PHYSICALS FOR VOLUNTEERS

This initiative applies to all members of volunteer fire and EMS companies in Baltimore County who participate in emergency and non-emergency responses. All companies are required to be members in good standing with the Baltimore County Volunteer Firemen’s Association (BCVFA). The BCVFA will assist volunteers in achieving and maintaining optimal health, physical fitness, and to avoid unnecessary risk of injury and/or death. This is achieved through a holistic approach to overall wellness via exercise, nutrition, weight control, tobacco cessation, and health and wellness education in a non-punitive environment. The ultimate goals of this initiative:

- Meet physical job demands
- Reduce the risk of injury or illness
- Enhance overall health and safety

The reasonable standards included were derived from other Fire Departments and agencies.

A. Annual physicals are required for the following:
   1. All new members desiring to respond on emergency and non-emergency volunteer apparatus after December 31, 2015.
   2. All incumbent members desiring to respond on emergency and non-emergency, or currently holding PAT Tags, must comply by December 31, 2016.
   3. Following completion of their physical, members will be designated as one of the following:
      a. Entry (White PAT Tag)
         Minimum Qualifications:
         i. Medically cleared
         ii. Annual fit test
         iii. NFPA Firefighter I
         iv. Haz Mat Core Competency
         v. Maryland EMS certified or CPR/AED, Bloodborne Pathogens
      b. Non-Entry (Silver PAT Tag)
         Minimum Qualifications:
         i. Medically cleared
         ii. Haz Mat Core Competency
         iii. Maryland EMS certified or CPR/AED, Bloodborne Pathogens

B. Procedure to obtain physicals:
   1. Prospective member applies to Fire Company and is accepted, based on company bylaws, rules, etc.; is assigned a LOSAP number if he/she doesn’t already have one and meets with Company Commander/President to select one of the below options:
Option 1: Physical from Baltimore County’s designated healthcare provider
a. Company Commander/President shall issue the BCVFA Medical Authorization Form and the BCVFA Emergency Response Position Description of ENTRY and NON-ENTRY (Appendices A and B).
b. Members will follow the below procedure. New members shall have 30 days from the time of issuance to schedule (not actually obtain) a physical; incumbent members must complete by Dec. 31, 2016:
   i. Member sends email to Fire-Safety@baltimorecountymd.gov with a list of dates he or she is available and not available. Member must include a contact phone number.
   ii. Fire-Safety schedules the physical with Baltimore County’s designated healthcare provider and sends an email to member with an Authorization for Service Form, as well as calls the member on provided phone number, with the scheduled date.
   iii. Member takes three things to his or her appointment:
      1. Authorization for Service Form from Fire-Safety
      2. BCVFA Medical Authorization Form (Appendix A)
      3. BCVFA Emergency Response Position Description (Appendix B)
c. Upon completion of the physical, member sends the BCVFA Medical Authorization Form (Appendix A) to the Safety Office at Fire-Safety@baltimorecountymd.gov.
d. Once Safety Office receives document, the Active Responder Database will be updated.
e. After their initial physical, members shall repeat this process every 12 months.
f. Members who do not obtain a physical by January 1, 2017 or do not obtain a physical within 18 months of their last one shall be required to turn-in all issued Company/County equipment to their Company Commander who in turn will provide the Safety Office with the face piece and PAT tags. Such members shall also be prohibited from any training and emergency and non-emergency responses. They will also be removed from the Active Responder Database until a physical is completed.

Option 2: Physical from personal physician.
a. All medical expenses using this method shall be the responsibility of the member or the member’s insurance.
b. For incumbent members, the Company Commander/President shall issue the BCVFA Medical Authorization Form and the BCVFA Emergency Response Position Description of ENTRY and NON-ENTRY (Appendices A and B) to take to their personal physician. The member sends the signed BCVFA Medical Authorization Form to the Safety Office at Fire-Safety@baltimorecountymd.gov.
c. For new members, the Company Commander/President shall issue the MFRI/Baltimore County Fire Service Training Fitness Questionnaire (Appendix C).
   i. New member sends completed questionnaire to the BCVFA Medical Review Board.
ii. The Medical Review Board reviews the forms and determines one of the following:

1. The new member can be issued the BCVFA Emergency Response Position Description (Appendix B) and the BCVFA Medical Authorization Form (Appendix A) to have his/her personal physician review and sign. Once completed, the member will then send the BCVFA Medical Authorization Form to the Safety Office at Fire-Safety@baltimorecountymd.gov.

