Employee Name:

Federal Occupational Health (FOH)

Medical History and Examination Form for PESTICIDE WORKERS (Arduous Duty)

(Pesticide Exams are conducted every year. If you have a Firefighter exam this year this medical information will be shared with CHS so you don't have to undergo two separate examinations)

NOTE: If you are also a Firefighter and scheduled for an ANNUAL or PERIODIC exam this year then complete the PSO / FMO information below with a typewriter or computer generated label:

Personnel Officer:		Fire Management Officer:	
Name:		Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Telephone:		Telephone:	
E-mail		E-mail	

PESTICIDE WORKERS

1. Complete ONLY THE SHADED PORTIONS of pages 2 through 8 (**Note: All *"Yes"* answers in the medical history sections must be explained, including dates, treatments, and current status.**) Take this form to your examination at the FOH Network Examining Physician/Clinic.
2. Do not eat or drink anything except water for 6 hours prior to exam. You may take medications.
3. For best hearing test results, avoid exposure to loud noise for a minimum of 14 hours prior to exam. (May use ear muffs and/or foam ear plugs.)
4. If you wear contacts or glasses, bring your lenses and lens case with you because **vision must be tested corrected and uncorrected**.
5. **Your signature is required on page 2. Failure to sign will result in delay of rating determination.**

EXAMINING PHYSICIAN: Follow items 1-7 ONLY IF services are contracted through FOH or LHI (Logistics Health Incorporated) otherwise, direct questions to the agency contact.

1. Please contact the FOH Reviewing Medical Officer (RMO) for Pesticide Workers at (206) 615-2592 . If you have any questions about the procedur
2. If this pesticide worker has collateral wildland firefighter duties, please review the functional requirements/work conditions on page 9 of this form.
3. Please complete all of the appropriate portions of the form - pages 2-8; provide full explanation for each “abnormal and/or significant” finding.
4. Please follow the attached work order for mailing specimens or using appropriate lab requisition
5. When exam is completed, place all pages and all test results in a Fedex envelope and mail to the address listed on the attached work order. If you do not have a work order call the FOH Reviewing Medical Officer at (206) 615-2592.
6. DO NOT invoice the examinee or his/her insurance for any procedures authorized by FOH or FOH's vendor LHI (Logistics Health Incorporated).
7. Do not communicate an opinion of qualification to the examinee. All significant, abnormal findings are to be discussed with the worker. Recommended additional testing will not be covered under this program, and must be paid for by the examinee. Qualification and further evaluation decisions will be made by the Agency’s FOH Medical Consultant.

PRIVACY ACT INFORMATION

The information contained in this form will be used to determine whether an individual considered for pesticide application or other duties can safely and efficiently perform those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of 5 USC 552a (Privacy Act of 1974), 5 USC3301 (Examination, Certification, and Appointment), and Executive Orders 12107 (Merit Systems Protection Board) and 12564 (Drug Free Federal Workplace).

The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the Office of Personnel Management system of records notice. We ask for SSN to ensure proper identification.

Federal Occupational Health Medical History and Examination For For Pesticide Workers

Physician / Clinic performing exam: Name: Address Phone: Fax:			
Name of Employing Agency:		**Gender:** ☐ Male ☐ Female	
Pesticide Sprayer Name:	**Position/Job Title (incumbent):** **Number of Years:**		**Exam Date:**
Address:	**Date of Birth:** **Age:**	**Social Security Number:**	
	Home Phone:	**Work Phone:**	**Mobile Phone:**

Incomplete forms or missing information may result in a delay clearing you for firefighter duties and prevent you from taking the Pack Test. Submitting information that is misleading or untruthful may result in termination, criminal sanctions, or failure to be cleared as a firefighter.

This history form and review do not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the Interagency Medical Standards Program Manager or their representatives for the purpose of medical clearance as an arduous duty wildland firefighter.

