

Date of Birth (dd/mm/yyyy) _____ Gender: Female ☐ Male ☐

Postal Address _____

_____ Post Code_____

Contact Phone Numbers Hm (____)_____ Mob (____)_____

Is this your usual Medical Centre/GP? Yes ☐ No ☐

If you are not completing this medical assessment with your regular GP what is the reason? _____

_____

Occupation _____ Fire Force Applying To _____

Applicant: Please continue Section A on the next page (2/9)

SECTION A continued – *applicant to read and complete*

I declare that:

- The answers to all questions are true and correct.
- I have read all the questions and answers and the information which I have provided is full and complete.
- I have not withheld any information which might cause Fire and Emergency New Zealand to incorrectly assess my ability to complete the role for which I have applied.
- I understand that I could be discharged if I am engaged by Fire and Emergency New Zealand and it is later discovered that I withheld information and/or provided false information.
- I hereby authorise the National Medical Officer or other Fire and Emergency New Zealand authorised administrative staff to contact my General Practitioner if any information is required to process my application to join Fire and Emergency New Zealand.

I understand that:

- I am providing health information to Fire and Emergency New Zealand and authorising Fire and Emergency New Zealand to obtain health information from my representatives (such as my General Practitioner).
- My health information will be used for the purpose of determining my recruitment application.
- If my recruitment application is successful, Fire and Emergency New Zealand may use my health information in databases for health and safety risk management (including identification of significant hazards), baseline monitoring, and comparison against my future state of health. Recipients of my health information may include the Chief Fire Officer/Controller of any brigade/ fire force of which I become a member.
- My health information will be treated in accordance with the Privacy Act 1993 and the Health Information Privacy Code 1994. I have the right to access, and to correct, my health information that is held by Fire and Emergency New Zealand.
- My health information will be retained for a period of 40 years after I exit from Fire and Emergency New Zealand.

Applicant's Signature _____ Date _____

SECTION B– *GP to complete*

Applicant NHI:_____

If the answer is Yes to any question below, please give all details of each instance in the panel provided on the next page, and attach relevant specialist letters.

PLEASE ANSWER ALL QUESTIONS.

1.	Any health or medical issue that may affect the ability to carry out the tasks required for the position being applied for? *(Tasks include but are not limited to: Running, climbing, bending, crawling, heavy lifting, carrying, gripping, reaching, and the ability to work independently.)*	Yes ☐	No ☐
2.	Been diagnosed as having a serious illness, such as cancer or leukaemia? ***(Please provide specialist's reports)***	Yes ☐	No ☐
3.	Had the need for any medication relating to physical, neurological or psychological impairment? *(e.g. respiratory medication)*	Yes ☐	No ☐
4.	Asthma, including childhood or chronic cough? ***(If 'Yes' please complete the Asthma Questionnaire on page 8)***	Yes ☐	No ☐
5.	Pneumothorax?	Yes ☐	No ☐
6.	Active infections such as TB?	Yes ☐	No ☐
7.	Sleep apnoea? ***(If 'Yes' comment on hypersomnolence)***	Yes ☐	No ☐
8.	Any heart or vascular condition which restricts fitness for work? ***(Please provide any reviews or tests)***	Yes ☐	No ☐
9.	Chest pain due to proven or suspected angina?	Yes ☐	No ☐
10.	Heart attack or heart failure?	Yes ☐	No ☐
11.	Heart valve defect?	Yes ☐	No ☐
12.	High or low blood pressure?	Yes ☐	No ☐
13.	Irregular heart rate? (Please provide recent ECG if available)	Yes ☐	No ☐
14.	Peripheral vascular disease?	Yes ☐	No ☐
15.	Stroke or TIA (Transient Ischemic Attack)?	Yes ☐	No ☐
16.	Any problem affecting general strength or fitness?	Yes ☐	No ☐
17.	Any amputation of a hand, foot or limb?	Yes ☐	No ☐
18.	Arthritis or joint replacement?	Yes ☐	No ☐
19.	Limb, back or neck condition?	Yes ☐	No ☐
20.	Recurrent joint dislocation?	Yes ☐	No ☐
21.	Epilepsy, fainting attacks, fits or seizures?	Yes ☐	No ☐

SECTION B continued– *GP to complete*

If the answer is Yes to any question below, please give all details of each instance in the panel provided and attach relevant specialist letters. PLEASE ANSWER ALL QUESTIONS.

22.	Intellectual impairment?	Yes ☐	No ☐
23.	Brain or head injury/disease or concussion?	Yes ☐	No ☐
24.	Significant bowel disorder?	Yes ☐	No ☐
25.	Hernia? ***(If yes note date and if repaired)***	Yes ☐	No ☐
26.	Disease of urinary tract?	Yes ☐	No ☐
27.	Anaemia or condition causing increased bleeding?	Yes ☐	No ☐
28.	Diabetes (type 1 ☐ or type 2 ☐), thyroid or other gland problem? ***Hyperglycaemic episodes?*** Yes ☐ No ☐ ***HbA1c -***	Yes ☐	No ☐
29.	Mental illness, clinical depression, anxiety state or psychotic episodes? ***(complete details on page 6)***	Yes ☐	No ☐
30.	Substance abuse, or alcohol dependence or abuse? (provide full details and reports)	Yes ☐	No ☐
31.	Hearing loss, need to wear hearing aids, or any problems with balance?	Yes ☐	No ☐
32.	Reduced vision or night blindness?	Yes ☐	No ☐
33.	Any medications being taken?	Yes ☐	No ☐
34.	Allergies?	Yes ☐	No ☐

If you answered YES to any questions above, provide all details.
Please include specialist reports.

