



Fire & Emergency Rescue Academy Physical Information

To meet NFPA 1001 and Ohio Department of Public Safety Services Division of EMS requirements per the Ohio Administrative Code, Firefighter I (OAC 4765-11-10 and -11), Firefighter II (OAC 4765-11-12), and Firefighter I and II (OAC 4765-11-12 and-13) courses shall meet all objectives in NFPA 1001.

Due to hospital clinical requirements for EMT students a TB skin test is also required and can be conducted at the time of the physical.

Students must take their supplied physical documents with them at the time of their appointment

Preferred Provider:



TriHealth Occupational Medicine now has a local, centralized Call Center for assistance with scheduling, resulting and access to any of our multiple Occupational Medicine Centers throughout the region: **513-853-1040**

CENTER LOCATIONS AND HOURS (Please arrive at least 30 minutes prior to center closing.)

Arrow Springs | Mon - Fri, 8 a.m. - 3 p.m.
100 Arrow Springs Blvd. | Suite 1200 Lebanon, OH 45036

Butler County | Mon-Fri, 8 a.m. - 5 p.m.
8500 Bilstein Blvd, Hamilton, OH 45015

Eastgate | Mon-Fri, 8 a.m. - 5 p.m. (closed 12 - 1 p.m.)
4452 Eastgate Blvd. | Suite 101, Cincinnati, OH 45245

Queensgate | Mon-Fri, 8 a.m. - 5 p.m.
1150 W 8th St. | Suite 120, Cincinnati OH 45203

Sharonville Hours: Monday-Friday | 7 a.m. to 7 p.m., Saturday | 9 a.m. to 1 p.m.
3801 Hauck Rd., Cincinnati, OH 45241



EMPLOYEE: _____ DATE: _____

COMPANY: _____

SERVICES AUTHORIZED BY: _____ PHONE #: _____

DOT AGENCY (IF APPLICABLE): ☐ FAA ☐ FRA ☐ FMCSA ☐ FTA ☐ PHMSA ☐ USCG

REASON FOR VISIT

- ☐ Pre-employment ☐ Random Testing ☐ Post-accident ☐ Follow-up Testing
☐ Annual/Recertification ☐ Reasonable suspicion ☐ Other _____

SERVICES REQUESTED (please check all that apply):

☐ **Work related injury care:** Date of injury _____

☐ Substance Testing:

- ☐ DOT drug screen ☐ Non-DOT drug screen ☐ Rapid drug screen (non-DOT only)
☐ DOT breath alcohol ☐ Non-DOT breath alcohol ☐ Other _____

☐ Exams:

- ☐ Physical Exam ☐ Respirator clearance ☐ Return to work ☐ PUCO Exam
☐ DOT Exam ☐ Reasonable suspicion/cause ☐ Independent medical exam
☐ Bus driver/T-8 ☐ Fitness for Duty ☐ Other _____

☐ Testing:

- ☐ Audiogram ☐ Vision ☐ TB test ☐ PFT
☐ Lift Test _____ (lbs) ☐ Other Testing: _____

☐ **Vaccination:** ☐ Hepatitis B ☐ Hepatitis A ☐ Varicella ☐ MMR ☐ Other _____

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CENTER LOCATIONS AND HOURS (Please arrive at least 30 minutes prior to center closing.)

☐ **Arrow Springs** | Mon - Fri, 8 a.m. - 3 p.m.
100 Arrow Springs Blvd. | Suite 1200
Lebanon, OH 45036
Fax 513 282 7078
Email: trihealthoccmearrowsprings@trihealth.com

☐ **Queensgate** | Mon-Fri, 8 a.m. - 5 p.m.
1150 W 8th St. | Suite 120
Cincinnati OH 45203
Fax: 513 852 3118
Email: trihealthoccmesqueensgate@trihealth.com

☐ **Butler County** | Mon-Fri, 8 a.m. - 5 p.m.
8500 Bilstein Blvd
Hamilton, OH 45015
Fax 513 860 5071
Email: trihealthoccmebutlercounty@trihealth.com

☐ **Sharonville**
3801 Hauck Rd.
Cincinnati, OH 45241
Fax: 513 852 3117
Email: trihealthoccmesharonville@trihealth.com
Hours: Monday-Friday | 7 a.m. to 7 p.m.
Saturday | 9 a.m. to 1 p.m.