2. The new member is required to have his/her physician fill out the Physician Review of Medical Conditions to Determine Readiness for Duty as a Fire Fighter or Emergency Medical Services Responder form (“Physician Review form”) and the BCVFA Medical Authorization Form (Appendix A). After the personal physician completes the forms, he/she sends them to the BCVFA Medical Review Board. The Medical Review Board will forward the Medical Authorization Form to the Safety Office at Fire-Safety@baltimorecountymd.gov.

   d. Once the Safety Office receives the Medical Authorization Form, the Active Responder Database will be updated.

   e. After their initial physicals, members shall repeat this process every 12 months.

   f. Members who do not obtain a physical by January 1, 2017 or do not obtain a physical within 18 months of their last one shall be required to turn-in all issued Company/County equipment to their Company Commander who in turn will provide the Safety Office with the face piece and PAT tags. Such members shall also be prohibited from any training and emergency and non-emergency responses. They will also be removed from the Active Responder Database until a physical is completed.

2. If the member’s status following the physical is pending (more testing needed), he or she is not cleared.

3. If the member was not cleared for either ENTRY or NON-ENTRY, he or she shall not participate in any emergency or non-emergency responses or training.

C. BCFVA Medical Review Board

1. Any member may request, by written authorization, that the BCVFA Medical Review Board review any medical information following completion of their physical.

2. The BCVFA Medical Review Board may approve new members for training pending a physical.

D. For all members who are part of the minimum complement, the volunteer company commander or his/her designee (officer-in-charge on emergency apparatus) is responsible to make certain any person on his/her equipment meets the minimum criteria listed in A.3., above. Only one of the four (4) in a minimum complement may be in the category defined in A.3.b.
**BCVFA Medical Authorization Form**

Patient's Name: ____________________________  LOSAP Number: ____________

This is to verify that I have read and understand the attached position description of the above named individual and that I have performed a complete history and physical exam and that the employee is medically able to perform all of the physical requirements and is cleared as:

_______ ENTRY

_______ NON-ENTRY

_______ UNABLE TO PARTICIPATE IN ANY EMERGENCY OPERATIONS

______________________________  ______________________________
Signature of Primary Care Physician  Date

______________________________
Printed Name of Primary Care Physician

______________________________
Type of Practice

______________________________
Address

______________________________
Telephone Number

Appendix A
BCVFA Emergency Response Position Description

ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Assists in the saving of lives and property and in extinguishing fires. Enters and removes or leads persons from buildings or hazardous situations. Operates firefighting and rescue equipment, and uses self-contained breathing apparatus. Carries or drags hoses, ladders, and other equipment.

This position entails the performance of heavy physical labor involving fire suppression, emergency rescue, and emergency medical operations. Work requires exposure to potentially hazardous public safety activities.

NON-ENTRY PERSONNEL

Hears alarm and prepares for appropriate response. Drives or rides safely in vehicle. Understands visual and spoken orders and takes appropriate action. Performs emergency and nonemergency procedures at the scene. Does not use self-contained breathing apparatus. May drive ambulance or fire apparatus under emergency response conditions, using knowledge and skill in driving to avoid sudden motions detrimental to themselves or others.

Persons in this position must be able to safely perform the duties of the position without posing a threat to the health or safety of themselves or others.
This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely use a respirator. IT IS NOT USED (BY ITSELF) TO DETERMINE YOUR FITNESS TO ENGAGE IN STRENUOUS EMERGENCY ACTIVITIES. We anticipate being able to approve most people for respirator use based upon this questionnaire alone. In some cases we may ask for more information or additional medical testing/examination. For the purposes of this document, the word “respirator” includes: self-contained breathing apparatus, NIOSH filter masks and HEPA filter and air purifying masks.

