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:

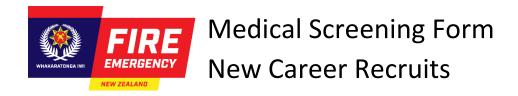
1. Medical History:

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:**

<u>Please make an appointment with an audiologist for a full audiogram</u>. 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.



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 <u>completed copy</u> 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:

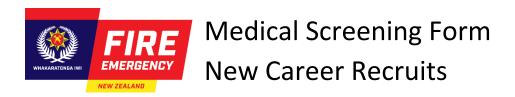
As an examining doctor you must consider the tasks, physical environment and safety-critical nature of firefighting while undertaking this medical assessment. Please ensure that the forms are completed in full and all relevant information is provided to Fire and Emergency New Zealand.

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 preempt 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.



SECTION A - Personal Information (Candidate to complete)

First Name:	Last Name:	0
Date of birth (dd/mm/yy):	Gender: Female	Male
Postal address:		
		4
Telephone numbers: Hm ()	Mob ()	40,
Is this your first medical screening assessment for th	ne New Zealand Fire Service or	Fire and Emergency New Zealand? Yes No
Is this your usual medical centre?	~OX	Yes No No
If you are not completing this medical assessment w	rith your regular GP what is the	reason?
Present occupation:	.CIP	

I declare that:

- The answers to all questions are true and correct.
- I have read all the guestions 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	

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?		

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 Hypoglycaemic episodes	Yes No	and problem? HbA1c -					
30	Mental illness, clinical depress	sion, anxiety state or psycho	otic episodes? (see page 5)		П	FS.		
31	Substance abuse, or alcohol d	ependence or abuse?				A		
32	Any medications being taken?							
33	Allergies?			7	H			
	•	o any questions above, p h any documents as requ						
Questio Numb	Cause	Treatment	Medications	On-going co	oncerns nitations			
			INF					
		OFT						
		COVID-19 Vaco	cination					
	Is the applicant vaccinated against COVID-19? Yes* \(\simeg \) No \(\simeg \) *If yes , please provide the following details:							
Dose 2	1 □ Date:	Dose 2 □ Date:	Booster □	Date:				
Туре (e (please circle): Pfizer Janssen Moderna AstraZeneca							
Hepatitis Vaccination								
GP ple	ase note: DO NOT VACCINA	TE or PROCESS SEROLO	OGY					
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.								

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 Heigl	nt		cm	3 Weigh	nt			kg
4	BMI If BMI is above 30, venous blood glucose is required (mmol/L).					BMI =	A1c =			
5	Pulse rate									reg/irre
6	Any heart murmur or abnormal stress, please describe murmal investigation			paperwork	from	* Yes No			1/2	
7	Blood pressure *If BP above 140/90 on another BP recording 10 m	_		lease co	mplete	*BP = 2 nd BP reading =				
8	Is chest examination norm *If no, please provide det						Yes		*)
9	Peak flow (Please coach patient in coach peak flow is >80 below expected for male y	xpected	<mark>for femal</mark>	e or >100)	er than ex	pected)	Peak Flo		xpected eak Flow L/min
10	Spirometry (please attach			•	_	SUBOPTII	MAL			
11	Full range of movement is normal in upper and lower limbs?					No				
Eyes - is the following normal? Visual fields (more than 120°) at confrontation * If no, please provide details: * No							No			
13	Reduced vision or night bli	ndness?					Yes			No
			Vis	ion Chec	k					
Ple	ase note: Glasses are	UI	NCORREC [®]	TED		GLASSE	<u> </u>	CON	ITACT LE	NSES
	ompatible with	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.		Uncorrecte Both Eyes	V/M	0	100 50	150	200	250 300	

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	If there is any history of mental illness, please answer all questions below				
Condition: please specify his and triggers. Please attach sp	-		Triggers (for initial depression and for any subsequent episodes)	List episodes, duration date and treatment eg. medication /counselling	
Episodes of psychosis?	Yes 🗌 🛚 1	No 🗌			
If yes, please provide details:				"MIOH"	
Anxiety?	Yes 🗌 🛮 1	No 🗌		J. W.	
If yes, please provide details:					
Depression?	Yes 🗌 🛮 1	No 🗌			
If yes, please provide details:		4	SEF IO		
Do you feel that the trigge	ers are such	that Firef	ighter work may exacerbate the	e situation? Yes No 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.					
ELERSED					

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.
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- 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 Ze questions are filled out in their entirety.	aland, details above. Please ensure ALL				

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:	i P
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 comr	nents
	SEDUN	