

SPOKANE COUNTY FIRE DISTRICT NO. 12

____ Firefighter ____ EMS

NAME: _____

ADDRESS: _____

HOW LONG AT THIS ADDRESS: ____ TELEPHONE: _____

E-MAIL: _____

PERSONAL HISTORY:

DATE OF BIRTH: _____ AGE: ____ MARITAL STATUS: ____ SINGLE ____ MARRIED

NAME OF SPOUSE: _____

HEIGHT: ____ WEIGHT: ____ HAIR COLOR: ____ EYE COLOR: ____

SOCIAL SECURITY NUMBER: _____

WASHINGTON STATE DRIVERS LICENSE #: _____

RESTRICTIONS OR ENDORSEMENTS ON WSDL: _____

TRAFFIC CITATIONS IN LAST THREE YEARS: _____

FELONY CONVICTIONS: _____

MEDICAL AND EMERGENCY:

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP: _____ ADDRESS/PHONE: _____

PHYSICIAN: _____ PHONE: _____

BLOOD TYPE: ____ ALLERGIES: _____

PHYSICAL RESTRICTIONS, DISABILITIES, OR LIMITATIONS (INCLUDE VISION, HEARING, BACK PROBLEMS, LIFTING ABILITY, FEAR OF HEIGHTS, ETC.) _____

EDUCATION:

HIGH SCHOOL GRADUATE: ____ YES ____ NO ____ GED

COLLEGE (MARK HIGHEST YEAR COMPLETED): __ 0 __ 1 __ 2 __ 3 __ 4 __ 5 __ 6+

DEGREE __ NONE __ AA/AS __ BA/BS __ MASTER __ OTHER (SPECIFY) _____

MAJOR AREAS OF STUDY _____

EMPLOYMENT HISTORY:

PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE: _____

OCCUPATION: _____

SHIFT: _____

EMPLOYMENT DATE: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE: _____

OCCUPATION: _____

EMPLOYMENT DATES: _____

FIREFIGHTER HISTORY:

Training: _____ None _____ Washington State Fundamentals of Firefighting

Other training (include dates, locations and certificates): _____

Experience: _____ None _____ Structural _____ Forest _____ Field _____ other: list dates and locations: _____

FIRST AID – EMS HISTORY:

Training: _____ None _____ Prior training level: _____ date expired: _____

PRESENT QUALIFICATIONS: _____ basic first aid _____ advanced first aid

_____ First responder - Expires: _____

_____ EMT - State: _____ Expires: _____

_____ IV tech _____ Airway tech _____ Defib _____

Paramedic - State: _____ Expires: _____

_____ RN _____ LPN _____ other

EXPERIENCE: _____ none _____ field EMS (fire or ambulance) _____ ER _____ other, give date and location: _____

REFERENCES: (no relatives) list name, address, telephone number

1. _____
2. _____
3. _____

CERTIFICATION:

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Signature _____ Date: _____

Acceptance by District: _____ Accepted _____ Not accepted

Fire Chief: _____ Date: _____

MEDICAL EXAMINATION QUESTIONNAIRE:

Are you in good health_____ do you have or previously had any disabilities whereby you full physical capacities are limited yes:_____ no:_____ if so explain:

Have you ever had any of the following diseases or conditions: (if so please explain)

Heart trouble:_____

Kidney or Urinary trouble:_____

Tuberculosis or lung disease:_____

Stomach ulcers/gastrointestinal disease:_____

Diabetes:_____

Epilepsy:_____

Mental disease:_____

Nervous system problems:_____

Rheumatism/arthritis:_____

Back problems:_____

Allergies (ie: asthma, hay fever, eczema):_____

Vision defects:_____

Hearing defects:_____

Hernias:_____

What serious illnesses, accidents, injuries or operations have you had? _____

List any government, insurance compensations or disability awards you have received.

What for? _____

(I hereby certify that the above answers are full, complete and true to the best of my knowledge.)

Volunteer's Signature: _____ Date: _____

SPOKANE COUNTY FIRE DISTRICT NO. 12

PHYSICAL EXAMINATION

APPOINTMENT TIME AND

DATE: _____

TO BE FILLED OUT BY PHYSICIAN:

HEIGHT: _____ WEIGHT: _____ PULSE: _____ BLOOD

PRESSURE: _____

GENERAL

APPEARANCE: _____

VISION:

UNCORRECTED: R _____ L _____

CORRECTED: R _____ L _____

NECK: _____

LUNGS: _____

HEART: _____

ABDOMEN: _____

INGUINAL REGION: _____

SPINE: _____

EXTREMITIES: LIMITED MOTION OR IMPAIRED FUNCTION, DEFORMITIES:

NERVOUS SYSTEM:

PUPILS: _____ KNEE JERKS: _____

ROMBERG _____ TREMORS _____ GAIT _____

PHYSICIAN'S OPINION:

CAPABLE OF SUSTAINED ARDUOUS DUTY: _____

CAPABLE OF MODIFIED DUTY: _____

LIMITATIONS: _____

PHYSICIAN'S SIGNATURE

DATE

VOLUNTEER'S SIGNATURE

SIGNATURE OF FIRE CHIEF OR EMS DIRECTOR

SPOKANE COUNTY FIRE DISTRICT NO. 12 FIRE DISTRICT POLICY

REQUIREMENTS FOR PHYSICAL EXAM BY PHYSICIAN DATE: _____

If a physical examination is required, the Fire Chief and/or EMS Director will inform the District Secretary who will then fill in the Procedure form, make the appointment with the Medical Director at which time the volunteer will take the form back to either the Fire Chief or the Ambulance Director before said appointment and have it signed. At the time of the appointment, the volunteer will have the Medical Director sign and return the form to the secretary.

COMMISSIONERS:

Jim Carlson

Dave Krell

Don Evans