Medical Screening Form
New Career Recruits

INFORMATION FOR CANDIDATES - IMPORTANT PLEASE READ

Please ensure:

- **Section A is filled in by you and signed prior to seeing your doctor.**
- **This medical assessment and the invoice are sent to Fire and Emergency New Zealand by your medical centre screening@fireandemergency.nz or fax: (04) 471 1793.**
- **You can request a copy of your medical for your records.**

This medical consists of two main areas:

1. **Medical History:**
   Please ask your regular GP, or medical centre who hold your medical history, to complete this medical form. This will usually take a double appointment so please advise when you book your appointment that this is for a pre employment Fire and Emergency New Zealand medical.

2. **Hearing Test:**
   Please make an appointment with an audiologist for a full audiogram. Fire and Emergency New Zealand will pay for your consultation. The audiology form is provided seperately.

If you have any medical queries please contact the Medical Screening Team on 04 496 3716.

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Medical Screening Form
New Career Recruits

INFORMATION FOR DOCTORS AND MEDICAL CENTRES - IMPORTANT PLEASE READ

Medical Form: Once completed, please forward this form with the invoice to:
Email: screening@fireandemergency.nz or Fax: +64 4 471 1793

Invoices: Please use **ref: 5320/CFFRECRUT** for invoices and fax to +64 4 471 1793.

If you have any **medical queries**, please phone our Medical Screening Team on 04 496 3716. If you have any **accounts queries**, please phone Accounts Payable on (04) 496 3666.

- Payment can only be made once Fire and Emergency New Zealand receives a completed copy of this Medical form. **Please retain a copy on the patient's file.**
- Fire and Emergency New Zealand will not pay additional costs for missing information, which should have been completed as part of the Medical Screening form.
- Fire and Emergency New Zealand will not pay for any additional tests unless these have been requested by Fire and Emergency New Zealand to assist with the recruitment process.

INFORMATION FOR DOCTORS- IMPORTANT PLEASE READ

This candidate is being considered for entry into Fire and Emergency New Zealand as an OPERATIONAL FIREFIGHTER.

All of the questions on this form are relevant. We ask that every question is answered fully and comprehensively. Please read the form carefully.

Considerations:

As an examining doctor you must consider the tasks, physical environment and safety-critical nature of firefighting while undertaking this medical assessment. Please ensure that the forms are completed in full and all relevant information is provided to Fire and Emergency New Zealand.

Firefighters perform functions that are physically and psychologically demanding. These functions are often performed in emergency situations, under difficult environmental conditions. Firefighters are also required to wear personal protective equipment, including structural firefighting ensemble and breathing apparatus. **Any potential cause of sudden incapacity is clearly not compatible with this type of work. Firefighters require a level of medical fitness compatible with a class 2-5 licence.**

The Fire and Emergency New Zealand National Medical Officer will ultimately be responsible for determining whether a new applicant is fit to become an operational career firefighter. Please do not pre-empt this decision by offering an opinion regarding work fitness, as this can create confusion and delay the process, especially if this opinion is different from that of the National Medical Officer.

There are some situations where further medical assessments or tests are required before a decision can be made on work fitness. Fire and Emergency NZ will request these if required.

If you have any questions regarding the medical screening assessment process, please contact the Medical Screening Team on 04 496 3716.

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SECTION A - *Personal Information (Candidate to complete)*

First Name:______________________________________ Last Name:____

Date of birth (dd/mm/yy): ________________________ Gender: Female ☐ Male ☐

Postal address:____

____

Telephone numbers: Hm (   ) _____________________________ Mob (   ) _______________________________

Is this your first medical screening assessment for the New Zealand Fire Service or Fire and Emergency New Zealand?
Yes ☐ No ☐

Is this your usual medical centre? Yes ☐ No ☐

If you are not completing this medical assessment with your regular GP what is the reason? ___________________

____

Present occupation:____

I declare that:

- The answers to all questions are true and correct.
- I have read all the questions and answers and the information which I have provided is full and complete.
- I have not withheld any information which might cause Fire and Emergency New Zealand to incorrectly assess my ability to complete the role for which I have applied.
- I understand that I could be discharged if I am engaged by Fire and Emergency New Zealand and it is later discovered that I withheld information and/or provided false information.
- I hereby authorise the National Medical Officer and medical screener's to contact my General Practitioner if any information is required to process my application to join Fire and Emergency New Zealand.

I understand that:

- I am providing health information to Fire and Emergency New Zealand and authorising Fire and Emergency New Zealand to obtain health information from my representatives (such as my General Practitioner).
- My health information will be used for the purpose of determining my recruitment application.
- If my recruitment application is successful, Fire and Emergency New Zealand may use my health information in databases for health and safety risk management (including identification of significant hazards), baseline monitoring, and comparison against my future state of health.
- My health information will be treated in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020. I have the right to access, and to correct, my health information that is held by Fire and Emergency New Zealand.
- This information will be retained for a period of 40 years after I exit from Fire and Emergency New Zealand.

