HEALTH HISTORY STATEMENT
(Last ten years)

The information you provide in this statement will be used to assess your medical qualifications to participate in all physical activities contained within this course. Please fill out the statement carefully and thoroughly. All information will be kept confidential.

Name: _____

Department/Academy: _____ _____

Birthdate:_____SS#: _____

Today's Date: _____

Please answer all of the following. Check yes or no on each question.

Do you now have or have you ever had any of the following?

Yes	**No**		**Yes**	**No**	
____	____	Allergies	____	____	High Blood Pressure
____	____	Arthritis	____	____	High Serum Lipids (fats- for example, Cholesterol)
____	____	Asthma	____	____	Musculoskeletal Problems
____	____	Chronic Bronchitis	____	____	Neurological Problems
____	____	Diabetes Mellitus	____	____	Obesity
____	____	Emphysema	____	____	Stroke
____	____	Heart Disease	____	____	Heart Murmur
____	____	Other (specify) _____			

Have you ever experienced any of the following? For each condition checked, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

Yes	**No**		Diagnosed? **Yes**	**No**	Associated with exercise or physical work? **Yes**	**No**
____	____	Chest pain	____	____	____	____
____	____	Chest pressure	____	____	____	____
____	____	Discomfort/pain in elbow	____	____	____	____
____	____	Discomfort/pain in jaw	____	____	____	____
____	____	Discomfort/pain in teeth	____	____	____	____
____	____	Discomfort/pain in throat	____	____	____	____
____	____	Discomfort/pain in wrist	____	____	____	____
____	____	Heart Palpitations/ skipped beats	____	____	____	____

Have you ever taken any of the following tests? If yes, indicate whether the resultsindicated any abnormalities.

Yes	**No**		**Any Abnormalities? Yes**	**No**
____	____	Exercise Stress Test	____	____
____	____	Exercise Stress Test with Isotopes	____	____
____	____	Echocardiogram	____	____
____	____	Coronary Angiogram	____	____
____	____	Holter Monitor	____	____

Has a blood relative ever been diagnosed as having any of the following? (Include parents, grandparents, aunts and uncles, brothers and sisters, and children, but exclude relative by marriage and half relatives)

Yes	No		Mother	Father	Other
____/____		Diabetes Mellitus	___	___	___
____/____		Heart Disease	___	___	___
____/____		High Blood Pressure	___	___	___
____/____		High Serum Lipids	___	___	___
____/____		Obesity	___	___	___
____/____		Stroke	___	___	___

Have you ever smoked cigarettes, cigars or a pipe?____Yes____No
If yes, year you started: _____
Do you smoke presently?_____Yes_____No
If you did or do smoke cigarettes, how many per day? _____
If you did or do smoke cigars, how many per day? _____
If you did or do smoke a pipe, how many pipefuls per day? _____
If you quit smoking, year you quit: _____

Do you ever drink alcoholic beverages?_____Yes_____No
If yes, what is your approximate intake of these beverages?

	None	Occasional	Often	How many drinks per week?
Beer	_____	_____	_____	_____
Wine	_____	_____	_____	_____
Hard liquor	_____	_____	_____	_____

List any traumatic injuries you have experienced to your bones or soft tissue (include any disabling back problems you have had) and the approximate date of the injury.

_____Date_____

_____Date_____

_____Date_____

List any illnesses you have had which required you to take more than one week of sick leave and the approximate date of the illness.

_____Date_____

_____Date_____

_____Date_____

List any operations you have had, including approximate dates.

_____Date_____

_____Date_____

_____Date_____

List any medications you are <u>now</u> taking (include self-prescribed medications and dietary supplements).

Name of medication (see labels for prescription medications)	Date started	Dosage	Dosage per day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any athletic or other physical activities that you regularly engage in.
Specify for each the frequency, intensity, and duration of your involvement.

	Activity	**Frequency**	**Intensity**	**Duration**
Example:	Bicycle	3 times a wk.	10 miles	past 18 months

List anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

_____
_____
_____

I hereby certify that all statements made in this Health History Statement are accurate and complete.

Signature in full: _____

Print name: _____

Social Security Number: _____ _____

Date signed: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)
A self-administered questionnaire for adults

PAR Q & YOU

PAR-Q is designed to help you help yourself. Many benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the "**yes**" or "**no**" opposite the questions as it applies to you.

