Cypress County
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 _____