Employee Signature (REQUIRED) _____ ***Date*** _____

☑ **PESTICIDE EXAM**

Required Services (Check completed components)

- ☐ Medical History Review
- ☐ Physical Examination
- ☐ Far Vision Only (corrected and uncorrected); Color; Peripheral; Depth Perception
- ☐ Audiogram (500 Hz - 8000 Hz)
- ☐ EKG (12 lead with interpretation) one time only - 40 yrs or greater **(Done only for Fire Fighters)**
- ☐ Spirometry (attach tracings)
- ☐ Lab Collection (LFTs, BUN, CR, Lipids, Glucose, CBC, UA))
- ☐ Physician must sign completed exam in space provided (page 9)
- ☐ Lead / ZPP (Done only for Engineering Equipment Operators (EEO))
- ☐ Commercial Driver's License (Done only for Maintenance Worker, Tractor Operator, or EEO)

MEDICAL HISTORY

Smoking History

This information is needed since tobacco use increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your tobacco use status and complete this section.

Current Smoker ☐ Yes ☐ No
Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Amount of chewing tobacco per day _____
Total years smoked _____

Former Smoker ☐ Yes ☐ No
Year Quit _____
Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Amount of chewing tobacco per day _____
Total years smoked _____

☐ **Never Smoked**

Describe your Physical Activity or Exercise Program Type of Activity or Exercise _____

Intensity: Low _____ Moderate _____ High _____
Examples: *Walking* *Jogging, cycling* *Sustained heavy breathing and perspiration*

Duration in Minutes per Session _____
Frequency, in Days per Week _____

Medications (List all medications you are currently taking, including those prescribed and over-the-counter as well as the reasons that you are taking them. Use additional sheets as necessary.) ☐ **None**

_____ _____ _____

Date of last Tetanus (Td) shot:

Tetanus booster is recommended every 10 years. Should you elect to have this updated at thte time of your exam, you are responsible for payment.

NOTE: FOR EVERY ITEM CHECKED "YES" PROVIDE DATES, TREATMENTS, AND CURRENT STATUS. USE THE BLANK SPACES BELOW.

A. Have you ever been treated with an organ transplant, prosthetic device (e.g., artificial hip), or an implanted pump (e.g., for insulin) or electrical device (e.g., cardiac defibrillator)?	☐ Yes ☐ No	
B. Have you had or have you been advised to have any operation? (If Yes, give date, details of problem and name of procedure)	☐ Yes ☐ No	
C. Have you ever been a patient in any type of hospital? (If Yes, give date, details and length of hospitalization)	☐ Yes ☐ No	
D. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past year for other than minor illness? (If Yes, give date, details of problem, and whether resolved)	☐ Yes ☐ No	
E. Have you been rejected for military service because of physical, mental, or other reasons? (If Yes, give date, reason, and type of discharge, whether honorable or other than honorable)	☐ Yes ☐ No	
F. Have you ever been treated for a mental or emotional condition? (If yes, please describe fully and include dates)	☐ Yes ☐ No	
G. Have you ever been diagnosed with or treated for alcoholism or alcohol dependence? (If Yes, please describe fully)	☐ Yes ☐ No	
H. Have you ever been diagnosed as being dependent on illegal drugs, or treated for drug abuse? (If Yes, please describe fully)	☐ Yes ☐ No	
I. Have you ever received, is there pending, or have you applied for a pension or compensation for a disability? (If Yes, please describe fully)	☐ Yes ☐ No	
J. Do you have any allergies? (If Yes, please list and describe fully)	☐ Yes ☐ No	
K. Are you allergic to any medications? (If Yes, please list and describe fully)	☐ Yes ☐ No	

Examiner: Use this space to comment on positive history or findings on this page.

VISION

	Yes	No
Any eye disease	☐	☐
Do you wear eyeglasses far ☐ near ☐ both ☐		☐
Do you wear contact lenses hard ☐ soft ☐		☐
Do you have a history of frequent headaches	☐	☐
Blurred vision	☐	☐
Difficulty reading	☐	☐
Glaucoma	☐	☐
Cataracts	☐	☐
Color blindness	☐	☐

Please explain any YES answers, including dates:

HEARING

	Yes	No
Any ear disease	☐	☐
Loud, constant noise or music in the last 14 hours	☐	☐
Loud, impact noise in past 14 hours	☐	☐
Ringing in the ears	☐	☐
Difficulty hearing	☐	☐
Ear infections or cold in the last 2 weeks	☐	☐
Dizziness or balance problems	☐	☐
Eardrum perforation	☐	☐
Use of a hearing aid - left ☐ right ☐ both ☐	☐	☐
Use of protective hearing equipment when working around loud noise	☐	☐

If yes, type(s): ☐ foam ☐ pre-mold/plugs ☐ ear muffs

Please explain any YES answers, including dates:

HEAD AND NECK

NL	ABNL	
☐	☐	Head, Face, Neck (thyroid), Scalp
☐	☐	Nose/Sinuses/Eustachian tube
☐	☐	Mouth/Throat
☐	☐	Pupils equal/reactive
☐	☐	Ocular motility
☐	☐	Ophthalmoscopic findings
☐	☐	Speech

OTOSCOPIC EXAM

	Right		Left	
	NL	ABNL	NL	ABNL
Canal/External Ear	☐	☐	☐	☐
Tympanic Membrane	☐	☐	☐	☐

AUDIOGRAM (Attach Printout)

Type of test: ☐ Baseline ☐ Periodic ☐ Exit

Calibration Method:

☐ Oscar ☐ Biological Date: _____

Hearing must be done **without hearing aid**, and must meet OSHA standard for testing [see 29CFR 1910.95]

Frequency		500 Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right Ear	dB @							
Left Ear	dB @							

Is a STS hearing loss present? **Yes** ☐ **No** ☐ **No baseline for comparison** ☐

VISION (Must complete A and B)

COLOR VISION A:

Type of test:
- ☐ Ishihara plate (# of plates = _____)
- ☐ OPTEC 2000 Vision Tester
- ☐ Titmus Vision Tester
- ☐ Farnsworth D-15
- ☐ Other (specify) _____

Number Correct: _____ of _____ tested

COLOR VISION B:

Able to see red/green/yellow? ☐ Yes ☐ No

Type of test: _____

Clinician, please use a qualitative testing method.

FAR VISION ACUITY: *(Near vision not required)*

Corrected ☐ contacts ☐ glasses

Right 20/_____ Left 20/_____ Both 20/_____

Uncorrected

Right 20/_____ Left 20/_____ Both 20/_____

Only soft contact lens wearers do not need uncorrected vision recorded.

PERIPHERAL VISION ***(temporal only):***

Right _____ degrees Left _____ degrees

DEPTH PERCEPTION:

Number Correct: _____ of _____

Type of test: _____

Interpretation: _____ Seconds of Arc

Examiner: Use this space to comment on positive history or findings on this page:

Have you had any of the following:

VASCULAR

	Yes	No
Any vascular disease	☐	☐
Enlarged superficial veins, phlebitis, or blood clots	☐	☐
Anemia	☐	☐
Hardening of the arteries	☐	☐
High Blood Pressure	☐	☐
Stroke or Transient Ischemic Attack (TIA)	☐	☐
Aneurysms (Dilated arteries)	☐	☐
Poor circulation to hands and feet	☐	☐
White fingers with cold/vibration	☐	☐

RESPIRATORY

	Yes	No
Any respiratory disease	☐	☐
Asthma (including exercise induced asthma)	☐	☐
Bronchitis or Emphysema	☐	☐
Excessive, unexplained fatigue	☐	☐
Use of inhalers	☐	☐
Acute or chronic lung infection	☐	☐
Collapsed lung	☐	☐
Scoliosis (curved spine) with breathing limitations	☐	☐
History of Tuberculosis	☐	☐
(Date: _____)		

HEART

	Yes	No
Any heart disease or heart murmurs	☐	☐
Heart or chest pain (angina) with or without exertion	☐	☐
Heart rhythm disturbance or palpitations (irregular beats)	☐	☐
History of Heart Attack	☐	☐
Organic heart disease (including prosthetic heart valves, mitral stenosis, heart block, heart murmur, mitral valve prolapse, pacemakers, implanted defibrillator, Wolf-Parkinson-White (WPW) Syndrome, etc.)	☐	☐
Heart surgery	☐	☐
Sudden loss of consciousness	☐	☐

Please explain any YES answers, including date(s):

_____

_____

_____

_____

CARDIO/PULMONARY ASSESSMENT

NL	ABNL	
☐	☐	Lungs/Chest
☐	☐	Heart (thrill, murmur)
☐	☐	Major blood vessels, including femoral pilses
☐	☐	Peripheral blood vessels
☐	☐	EKG (12 lead); one time only - first exam, 40 yrs or greater (Attach with signed interpretation)

Please explain any "ABNL" answers:

_____

_____

CORONARY RISK FACTORS

	Yes	No
Blood Pressure >= 140/90	☐	☐
Diabetes, or Fasting Glucose >= 126 mg/dl (Completed by CHS)	☐	☐
Total Cholesterol > 200 mg/dl, or HDL < 40 mg/dl (Completed by CHS)	☐	☐
Family history of CVD in males < 55	☐	☐
Age (men > 45, women > 55)	☐	☐
No regular exercise program	☐	☐
Current Smoker	☐	☐

Examiner: Use this space to comment on positive history or findings:

_____

_____

_____

_____

VITAL SIGNS

Height _____ (in.) Weight _____ (lbs)

Resp _____ /Min. Temp (if indicated) _____

Blood Pressure _____/_____ mm/Hg (sitting)

Pulse _____/Min.

If Blood Pressure is higher than 140/90, or Pulse is above 100, repeat after 15 minutes and document below.

Blood Pressure _____/_____ mm/Hg (sitting)

Pulse _____/Min.

SPIROMETRY: *(Attach tracings)*

Calibration Date _____

Daily Calibration performed: ☐ Yes ☐ No

Machine Make/Model: _____

Examinee effort: ☐ Good ☐ Fair ☐ Poor

Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75
%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75

Examiner: Use this space to comment on positive history or findings on this page:

DIAGNOSTIC AND PHYSICAL FINDINGS

ENDOCRINE

	Yes	No
Any endocrine disease	☐	☐
Thyroid Disease	☐	☐
Obesity	☐	☐
Unexplained weight loss or gain	☐	☐
Diabetes insulin requiring	☐	☐

If yes, units per day _____, Year diagnosed: _____

Diabetes non-insulin requiring	☐	☐

Year diagnosed: _____

If you have diabetes
current medication(s) _____
last hemoglobin A1c _____ %, date performed _____

have you ever had a hypoglycemic episode	☐	☐

If yes, last date _____

have you ever been hospitalized for diabetes	☐	☐

If yes, dates _____

Examiner: Use this space to comment on positive history or findings:

GASTROINTESTINAL

	Yes	No
Any gastrointestinal disease	☐	☐
Hernias	☐	☐
Colostomy	☐	☐
Persistent stomach/abdominal pain/active ulcer	☐	☐
Hepatitis, or other liver disease	☐	☐
Irritable bowel syndrome	☐	☐
Rectal bleeding	☐	☐
Vomiting	☐	☐

Please explain any YES answers, including date(s):

_____

_____

GASTROINTESTINAL

NL	ABNL	
☐	☐	Auscultation
☐	☐	Palpation

Yes	No	
☐	☐	Organomegaly
☐	☐	Tenderness
☐	☐	Hernia

(Specify type: _____)

Please explain any "ABNL" or "Yes" answers:

_____

_____

Examiner: Use this space to comment on positive history or findings:

GENITOURINARY

	Yes	No
Any genitourinary disease	☐	☐
Blood in urine	☐	☐
Kidney stones	☐	☐
Difficult or painful urination	☐	☐
Infertility (difficulty having children)	☐	☐

Please explain any YES answers, including date(s):

_____

GENITOURINARY

NL	ABNL		
☐	☐	External genitalia	☐ Deferred

Note: this clearance exam ***does not*** require a pelvic exam or PAP smear for females, or a rectal or prostate exam for males)

Please explain any "ABNL" answers:

_____

_____

Examiner: Use this space to comment on positive history or findings:

MUSCULOSKELETAL

	Yes	No
Any musculoskeletal disease	☐	☐
Moderate to severe joint pain, arthritis, tendonitis	☐	☐
Amputations	☐	☐
Loss of use of arm, leg, fingers, or toes	☐	☐
Loss of sensation	☐	☐
Loss of strength	☐	☐
Loss of coordination	☐	☐
Chronic back pain	☐	☐
Chronic back pain associated with leg numbness, weakness or pain	☐	☐
Back surgery within last 2 years	☐	☐

Are you right ☐ handed left ☐ handed

Please explain any YES answers, including date(s):

MUSCULOSKELETAL

NL	ABNL	
☐	☐	Upper extremities (strength)
☐	☐	Upper extremities (range of motion)
☐	☐	Lower extremities (strength)
☐	☐	Lower extremities (range of motion)
☐	☐	Feet
☐	☐	Hands
☐	☐	Spine, other musculoskeletal
☐	☐	Flexibility of neck, back, spine, hips

Please explain any "ABNL" answers:

NEUROLOGICAL

	Yes	No
Any neurological disease	☐	☐
Tremors, shakiness	☐	☐
Seizures (current or previous)	☐	☐
Spinal cord injury	☐	☐
Numbness or tingling	☐	☐
Head/spine surgery	☐	☐
History of head trauma with persistent problem	☐	☐
Chronic recurring headaches (migraines)	☐	☐
History of brain tumor	☐	☐
Loss of memory	☐	☐
Insomnia (difficulty sleeping)	☐	☐

Please explain any YES answers, including date(s):

NEUROLOGICAL

NL	ABNL	
☐	☐	Cranial nerves (I-XII)
☐	☐	Cerebellum
☐	☐	Motor/sensory (include vibratory and proprioception)
☐	☐	Deep tendon reflexes
☐	☐	Mental status exam

Please explain any "ABNL" answers:

Examiner: Use this space to comment on positive history or findings on this page:

DERMATOLOGY			DERMATOLOGY	
	Yes	No		
Any skin disease	☐	☐	Skin	
Sun Sensitivity	☐	☐	☐ Normal	
History of chronic dermatitis	☐	☐	☐ Abnormal	
Active skin disease	☐	☐	**Please explain any "ABNL" answers:**	
Moles that have changed in size or color	☐	☐		
Please explain any YES answers, including date(s):				
OBSTETRICS			**Comments/Findings**	
	Yes	No		
Are you pregnant? (Males not applicable)	☐	☐		

Examiner: Use this space to comment on positive history or findings on this page:

Examiner: Use this space to make additional comments about this examination:

Examining Physician's Signature: _____ **Date:** _____

Examining Physician's Printed Name: _____ **Phone Number:** _____

ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A

PESTICIDE APPLICATOR

Time/Work Volume	Physical Requirements	Environmental Conditions	Physical/Chemical Exposures
May Include			
· long hours (no more than 12 hour shifts) · multiple and consecutive assignments · irregular hours	· use shovel, Pulaski, and other hand tools to construct fire lines- · lift and carry more than 50# · lifting or loading chemicals and equipment · drive or ride for many hours · fly in helicopters, fixed wing airplanes and float planes · use watercraft · work independently, and on small and large teams · use PPE (includes appropriate headgear* chemical-resistant boots, eyewear, and other equipment) · arduous exertion · extensive walking, climbing · kneeling · stooping · pulling hoses · twisting · bending · provide first aid and/or CPR when needed	· very steep terrain · rocky, loose, or muddy ground surfaces · thick vegetation · down/standing trees · wet leaves/grasses · varied climates cold/hot/ wet/dry/humid/snow/ rain) · varied light conditions, including dim light or darkness · high altitudes · heights · holes and drop offs · very rough roads · open bodies of water (i.e., riparian areas, marshes, rivers, lakes) · isolated/remote sites · no ready access to medical help	· light (bright sunshine/UV) · extreme heat · cold temperatures · airborne particulates · pesticides, insecticides, herbicides, surfactants, vapors**, etc. · allergens · loud noises · snakes · insects/ticks · bear encounters · poisonous plants · trucks and other large equipment · hunger/irregular meals · dehydration · pesticides/insecticides/ herbicides/rhodenticides

* See safety requirements set forth in policy chapters for Heavy Equipment (243 FW series) and Off-Road Utility Vehicles (243 FW 6).

** Represents dermal, ocular, and respiratory irritation potential.

ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A

WILDLAND FIREFIGHTER Use if the Pesticide Worker has collateral duties as a Firefighter