INSTRUCTIONS – READ CAREFULLY

1. **You MUST answer EVERY question.** Failure to do so will cause unnecessary delay in completing review of your questionnaire.
2. There are questions on BOTH sides of all pages in this questionnaire.
3. You MUST print your full legal name legibly in the space provided on page two.
4. You MUST print your Fire Service I.D. number in the space below and in the space provided on page four.
5. You MUST print the number of your station in the space below and in the space provided on page four.
6. You MUST sign your name in the space provided on page four.
7. You MUST print the date you completed this document in the space provided on page four.
8. Review the completed document to be sure that you have left nothing out.
9. Place the completed document in the envelope that has been provided.
10. Be sure that you have placed your name, fire service I.D. number and Station number in the spaces on the upper left hand corner of the envelope. If submitting by U.S. Postal Service, include your home address there.
11. Seal the envelope, and then write your name over the flap of the envelope.
12. When your have done all of the above, return the envelope to your designated station representative or place a stamp on it and place it in the U. S. Postal Service Mail. If no envelope, please return form to: **BCVFA office, 700 East Joppa Road, 3rd Floor, Towson, MD 21286-5501 – Attn: Medical Board.**

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<tr>
<th>Company Name</th>
<th>Station Number</th>
<th>Date of Entry</th>
<th>Member ID Number</th>
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Page 1 of 4 Pages
1. Do you **currently** use tobacco products, or have you used tobacco products within the last six (6) months? 

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<th>YES</th>
<th>NO</th>
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2. Have you **ever had** any of the following conditions: If yes, state when.

- a. Seizures (fits):
- b. Diabetes (sugar disease):
- c. Allergic reactions that interfere with your breathing
- d. Claustrophobia (fear of closed-in places):
- e. Trouble smelling odors:

3. Have you **ever had** any of the following breathing or pulmonary or any other lung problems?

- a. Asthma: If yes, when was the date of your last attack?
- b. Asbestosis
- c. Chronic bronchitis:
- d. Chronic obstructive pulmonary disease (COPD):
- e. Cystic fibrosis:
- f. Emphysema:
- g. Interstitial lung disease:
- h. Pneumonia:
- i. Tuberculosis:
- j. Pneumothorax (collapsed lung):
- k. Lung cancer:
- l. Broken ribs:

- m. Any chest injuries or surgeries: (if yes – provide details):

- n. Any other lung problem: Yes/No (if yes, provide details)

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: 
- b. Wheezing 
- c. Persistent coughing

5. Have you **ever had** any of the following heart or cardiovascular or health problems?

- a. Heart attack:
- b. Stroke:
- c. Angina:
- d. Heart failure:
- e. Heart murmur:
- f. Swelling in your legs or feet (not caused by walking):
- g. Heart arrhythmia (heart beating irregularly):
- h. High blood pressure:
- i. High cholesterol:
- j. Any other heart condition: If yes, explain:

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. In the past two years, have you noticed your heart skipping or missing a beat:
- c. In the past two years, have you experienced abnormal rapid beating of the heart:
- d. Heartburn or indigestion that was not related to eating:
- e. Dizziness or fainting
- f. Cramping pain and weakness in the legs, especially calves, during walking
PLACE AN X IN THE CORRECT BOX