Yes	No	
		1. Has your doctor ever said you have heart trouble?
		2. Do you frequently have pains in your heart and chest?
		3. Do you often feel faint or have spells of severe dizziness?
		4. Has a doctor ever said your blood pressure was too high?
		5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
		6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
		7. Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions:

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness test. Tell him what questions you answered YES on PAR-Q or show him your copy.

PROGRAMS:
After medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity, probably on a gradually increasing basis
- Restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

If you answered NO to all questions:

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- A graduated exercise program – A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- An exercise test – simple tests of fitness (such as the Canadian Home Fitness test) or more complex types may be undertaken if you so desire.

POSTPONE if you have a temporary minor illness, such as a common cold

BASIC FIRE FIGHTER COURSE

Dear Physician:

The individual you are examining has applied for admission to the College of the Redwoods, Basic Fire Fighter course. As part of the admission process the student must obtain a Medical Clearance to participate in the Physical Conditioning Program of the Basic Fire Fighter course. The Physical Conditioning Program consists of certain physical performance tests and a program of vigorous physical conditioning. Physical conditioning occurs a minimum of one (1) hour per day, three days per week, for at least fourteen (14) weeks.Listed below are descriptions of both the physical performance tests, and the content of the physical conditioning program.

A Medical History Statement and a cardiac risk assessment (PAR-Q) have been completed by the individual to assist you in making your determination of the individual's suitability for participation for participation in the conditioning program.

PHYSICAL PERFORMANCE TESTS

Fire Shelter Deployment (timed 30 seconds): The individual deploys a wild-land fire shelter while wear full wild-land safety gear using 3 types of methods. Time events simulating actual stressful situations individual may encounter on the fire line.

Pickup, Carry, Raise, Climb and Lower an Aluminum Solid Beam 20' Three Section Extension Ladder (timed 4 minutes, 15 seconds): The individual performs methods addressed in exam while wearing structural safety gear. Use of dynamic muscular endurance of the trunk, arms, legs and back.

Donning Personnel Protective Ensemble (Wild-land and Structural): The individual performs donning safety clothing and equipment simulating actual stressful situation / timed events.

Various Charged Fire Hose Evolutions (timed events): Coupling, dragging and operating fully charged fire hose. (100' of 1 &1/2" hose contains 9 gallons of water weighing 8.34 lbs per gallon = 75 lbs per 100' section) Up to three (3) lengths of hose might be used, by either a single individual or three individuals. Use of arms, legs and backs.

Wild-land Fire Hand-line Construction: Use hand tools to construct fire line down to mineral soil in simulated fire areas while wearing full safety gear. Use of backs, arms, legs.

PHYSICAL CONDITIONING

The program of physical conditioning involves exercise focusing on cardio respiratory endurance (aerobics), strength, power, speed and flexibility. The intensity of the various exercises is individualized to the extent possible and is gradually increased throughout the course of the conditioning program. Each exercise sessions lasts 60 minutes and consists of a warm-up period, a conditioning bout focusing on a primary training objective, and a cool-down period. A description of the conditioning objectives and activities appear below.

OVERVIEW OF CONDITIONING ACTIVITIES

Conditioning Objective	**Formats**	**Type of Activities**
Flexibility	Walk/Jog Floor Calisthenics	Begins with walk/jog to warm muscles and is followed by slow stretching exercises for major muscle groups and joints
Muscular Strength /Cardiovascular Endurance	Circuit Training with Weights	A combination of conventional Universal Gym training exercises and jogging in place for a specified period of time
Muscular Strength/Cardiovascular Endurance	Circuit Training with Calisthenics	A combination of conventional calisthenics and jogging and sprinting for a specified period of time requiring a specific number of repetitions
Cardiovascular Endurance	Continuous Running	Conventional jog-run for distance and pace (15-45) minute duration

Please complete the attached "Medical Clearance" form following your examination.

Thank you.

Kim Price

Fire Program Coordinator

COLLEGE OF THE REDWOODS
FT-121 Basic Fire Fighter Course

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL CONDITIONING PROGRAM AND ACTIVITIES FOR:

_____
(Print name of individual)

_____
(Social Security Number)

Having reviewed the above-named individual's Medical History Statement and cardiac risk assessment (PAR-Q), and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-named individual, it is my professional opinion that:

Check one:

_____ It is highly unlikely that participation in the Physical Conditioning Program and activities will pose a significant medical risk to the above-named individual.

_____ The above-named individual should <u>not</u> participate in the Physical Conditioning Program and activities.

_____ _____
Physician's Signature (or FNP, PA, PA-C) Date

Physician's Office Name/Address OR
Stamp: