

# Ontario Fire Administration Inc.

## Firefighter Candidate Testing

### Medical Questionnaire



*Must be completed by all candidates prior to testing. Please bring two copies to your assessment.*

Please read the eight (8) questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="radio"/>	<input type="radio"/>
2.	Do you have shortness of breath or other trouble breathing or have you been diagnosed with any disease or structural problem of the lung or respiratory tract? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure, Chronic Nasal Obstruction, Sleep Apnea, etc.	<input type="radio"/>	<input type="radio"/>
3.	Do you feel pain in your chest at rest, or when you do physical activity?	<input type="radio"/>	<input type="radio"/>
4.	Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?	<input type="radio"/>	<input type="radio"/>
5.	Have you ever been diagnosed with a chronic medical condition that affects your ability to do physical activity?	<input type="radio"/>	<input type="radio"/>
6.	Are you currently taking prescribed medications for a chronic medical condition?	<input type="radio"/>	<input type="radio"/>
7.	Do you have a current bone or joint problem? For example, knee, ankle, shoulder or other.	<input type="radio"/>	<input type="radio"/>
8.	Are you aware through your own experience or a doctor's advice of any other reason against your participation in physical activity without medical approval?	<input type="radio"/>	<input type="radio"/>

This questionnaire will tell you whether it is necessary for you to consult your physician before participating further in the Ontario Fire Administration Firefighter Candidate Testing Program.

If you answered “**NO**” to the questions above, you can participate in the candidate testing program assessments.

If you answered “**YES**” to any questions on the above questionnaire, you are **not** permitted to participate in the candidate testing assessments **without medical clearance**. You must see a physician and present the “Firefighter Candidate Testing - Medical Clearance Form” for completion. You will be required to produce the completed form at the time of your physical testing appointment.

This “Medical Questionnaire” and the “Medical Clearance Form” (if required) will remain valid for six (6) months from completion. You are required to present the form(s) at each assessment. If your medical status changes prior to the six month expiry, you will be required to complete a new “Medical Questionnaire” and/or “Medical Clearance Form”. All candidates must provide updated forms after the six month validity has passed.

Costs related to the completion of the “Medical Clearance Form” will be the sole responsibility of the candidate.

Candidate Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Evaluator's signature acknowledges that this document has been completed and received.*