#	Cause	Treatment *(Please include specialist reports if available)*	Medications	Ongoing concerns, issues or limitations

SECTION C– *GP to complete*

PLEASE ANSWER ALL QUESTIONS. ***Please write your answer in the column to the right of the question.***

1	Age	
2	Height	cm
3	Weight	kg
4	BMI **If BMI is above 30, venous blood glucose is required (mmol/L).**	BMI= **BG/HbA1c=**
5	Abdominal circumference	cm
6	Pulse rate	reg/irreg
7	Any heart murmur or abnormal sounds? ***If yes, please describe murmur:***	Yes ☐ No ☐
8	Blood pressure ***If BP above 140/90 on first reading, please complete another BP recording 10 minutes apart.***	BP = 2nd BP reading =
9	Is chest examination normal? ***If no, please provide details***	Yes ☐ No ☐
10	Peak flow or Spirometry (in accordance with standards)	L/min
11	Peak flow expected	L/min
12	Full range of movement is normal in upper and lower limbs? ***If no, please provide details***	Yes ☐ No ☐
13	Does the applicant wear hearing aids?	Yes ☐ No ☐
14	Normal hearing to conversation? ***If no, please provide latest hearing test***	Yes ☐ No ☐
15	Eyes – are the following normal?	Visual fields (more than 120°) Yes ☐ No ☐ Eye movements and cover tests Yes ☐ No ☐

Uncorrected & Corrected **PLEASE ANSWER ALL QUESTIONS**		**UNCORRECTED**			**GLASSES**			**CONTACT LENSES**		
		Right	**Left**	**Both**	**Right**	**Left**	**Both**	**Right**	**Left**	**Both**
16.1	**Distance Visual Acuity: (6m)**	6/	6/	6/	6/	6/	6/	6/	6/	6/

SECTION C continued – *GP to complete*

PSYCHOLOGICAL HISTORY

Psychiatric disorders can lead to sudden onset, which may present risks to the safety of the individual and others during firefighting and rescue work. The presence of psychological/neurological condition may not necessary preclude an applicant from entering Fire and Emergency New Zealand .

If there is any history of mental illness, please answer all questions below

Condition: please specify history, warning signs and triggers. *Please attach specialist reports if available*	**Treatment – past and/or ongoing**
Episodes of psychosis? Yes ☐ No ☐ *If yes, please provide details:*	
Anxiety? Yes ☐ No ☐ *If yes, please provide details:*	
Depression? Yes ☐ No ☐ *If yes, please provide details:*	

VACCINATION HISTORY

DO NOT VACCINATE OR PROCESS SEROLOGY

Is the applicant vaccinated against Hepatitis B? Yes ☐ No ☐ Uncertain ☐

*If **yes**, please date and attach copy of proof of vaccination (if not available, please tick uncertain).*
*If **no or uncertain**, DO NOT VACCINATE OR PROCESS SEROLOGY; Fire and Emergency New Zealand has a formal hepatitis B vaccination programme. The volunteer applicant has access to this programme upon request once they are accepted into Fire and Emergency New Zealand.*

Please add any further comments you feel are necessary for Fire and Emergency New Zealand to know about this applicant for us to assess their entry into Fire and Emergency New Zealand.

SECTION E – *GP to complete*

Please email or fax all pages of this medical form and your invoice to Fire and Emergency New Zealand Volunteer Recruitment.

Email: volly.applications@fireandemergency.nz Fax: 04 471 1793

If you have any medical queries, please phone Jane Yates 04 496 3716
If you have any account queries, please phone Fire and Emergency New Zealand Accounts Payable on 04 496 3666

Please note:

- ***Payment can only be made once Fire and Emergency New Zealand receives a completed copy of this Medical form. Please retain a copy on the patient's file.***
- ***Fire and Emergency New Zealand will not pay additional costs for any missing information, which should have been completed as part of the Medical Screening form.***
- ***Fire and Emergency New Zealand will not pay for any additional tests unless these have been requested by Fire and Emergency to assist with the recruitment process.***

I declare that all tests and information carried out on *(applicant's name)* _____ are true and correct to the best of my knowledge.

GP's signature: _____ Date: _____

GP's name: _____ Contact Number: _____

Surgery Stamp

PLEASE COMPLETE: CHECKLIST BEFORE SENDING

☐ **A copy of this medical has been saved to the patient's file.**

☐ **The medical assessment *and* invoice has been sent to Fire and Emergency New Zealand Volunteer Recruitment via fax 04 471 1793 or email ruralvollies@fireandemergency.nz**

GP to complete if any history of asthma, chronic cough or wheeze

ASTHMA QUESTIONNAIRE Please complete ONLY if the applicant has a history of asthma		
1	Age of onset	
2	When was the applicant's last asthma attack?	
3	Frequency, nature and severity of asthma symptoms	
4	Frequency of asthma symptoms requiring steroids	
5	Precipitating features:	
6	Current medication – including dosage and when last prescribed and used:	
7	Number of hospital admissions over the last 10 years for asthma	
8	**Peak flow/Spirometry results pre- and post-bronchodilator (if available in accordance with standards**	**Pre:** **Post:**
9	Date of last use of oral and or parental steroids	
GP COMMENTS		