☐ **Eastgate** | Mon-Fri, 8 a.m. - 5 p.m. (closed 12 - 1 p.m.)
4452 Eastgate Blvd. | Suite 101
Cincinnati, OH 45245
Fax: 513 752 3039
Email: trihealthoccmeeastgate@trihealth.com



Directions to TriHealth Occupational Medicine Centers

(CENTRAL CALL CENTER/SCHEDULING PHONE NUMBER: 513 853 1040)

ARROW SPRINGS | 100 Arrow Springs Blvd., Suite 1200, Lebanon, OH 45036

From I-71 North: take Exit 28 to Lebanon to SR 48. Go North on SR 48. At the second light, turn right onto Arrow Springs Blvd. to Arrow Springs.

BUTLER COUNTY | 8500 Bilstein Blvd., Hamilton, OH 45015

From I-75: take the Union Centre Blvd exit, turn left. At the intersection of Seward Rd - Union Centre becomes Symmes Rd. Follow to Bilstein Blvd, turn left. The Butler County Center will be on the left.

From I-275: take the Route 4 exit, go north. Turn right at Bypass 4, follow it to Symmes Rd, turn left. Turn left on Bilstein Blvd, Butler County will be on the left.

EASTGATE | 4452 Eastgate Blvd., Suite 101, Cincinnati, OH 45245

From Southbound I-275: take Exit 63A-63B for Hwy 32 toward 63A/63B/Batavia/Newtown. Keep left at the fork to continue to Exit 63A, follow signs for OH-32 W/Newtown/Eastgate Blvd. Use the left 2 lanes to turn left onto OH-32E. Take the Eastgate Blvd exit, turn right onto Eastgate Blvd, then turn left at the next light. Turn right at the first driveway into the Eastgate Center parking lot. The Eastgate Center is in Suite 101, the first door on the left after you enter the Eastgate Professional Building.

From Northbound I-275: take Exit 63B for OH-32 E towards Batavia. Keep left at the fork to continue toward OH-32E. use the right lane to turn right onto OH-32E to the Eastgate Blvd exit, turn right onto Eastgate Blvd, then turn left at the next light. Turn right at the Eastgate Professional Building. The Eastgate Center is in Suite 101, the first door on the left after your enter the Eastgate Professional Building.

QUEENSGATE | 1150 W. 8th Street, Suite 120, Cincinnati, OH 45203

From I-75 South: take Exit 1F Freeman Ave/US 50. Turn right onto W. 8th Street. The Queensgate Center is on the right.

From I-75 North: take Exit 1D to merge onto 6th St/US 50 towards River Rd. Follow US 50 to the Linn St exit. Turn right at Linn St, then turn left to W. 8th Street. The Queensgate Center is on the right.

SHARONVILLE | 3801 Hauck Road, Cincinnati, OH 45241

From I-75: take I-275 East to exit 46 (Route 42): turn left onto Lebanon Rd. / US-42. Turn left on Hauck Road (located just before the White Castle on the left). The Sharonville Center is on the left, next to the Clarion Hotel.

From I-71: take I-275 West to exit 46 (Route 42): turn right onto Lebanon Rd. / US-42. Turn left onto Hauck Road (located just before the White Castle on the left). The Sharonville Center is on the left, next to the Clarion Hotel.

Great Oaks Career Campuses
Public Safety Services: Fire & EMS Programs
200 Scalet Oaks Drive Cincinnati, Ohio 45241

Candidate Medical Profile

Name: _____ SS #: _____

Address: _____ City: _____

State: _____ Zip: _____ Primary Phone #: _____

Email Address: _____

Date of Birth: _____ Gender Identity: _____

Health History

	Yes	No	Conditions	If Yes, Explain
1			Respiratory & Pulmonary Disorders	
2			Cardiac Disorders (Murmur, High Blood Pressure, ...)	
3			Neurological Disorders (Seizure, CVA, Head Injury...)	
4			Infectious Diseases (TB, Hep, HIV, ...)	
5			Eyes, Ears, Nose, Neck, Throat Disorders	
6			Issues with Dizziness, Gait, or Balance	
7			Gastrointestinal Issues	
8			Genitourinary Issues (Kidney, Bladder, ...)	
9			Psychological Issues	
10			Blood or Bleeding Disorders	
11			Any History of Cancer	
12			Significant Traumatic Injuries	
13			Back or Spine Issues	
14			Significant Orthopedic Injuries/Disorders	
15			Do you have an IEP or 504 Plan	
16			Taking Daily Medicines	
17			Surgeries or Have You Spent the Night in the Hospital	
18			Do You Have Any Allergies	
19			Glasses or Contact Use	
20			Do You Wear a Hearing Aid	
21			Do You Wear Dental Appliances	
22			Do You Have Any Chronic Illnesses	
23			Did You ever have a Heat Related Emergency	
24			Have You Lost any Extremity/Toes/Fingers	

