

**ORANGE COUNTY FIRE AUTHORITY EXPLORING PROGRAM
MEDICAL EXAMINATION REPORT & HEALTH QUESTIONNAIRE**

Name: _____

Last

First

M.I.

TO THE APPLICANT: *Medical clearance is required prior to acceptance as a Fire Explorer. As far as it is practical, the Explorer Post, in cooperation with the Post Advisor, will evaluate the medical fitness of each applicant to carry out the duties of the position for which he or she is eligible. It is for this purpose that the following questionnaire is supplied to you. Your cooperation in filling in this questionnaire as completely as*

- | | | |
|-------------------------------------|--|--|
| 1. Birthdate: _____ | 4. Do you wear glasses? Reading
Contact lenses?
Neither one | |
| 2. Male Female | | |
| 3. Height _____ Weight _____ | 5. Are you blind in one eye?
Both eyes?
Neither one | |

Have you ever had, or do you currently have, any of the following? Supply details on "yes" answers in space provided at end of questions. If the condition required hospitalization, check the corresponding box.

		NO	YES	HOSP			NO	YES	HOSP
6	Tuberculosis or other lung trouble				23	Rupture or hernia			
7	After effects of poliomyelitis				24	Gall bladder trouble			
8	Hepatitis or jaundice				25	Kidney or bladder trouble			
9	Cancer				26	Skin trouble			
10	Pernicious anemia, leukemia or other blood disorder				27	Any defect of bones or joints including amputations			
11	Asthma				28	Rheumatism or arthritis			
12	Diabetes or sugar in urine				29	Back pain or back injury			
13	Tumor				30	Head injury			
14	Mental illness or nervous breakdown				31	Knee injury			
15	Epilepsy or convulsions				32	Fainting spells			
16	Any disorder of the nervous system				33	Shortness of breath			
17	Severe headaches				34	Any complications from childhood diseases			
18	Heart trouble - include circulatory				35	Any eye disease or eye surgery			
19	Stomach or duodenal ulcer or other digestive problem				36	Any problem with hearing or require a hearing aid			
20	High blood pressure				37	Any speech impairment			
21	Varicose veins				38	Addiction to drugs or alcohol			
22	Rheumatic fever				39	Any problem with menstruation			

ORANGE COUNTY FIRE AUTHORITY EXPLORING PROGRAM
MEDICAL EXAMINATION REPORT & HEALTH QUESTIONNAIRE

(Continued)

40. Have you ever had any operation? If so, date and type of operation: _____

41. Any other illness, injury or physical condition not named above other than childhood diseases or minor illnesses? If so, what? _____

42. Have you ever had an injury which caused you to lose time from work within the last 5 years? No Yes

43. Have you ever been released from employment or from the armed forces for medical or health reasons? No Yes

44. Have you ever received or applied for pension or compensation for disability? No Yes

45. Are you at present under the doctor's care for any condition? No Yes

46. Are you taking any medication at this time? No Yes
If so, what? _____

47. Do you consider that there is any limitation on your ability to carry out the duties of the position? No Yes

Please write your own account and your own evaluation of any items to which you have answered "yes" in the preceding questionnaire. Include, if possible, diagnosis, date of onset, your present condition as you evaluate it, and what limitations, if any, you feel it may impose on your ability to perform satisfactorily the duties of Fire Explorer.

*I certify that I have provided true and complete information concerning my health.
(Any misrepresentation or material omission may be cause for dismissal).*

Signature: _____

Date: _____