Candidate's signature ______________________________________ Date ________________________________

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SECTION B – *GP to complete*

Applicant NHI:______________________________

If the answer is Yes to any question below, please give all details of each instance in the panel provided on the next page, and attach relevant specialist letters and extra pages if needed

Please answer all questions.

	Answer yes or no to all the questions below:	Yes	No
1	Any health or medical issue that may affect the ability to carry out the tasks required for the position being applied for? (Tasks include but are not limited to: Running, climbing, bending, crawling, heavy lifting, carrying, gripping, reaching, and the ability to work independently.)	☐	☐
2	Been diagnosed as having a serious illness, such as cancer or leukaemia? (**Please provide specialist reports)**	☐	☐
3	Had the need for any medication relating to physical, neurological or psychological impairment **(e.g. respiratory medication)**?	☐	☐
4	Asthma, including childhood or chronic cough? ***(If 'Yes' complete the asthma questionnaire on page 7***	☐	☐
5	Pneumothorax?	☐	☐
6	Active infections such as TB?	☐	☐
7	Sleep apnoea? ***(If 'Yes' comment below on hypersomnolence)***	☐	☐
8	Any heart or vascular condition which restricts fitness for work? **(Please provide any reviews or tests)**	☐	☐
9	Chest pain due to proven or suspected angina?	☐	☐
10	Heart attack or heart failure?	☐	☐
11	Heart valve defect?	☐	☐
12	High or low blood pressure?	☐	☐
13	Irregular heart rate? * ***(If yes, please provide recent ECG if available)***	* ☐	☐
14	Peripheral vascular disease?	☐	☐
15	Stroke or TIA **(Transient Ischemic Attack)**?	☐	☐
16	Any problem affecting general strength or fitness?	☐	☐
17	Any amputation of a hand, foot or limb?	☐	☐
18	Arthritis or joint replacement?	☐	☐
19	Limb, back or neck condition?	☐	☐
20	Skull or jaw condition affecting ability to wear breathing apparatus?	☐	☐
21	Recurrent joint dislocation?	☐	☐
22	Epilepsy, fainting attacks, fits or seizures?	☐	☐
23	Intellectual impairment?	☐	☐
24	Brain or head injury/disease, concussion or migraines?	☐	☐
25	Significant bowel disorder?	☐	☐

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	Answer yes or no to all the questions below:	Yes	No
26	Hernia? ***(If 'Yes' note date and if repaired)***	☐	☐
27	Disease of urinary tract?	☐	☐
28	Anaemia or condition causing increased bleeding?	☐	☐
29	Diabetes (type 1 ☐ or type 2 ☐), thyroid or another gland problem? ***Hypoglycaemic episodes*** Yes ☐ No ☐ ***HbA1c -***	☐	☐
30	Mental illness, clinical depression, anxiety state or psychotic episodes? (see page 5)	☐	☐
31	Substance abuse, or alcohol dependence or abuse?	☐	☐
32	Any medications being taken?	☐	☐
33	Allergies?	☐	☐

If you answered YES to any questions above, provide all details in the table below.
Use extra pages or attach any documents as required. Please include specialists' reports.

Question Number	Cause	Treatment	Medications	On-going concerns issues or limitations

COVID-19 Vaccination

Is the applicant vaccinated against COVID-19? Yes* ☐ No ☐

**If yes*, please provide the following details:*

Dose 1 ☐ Date: ___________ Dose 2 ☐ Date: ___________ Booster ☐ Date: ___________

Type (please circle): Pfizer Janssen Moderna AstraZeneca

Hepatitis Vaccination

GP please note: **DO NOT VACCINATE or PROCESS SEROLOGY**

Is the candidate vaccinated against Hepatitis B? Yes ☐ * No ☐ * Uncertain ☐

If: **Yes**, attach copy of proof of vaccination if available

* **No/Uncertain**, Fire and Emergency New Zealand has a formal hepatitis B vaccination programme. A candidate has access to this programme upon request once they are accepted into Fire and Emergency New Zealand.

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SECTION C - *GP to Complete*

Every question must be answered. Please write you answer in the column to the right of the question.