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<th>YES</th>
<th>NO</th>
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<td>g. Unusual or unexplained fatigue</td>
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<td>h. Any other symptoms that you think may be related to heart or circulation problems:</td>
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<td>7. Do you have any family history of heart attack, coronary revascularization or sudden death?</td>
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<td>a. Was it before 55 years of age in a father or other male relative (brother or son)?</td>
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<td>b. Was it before 65 years of age in a mother or other female relative (sister or daughter)?</td>
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<td>8. List ALL prescribed prescription and over the counter medications you are currently taking (use separate sheet of paper if needed.)</td>
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<td>c.</td>
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<td>Reason for Medication</td>
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<td>Reason for Medication</td>
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<td>Reason for Medication</td>
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<td>Use addition paper for remainder of medications</td>
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<td>9. Have you ever used a respirator? If yes, have you ever had any of the following problems?</td>
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<td>a. Eye irritation:</td>
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<td>b. Skin allergies or rashes:</td>
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<td>c. Anxiety:</td>
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<td>d. General weakness or fatigue:</td>
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<td>e. Any other problem that interferes with your use of a respirator: (if yes, explain)</td>
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<td>10. Are you currently pregnant?</td>
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<td>11. Do you currently have any of the following vision problems?</td>
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<td>a. Wear contact lenses:</td>
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<td>b. Wear glasses:</td>
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<td>c. Color blind:</td>
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<td>d. Ever lost vision in either eye (temporarily or permanently):</td>
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<td>e. Any other eye or vision problem:</td>
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<td>12. Have you ever had an injury to your ears, including a broken ear drum?</td>
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<td>13. Do you currently have any of the following musculoskeletal problems?</td>
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<td>a. Weakness in any of your arms, hands, legs or feet:</td>
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<td>b. Back pain:</td>
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<td>c. Difficulty fully moving your arms and legs:</td>
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<td>d. Pain or stiffness when you lean forward or backward at the waist:</td>
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<td>e. Difficulty fully moving your head up or down or side to side:</td>
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<td>f. Difficulty bending at your knees:</td>
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<td>g. Difficulty squatting to the ground:</td>
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<td>h. Climbing a flight of stairs or a ladder carrying more than 50 lbs:</td>
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<tr>
<td>i. Any other muscle or skeletal problem that interferes with using a respirator: Yes</td>
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<td>j. Have you ever had a neck or back injury: (if yes, explain (when, details))</td>
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<td>14. List prior surgeries and their dates (Attach separate sheet)</td>
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<td>15. Have you ever been in the military services? If yes, were you exposed to biological or chemical agents (either in training or combat)? List Years.</td>
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<td>16. Have you ever worked on a HAZMAT team?</td>
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17. As a MFRI student, you may be required to wear fire protective clothing and self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform firefighting and rescue operations that expose you to extreme heat, toxic products of combustion and hazardous materials. You may also be required to lift and operate heavy machinery, carry and raise ladders, and climb ladders up to 135 feet in height. Students may achieve heart rates of 85 to 100% of their maximum capacity during training operations. Do you believe that you currently have any medical conditions that would prohibit you from performing these duties?

I hereby affirm that the answers to the above questions are true and complete, to the best of my knowledge. I authorize and direct Mercy Medical Centers, the Respiratory Protection Review Board, the Baltimore County Retirement Medical Review Board and/or the Baltimore County Volunteer Firemen’s Association Medical Review Board to provide its medical opinion(s) regarding the evaluation of my fitness for respirator use to the designated representative of the Baltimore County Fire Department authorized to receive such an evaluation, Mercy Medical Centers, the Respiratory Protection Review Board, the Baltimore County Retirement Medical Review Board and/or The Baltimore County Volunteer Firemen’s Association Medical Review Board, and the President (or designee of the member’s Volunteer Company(ies) and the Maryland Fire Rescue Institute. I hereby acknowledge that in the event of a conflict in opinion concerning respirator use, the opinion of the Maryland Fire Rescue Institute shall prevail. This authorization shall be effective from the date of the execution below.

DO NOT WRITE BELOW THIS LINE – FOR USE OF MEDICAL BOARD ONLY

PHYSICIAN’S COMMENTS:

☐ PMD OR ☐ MERCY

☐ APPROVED FOR FIT-TESTING ☐ NOT APPROVED FOR FIT TESTING ☐ PHYSICAL EXAMINATION REQUIRED

DATE INITIALS OF REVIEWING OFFICIAL

REV 2/17