



PAID ON CALL FIREFIGHTER HEALTH QUESTIONNAIRE

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
EMERGENCY CONTACT NAME AND NUMBER: _____

Height (feet/inches) _____ *Height (cm) _____

Weight (lbs) _____ *Weight (kgs) _____

Blood Pressure (e.g. 120/80) _____

HEALTH QUESTIONS

Tobacco/Cigar/Pipe/Chew/Vape User? No Yes - < 10/day < 20/day < 30/day >40/day

Exercise Habits/Frequency? No exercise 1-3 days/wk. 3+ days/wk.

Has your Dr. ever said you have heart trouble? Yes No

Do you frequently have pains in your heart and chest? Yes No

Do you often feel faint or have spells of severe dizziness? Yes No

Do you have any condition that requires you to wear medic alert? Yes No

If yes, please provide details: _____

Has a Dr. ever told you that your blood pressure is too high? Yes No

Has your Dr. ever told you that you may have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? Yes No

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No

If yes, please provide details: _____

Have you ever experienced a seizure? Yes No If yes, please provide details:

Do you have a condition that requires you to take medication (e.g. Insulin) regularly throughout the day?
 Yes No If yes, please provide details:

Have you ever visited your Dr. over concerns with your eyesight? Yes No

Do you have trouble hearing? Yes No

Are you aware of the demands of role and have any concerns regarding the possible impact of the position on your mental health and wellbeing? Yes No If yes, please provide details:

Are you currently unable to perform your regular occupation or regular activities? Yes No
If yes, please provide details: _____

Please sign to confirm that you have read and understand the following.

I certify that the information provided in this document are true. I understand that any misrepresentation may result in my application being rejected.

Name of Applicant (please print)

Applicant's Signature

Dated this _____ day of _____, 20 _____