1	Age	2 Height cm	3 Weight kg
4	BMI ***If BMI is above 30, venous blood glucose is required (mmol/L).***		BMI = **BG / HbA1c** =
5	Pulse rate		reg/irre
6	Any heart murmur or abnormal sounds? ****If yes, please describe murmur and provide any paperwork from investigation***		* ☐ Yes ☐ No
7	Blood pressure ****If BP above 140/90 on first reading, please complete another BP recording 10 minutes apart.***		* BP = 2nd BP reading =
8	Is chest examination normal? ****If no, please provide details***		☐ Yes * ☐ No
9	Peak flow ***(Please coach patient in correct technique and repeat if lower than expected)*** If peak flow is >80 below expected for female or >100 below expected for male you must provide spirometry.	Peak Flow L/min	Expected Peak Flow L/min
10	Spirometry ***(please attach full report) ONLY IF PEAK FLOW IS SUBOPTIMAL***		
11	Full range of movement is normal in upper and lower limbs? *** If no, please provide details:***		☐ Yes * ☐ No
12	Eyes - is the following normal? Visual fields (more than 120°) at confrontation *** If no, please provide details:***		☐ Yes * ☐ No
13	Reduced vision or night blindness?		☐ Yes ☐ No

Vision Check

Please note: Glasses are incompatible with breathing apparatus		**UNCORRECTED**			**GLASSES**			**CONTACT LENSES**		
		Right	**Left**	**Both**	**Right**	**Left**	**Both**	**Right**	**Left**	**Both**
14.1	**Distance Visual Acuity: (6m)** Standard-Uncorrected or with contacts 6/9 both eyes	6/	6/	6/	6/	6/	6/	6/	6/	6/
14.2	**Near Visual Acuity: (35cm)** Hold this paper 35cm away from the applicant (**without glasses**) and have them: • Read numbers at random • Identify where the gauge is Mark Y if able to identify numbers and gauge.	Uncorrected Both Eyes: Y/N 0 50 100 150 200 250 300								

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SECTION D - *Psychological History*

If there is any history of mental illness, please answer all questions in the table below:

- *Psychiatric disorders can lead to sudden onset, which may present risks to the safety of the individual and others during firefighting and rescue work.*
- *The presence of psychological/neurological condition may not necessary preclude a candidate from entering Fire and Emergency New Zealand.*

If there is any history of mental illness, please answer all questions below

Condition: please specify history, warning signs and triggers. *Please attach specialist reports*	**Triggers** ***(for initial depression and for any subsequent episodes)***	***List episodes, duration date and treatment eg. medication /counselling***
Episodes of psychosis? Yes ☐ No ☐ *If yes, please provide details:*		
Anxiety? Yes ☐ No ☐ *If yes, please provide details:*		
Depression? Yes ☐ No ☐ *If yes, please provide details:*		

Do you feel that the triggers are such that Firefighter work may exacerbate the situation? Yes ☐ No ☐

Please add any further comments you feel are necessary for Fire and Emergency New Zealand to know about this candidate to enable us to assess their entry into the Fire and Emergency New Zealand.

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Section E - *GP to Complete*

Please send this completed *Medical Screening Assessment* form, with a copy of your invoice, to:

Email: screening@fireandemergency.nz **Fax: +64 4 471 1793**

Invoices: For quick payment please use **ref: 5320/CFFRECRUT**

If you have any **medical queries**, please phone (04) 496 3716
If you have any **accounts queries**, please phone (04) 496 3666

Please note:

- ***Payment can only be made once Fire and Emergency New Zealand receives a completed copy of this Medical form. Please retain a copy on the patient's file.***
- ***Fire and Emergency New Zealand will not pay additional costs for any missing information, which should have been completed as part of the Medical Screening form.***
- ***Fire and Emergency New Zealand will not pay for any additional tests unless these have been requested by Fire and Emergency New Zealand to assist with the recruitment process.***

I declare that all tests and information carried out on *(candidate's name)* ______________________________
are true and correct to the best of my knowledge.

GP's signature:______________________________ Date: ______________________________

Surgery stamp: ______________________________ Contact number: ( ) ____________

CHECKLIST:

☐ ***Copy of medical retained on patient's file***

☐ ***Send medical form and invoice to Fire and Emergency New Zealand, details above. Please ensure ALL questions are filled out in their entirety.***

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Section F - GP to complete: Asthma Questionnaire if any history of asthma/chronic cough/wheeze

Asthma Questionnaire

Please complete ONLY if the candidate has had any history of asthma, including childhood asthma.

Any history of asthma including cases of resolved childhood asthma will require a Saline Challenge or Mannitol test to exclude significant bronchial hyper- responsiveness, which is contra-indicated in breathing apparatus use**. FENZ will refer for saline testing.**
Firefighters are required to use breathing apparatus and wear personal protective equipment weighing approximately 20kgs. This can increase the respiratory effort. Firefighters can also be exposed to gases and particulate matter generated from burning wood or other organic matter.

1	Age of onset:	
2	When was the candidate's last asthma attack?	
3	Frequency, nature and severity of asthma symptoms:	
4	Frequency of asthma symptoms requiring steroids:	
5	Precipitating features:	
6	Current medication - including dosage and when last prescribed and used:	
7	Number of hospital admissions over the last 10 years for asthma:	
8	**Peak flow/Spirometry results pre- and post-bronchodilator (if available in accordance with standards):**	**Pre:** **Post:**
9	The date of last use of oral and or parenteral steroids:	

GP comments

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