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
May Include			
• long hours (minimum of 12 hour shifts) • irregular hours • shift work • time zone changes • multiple and consecutive assignments • pace of work typically set by emergency situations • ability to meet "arduous" level performance testing (the "Pack Test"), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO_2 max) of 45 mL/kg-minute • typically 14-day assignments *but may extend up to 21-day assignments*	• use shovel, Pulaski, and other hand tools to construct fire lines • lift and carry more than 50# • lifting or loading boxes and equipment • drive or ride for many hours • fly in helicopters and fixed wing airplanes • work independently, and on small and large teams • use PPE (includes hard hat, boots, eyewear, and other equipment) • arduous exertion • extensive walking, climbing • kneeling • stooping • pulling hoses • running • jumping • twisting • bending • rapid pull-out to safety zones • provide rescue or evacuation assistance • use of fire shelter	• very steep terrain • rocky, loose, or muddy ground surfaces • thick vegetation • down/standing trees • wet leaves/grasses • varied climates (cold / hot / wet / dry / humid / snow / rain) • varied light conditions, including dim light or darkness • high altitudes • heights • holes and drop offs • very rough roads • open bodies of water • isolated/remote sites • no ready access to medical help	• light (bright sunshine/UV) • burning materials • extreme heat • airborne particulates • fumes, gases • falling rocks and trees • allergens • loud noises • snakes • insects/ticks • poisonous plants • trucks and other large equipment • close quarters, large numbers of other workers • limited/disrupted sleep • hunger/irregular meals • dehydration

STANDARDS

MEDICAL STANDARDS

There must be no evidence by physical examination or medical history of any medical or physical conditions that is likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See *page 9*)

PSYCHIATRIC STANDARD

The applicant/incumbent must have judgment, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the requirements of the job.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD

The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the requirements of the job.

Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the firefighter will have to provide ***for agency review*** documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared for the specified functional requirements of wildland firefighting.

IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARD

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:
  - no evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the requirements of the job; and
  - no evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public; and
- Normal complete blood count, including white blood count and differential; and
- Current vaccination status for tetanus

MEDICATION STANDARD

The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function and attention due to medications that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements. Each of the following points should be considered:

1. Medication(s) (type and dosage requirements)
2. Drug-drug interactions
3. Drug toxicity or medical complications from long-term use
4. Drug-food interactions
5. Potential drug side effects
6. Adverse drug reactions
7. Drug-environmental interactions
8. History of patient compliance

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
  - normal flexion, extension, and rotation of the neck; and
  - open nasal and oral airways; and
  - unobstructed Eustachian tubes; and
  - no structural abnormalities that would prevent the normal use of a hard hat and protective eyewear; and
- Normal conversational speech

INDIVIDUAL STANDARDS FOR EXAMINING PHYSICIAN

VISION STANDARD

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the requirements of the job. This requires binocular vision, far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Far visual acuity uncorrected of at least 20/100 in each eye for wearers of hard contacts or spectacles; and
- Far visual acuity of at least 20/40 in each eye corrected (if necessary) with contact lenses or spectacles; and
- Color vision sufficient to distinguish at least red, green, and yellow; and
- Peripheral vision of at least 85^{o} laterally in each eye; and
- Normal depth perception; and
- No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

Note: Contact lenses and spectacles are acceptable for correction of visual acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment. Successful users of long-wear soft contact lenses are not required to meet the "uncorrected" vision guideline.

HEARING STANDARD

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the requirements of the job. This requires binaural hearing (to localize sounds) and auditory acuity, which may be demonstrated by:

- A current pure tone, air conduction audiogram, using equipment and a test setting which meet the standards of the American National Standards Institute (see 29 CFR 1910.95); and
- Documentation of hearing thresholds of no greater than 40 dB at 500, 1000, 2000, and 3000 Hz in each ear

Note: The use of a hearing aid(s) to meet this standards is ***not*** permitted.

VASCULAR SYSTEM STANDARD

The applicant/incumbent must have a vascular system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
  - no evidence of phlebitis or thrombosis; and
  - no evidence of venous stasis; and
  - no evidence of arterial insufficiency

CHEST AND RESPIRATORY SYSTEM STANDARD

The applicant/incumbent must have a respiratory system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation; and
- A pulmonary function test (baseline exam) showing:
  - forced vital capacity (FVC) of at least 70% of the predicted value; and
  - forced expiratory volume at 1 second (FEV1) of at least 70% of the predicted value; and
  - the ratio FEV1/FVC of at least 70% of the predicted value

Note: The requirement to use an inhaler (such as for asthma) requires agency review.

CARDIAC STANDARD

The applicant/incumbent must have a cardiovascular system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
  - blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic; and
  - if taken, a normal baseline electrocardiogram (minor, asymptomatic arrhythmias may be acceptable); and
  - no pitting edema in the lower extremities, and normal cardiac exam.

ENDOCRINE AND METABOLIC SYSTEMS STANDARD

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and
- Normal fasting blood sugar level; and
- Normal blood chemistry results