



**Physical Examination Form:**

**NOTICE TO MEDICAL PERSONNEL PERFORMING EXAM:**

South Plains College Fire Academy requires a physical examination by a licensed physician/health care provider before an applicant can take part in the Academy's physical entrance test.

We feel a "Sports Physical" is acceptable, but please conduct whatever exam or exams you are most comfortable with before signing off.

Questions can be directed to Academy Coordinator Phillip Grandon at (806)535-9621.

**Applicant's Name**

Last	M/I	First	Sex	DOB : (MM/DD/YYYY) / /
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**Please Complete All Blanks**

**Legend: N= normal X= abnormal NE = Not Examined**

Weight	Height	Pulse	Respirations	Blood Pressure S _____ D _____
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General Body Build	Skin	Abnormal Masses	Eyes	Ears	Nose	Throat	
Teeth	Neck	Lungs	Cardiac	Chest	Liver	Spleen	Spine

**Joint Function**

Neck	Shoulders	Elbows	Wrists	Hands	Hips/Back	Knees	Ankles	Feet
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**Please Describe Abnormal Findings**

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**Medical History** (Please check all that apply.)

**Diseases:**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles             |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Emphysema    | <input type="checkbox"/> Hypoglycemic        |
| <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Rheumatism    | <input type="checkbox"/> Small Pox    | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Diphtheria     | <input type="checkbox"/> Influenza     | <input type="checkbox"/> Pneumonia    | <input type="checkbox"/> Infantile Paralysis |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Mumps         |                                       |  |

Other (Please describe)

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**Surgery:**  Shoulder  Arm  Back  Knee  Ankle

Other (Please describe)

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**List Current Medications**

1.
2.
3.
4.

**Allergies (Meds / Food)**

1.
2.
3.
4.

**Immunizations** (Please provide most recent date)

Tetanus	Diphtheria	Hep A	Hep B	Meningitis
Tdap	Flu	Chicken Pox	Polio	Other

**Note to Physician/Health Care Provider:** While not an exclusive list, the following examples are meant to illustrate some of the extreme physical demands and working conditions inherent in firefighter training.

**Physical Demands:** Characterized by strength, endurance, coordination, agility, dexterity

- Pick up and advance charged fire hoses
- Force entry with axe/battering ram
- Climb stairs with equipment weighing approximately 50 lbs.
- Vent roofs, breach walls, overhaul burned buildings with power/hand tools
- Lift and climb/descend ladders (with victims up to 200 lbs.)
- Operate power tools and extrication equipment
- Stoop, crawl, crouch, and kneel in confined spaces
- Reach, twist, balance, grapple, bend and lift under emergency conditions
- Run, dodge, jump and maneuver with equipment
- All of the above are performed wearing protective clothing/gear, approximately 40 lbs.

**Working Conditions:** Characterized by adverse working conditions

- Work in extreme temperatures; day and night; in rain, snow and ice
- Exposure to smoke, gases, dust and poor ventilation
- Work in closely confined spaces
- Intense exposure to water and/or steam
- Exposure to a wide range of highly emotional and traumatic events.
- Exposure to noise and vibration from tools, equipment, machinery, etc.
- Work at height (e.g., on ladders, roof tops, etc.)
- Work within restrictions of personal protective clothing, approximately 40 lbs., or hazardous materials encapsulated protective clothing

**I certify that I have examined this individual and he/she is physically able to participate in Fire Academy training activities.**

Yes       No (If no, please explain)

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Date of Examination	Printed/Typed Name of Physician
Physicians Address	Signature of Physician