

MEDICAL CRITERIA FOR PARTICIPATION IN LIVE FIREFIGHTING TRAINING

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations and E.O. 9397

PRINCIPAL PURPOSE(s): To assist in determining physical suitability for participation in firefighting training.

ROUTINE USE(s): The Blanket Routine Uses that appear at the beginning of the Department of the Navy's Compilation in the Federal Register apply.

DISCLOSURE: Providing the information is voluntary. However, failure to do so may preclude participation in firefighting training.

NAME _____ RANK/RATE _____ DATE ____/____/____

LAST FOUR OF SSN _____ DOB ____/____/____ COMMAND _____

COURSE _____ SIGNATURE _____

SECTION A: MUST BE COMPLETED WITHIN 96 HOURS PRIOR TO ARRIVAL AT FIREFIGHTING SCHOOL.

CIRCLE YES OR NO

- YES NO 1. Do you have any fractures, sprains, splints or casts?
- YES NO 2. Do you have a hernia?
- YES NO 3. Are you pregnant?
- YES NO 4. Do you have pneumonia, bronchitis or asthma?
- YES NO 5. Do you have conjunctivitis and/or any other eye related impairments that may affect your ability to train?
- YES NO 6. Do you have high blood pressure, heart disease, stress related chest pains, or are you being treated/ monitored for any of the above items?
- YES NO 7. Are you out of height/weight or body standards IAW OPNAVINST 6110.1H?
- YES NO 8. Are you unable to participate in or complete the PRT?
- YES NO 9. Are you taking any medications (either prescription or over-the-counter)? This includes herbal supplements. LIST MEDICATIONS _____
- YES NO 10. Do you have hypotension (low blood pressure), or hypoglycemia (low blood sugar)?
- YES NO 11. Do you have nasal congestion or an ear/nose/throat infection?
- YES NO 12. Do you have a history of heat related illnesses/injuries?
- YES NO 13. Have you tested positive for either Sick Cell Trait or G6PD?
- YES NO 14. Are you sunburned or do you have any other recent skin burns?
- YES NO 15. Do you have any known allergies? If so, list them. _____
- YES NO 16. Have you been diagnosed with Post Traumatic Stress Disorder?
- YES NO 17. Have you been diagnosed with Acute Stress Disorder?
- YES NO 18. Have you experienced any of the following?
 - a. Flashbacks or reliving a traumatic event?
 - b. Shame or guilt associated with a traumatic event?
 - c. Upsetting/Unsettling dreams associated with a traumatic event?
 - d. Attempting to avoid talking or thinking about a previous traumatic event?
 - e. Any of the following: Feeling emotionally numb, feeling hopeless about the future, trouble sleeping, trouble concentrating, memory loss, being easily startled or frightened, not enjoying activities you once enjoyed, hearing or seeing things that are not present?

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N5

- f. Irritability or anger associated with a traumatic event?
- g. A relationship suffering from your behavior directly related to a traumatic event?
- h. Self-destructive behavior, such as drinking too much or other harmful behavior?

YES NO 19. Do you have any other illness/injury not covered above?

NOTE: This prospective student has been screened as suitable for firefighting training based on the information provided above. Specifically, the following "YES" answers have been evaluated and found not to be disqualifying factors (list question numbers for which student answered "YES") IAW NETCINST 1500.1A. **IF a "YES" answer is given for questions 1-5 the student will automatically be ineligible.**

HEALTH CARE PROVIDER/CORPSMAN'S NAME _____ DATE _____

SUITABLE _____ UNSUITABLE _____ SIGNATURE _____

****SECTION B: TO BE COMPLETED BY THE STUDENT AT THE FIREFIGHTING SCHOOL.****

When a student reports for training with a listed condition, the parent command is required to provide evidence of medical evaluation specifically stating the students medical suitability for firefighting training. Additionally, the parent command is to certify that all students attending firefighting training are medically suitable for participation. This does not alleviate the school from conducting a complete medical screening utilizing this questionnaire. The Firefighting School corpsman/EMT will conduct all medical screening and shall consult with the Director of the Firefighting School in making the final decision regarding student suitability/unsuitability for participation in live firefighting training.

CIRCLE YES OR NO

- YES NO 20. Have you slept less than 4 hours since midnight?
- YES NO 21. Have you consumed any alcohol in last 12 hours?
- YES NO 22. Have you had surgery or a postoperative procedure within the last 10 days?
- YES NO 23. Are you on light/limited duty or have you had a tooth extracted within the last 72 hours?
- YES NO 24. Do you have any open cuts, recent stitches or new tattoos? (Within the past 72 hours)
- YES NO 25. Have you experienced any changes to your health since being screened by a medical representative?
- YES NO 26. Is there any reason you may not be fully capable of participating in firefighting training?
If yes, explain _____
- YES NO 27. Do you have any petroleum based/flammable products in your hair?

Students answering "YES" to questions 20, 21 will automatically be disqualified (IAW NETCINST 1500.1A). Students answering questions 22-26 will require an evaluation from an Independent Duty Corpsman, Registered Nurse, Physician Assistant or Doctor to participate in live fire fighting training.

NOTE: All students will be given a brief regarding the hydration procedure prior to participating in live firefighting training.

I certify that the above fully describes my current health. I understand that I am to notify a Firefighting School Instructor immediately if I am injured at any time during training or if my health changes at any time during this course.

Student Signature Date

Signature (for second day use only) Date

Evaluated fit for training: YES / NO

HOSPITAL CORPSMAN/EMT Date

Evaluated fit for training: YES / NO

HOSPITAL CORPSMAN/EMT Date

LCPO, Firefighting School Date