



Kananaskis Emergency Services

PHYSICIANS MEDICAL EXAMINATION

THE FOLLOWING FORM IS TO BE FILLED OUT BY A PHYSICIAN AFTER A PHYSICAL EXAMINATION

DEAR PHYSICIAN,

PLEASE TAKE A MOMENT TO READ THE FOLLOWING DESCRIPTION OF REGULAR FIRE DEPARTMENT DUTIES. THE FOLLOWING IS TO BETTER AID YOU IN DETERMINING THIS CANDIDATES PHYSICAL HEALTH AND HOW IT MAY OR MAY NOT IMPACT THEIR ABILITY TO CONDUCT THESE DUTIES WITHOUT CAUSING A RISK TO THEMSELVES OR OTHERS. IF YOU HAVE ANY QUESTIONS REGARDING THE TASKS DESCRIBED OR HAVE ANY CONCERNS, PLEASE CONTACT GARY ROBERTSON AT 403.591.7755

AS PART OF THEIR DUTIES, FIREFIGHTERS MAY BE EXPECTED TO PERFORM THE FOLLOWING TASKS:

WORKING WITH UP TO 80 LBS. OF ADDITIONAL WEIGHT ON THEIR BODY
WORKING IN GEAR THAT LIMITS BODY HEAT RELEASE AND RESTRICTS MOTION
WORKING IN HIGH HEAT CONDITIONS
WORKING ON A CONSTRICTED, LIMITED AIR SUPPLY
WORKING IN HIGH STRESS, HIGH DEMAND SITUATIONS FOR EXTENDED PERIODS
LIFTING HEAVY LOADS, IN SOME INSTANCES REPETITIVELY
LIFTING AND HOLDING HEAVY EQUIPMENT IN VARIOUS POSITIONS (APPROX. 40 LBS)
CLIMBING LADDERS / WORKING AT HEIGHTS
MAINTAIN HIGH CARDIOVASCULAR OUTPUT FOR EXTENDED PERIODS OF TIME

DOES THE CANDIDATE HAVE ANY HEART/CIRCULATORY CONDITIONS THAT CAUSE CONCERN WITH THE COMPLETION OF THE ABOVE DESCRIBED TASKS?

☐ NO ☐ YES

HEART RATE: _____ BLOOD PRESSURE: _____

DOES THE CANDIDATE HAVE ANY SEIZURE DISORDERS WHICH MAY BE CAUSE FOR CONCERN DURING DAILY OPERATIONS OR WORKING ON EMERGENCY SCENES INVOLVING FLASHING LIGHTS?

☐ NO ☐ YES

DOES THE CANDIDATE HAVE A HISTORY OF DIABETES UNCONTROLLED BY MEDICATION, DIET OR EXERCISE?

☐ NO ☐ YES

DOES THE CANDIDATE HAVE ANY CONDITIONS WHICH COULD CAUSE A LOSS OF EQUILIBRIUM AND POTENTIALLY RESULT IN INJURY FROM A FALL?

☐ NO ☐ YES

DOES THE CANDIDATE HAVE ANY VISION DEFICITS OR DISORDERS WHICH MAY CAUSE CONCERNS WITH THE ABOVE TASKS?

☐ NO ☐ YES

DOES THE CANDIDATE HAVE ANY BREATHING DISORDERS OR LUNG PROBLEMS THAT CAUSE CONCERN FOR USING A FULL FACE RESPIRATOR WITH A SELF CONTAINED, POSITIVE PRESSURE BREATHING APPARATUS?

☐ NO ☐ YES

DOES THE CANDIDATE HAVE ANY MENTAL HEALTH CONDITIONS WHICH ARE OF CONCERN IN DEALING WITH HIGH STRESS SITUATIONS OR REOCCURRING STRESSFUL SITUATIONS?

☐ NO ☐ YES

ARE THERE ANY OTHER CONCERNS ABOUT THIS CANDIDATES MEDICAL HISTORY?

PHYSICIAN'S NAME

PHYSICIAN'S SIGNATURE

DATE OF EXAM