The information provided in this medical profile is accurate to the best of my knowledge, and ***I have no medical conditions, physical conditions, or illnesses*** that would prevent my participation in all Fire, EMS, Rescue, and Hazardous Materials training activities.

In Addition, I have read the attached **Essential Functions** for the program and meet all physical demands, problem solving skills, and work characteristics.

Note: No pregnant student will be accepted into the program without written approval (On Letterhead) from the candidate's Obstetrician.

Candidate's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Copies Needed (Two)

Emailed to Great Oaks Fire & EMS (PSSInfo@greatoaks.com) before your schedule physical:

_____ A signed copy of this form (Candidate Medical Profile) and the Essential Functions.

Hand delivered to the Physician at time of your physical:

_____ A signed copy of this form (Candidate Medical Profile) and the Essential Functions.

This form is based on information contained in 2022 NFPA Standard 1582

Updated: 12-12-23

Great Oaks Institute of Technology and Career Development

Public Safety Service Fire and Emergency Medical Care Programs

Physical / Medical Examination Requirements

NOTE TO STUDENT: The first two pages of this form **must be completed and returned to the Great Oaks Career Campuses- Public Safety Services Supervisor of Fire and EMS programs no later than 14 days prior to the orientation session** for the Academy class the student plans to attend.

NOTE TO PHYSICIAN: The Physical and Medical examination should be conducted for the purpose of detecting or determining the presence of deficiencies or abnormalities which would reasonably be expected to limit the abilities of the applicant to satisfactorily and safely perform all the duties associated with emergency medical care and/or firefighting as outlined this document.

The Essential Functions of Emergency Medical Care and Firefighting listed below are meant to serve as a reference resource for physicians when determining the fitness of a candidate for emergency medical care and firefighting duties. The following Essential Functions are meant to define and to give a broader understanding of the physical requirements demanded of the job, and are merely meant to be used as an aid for physicians when determining the physical status of a candidate.

Essential Functions of Emergency Medical Care and Firefighting

- Performing firefighting tasks (e.g. hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
- Wearing a SCBA that includes a demand valve-type positive-pressure face piece, or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of HEPA filter masks, personal protective ensembles and/or SCBA.
- Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg).
- Wearing of a fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
- Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions, uneven surfaces, stairs, and low visibility.
- Advancing water-filled hose lines up to 2 ½ in. (65 MM) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
- Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
- Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

EM	Fi
	X
X	X
X	X
	X
	X
X	X
	X
	X
X	X
X	X

- Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens and other distractions.
- Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).
- Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury to civilians or other team members.
- Have good strength, hand-eye coordination and manual dexterity to manipulate equipment, instrumentation and medications.
- Send and receive verbal messages as well as appropriately operate the communications equipment of current technology.
- Be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (9th grade level or higher).
- Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory and tactile observations.
- Be attentive to detail and be aware of standards and rules that govern practice and implement therapies based upon mathematical calculations (9th grade level or higher).
- Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates.
- Be oriented to reality and not mentally impaired by mind-altering substances.
- Not be addicted to drugs.
- Be able to work shifts of 24 hours in length.
- Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. To drive an emergency vehicle, the student must possess approximately 180° peripheral vision capacity, must possess a valid driver's license, and must be able to safely and competently operate a motor vehicle in accordance with state law.

X	X
	X
X	X
X	X
X	X
X	
X	
X	
X	X
X	X
X	X
X	X

I have examined _____

Applicant's Full Name – PRINT

and, as a physician licensed to practice in the State of Ohio, do hereby certify that the applicant is in good health and physically fit for the performance of the essential functions of an emergency medical technician and/or a fire fighter as outlined in this document.

Physician's Signature

Date of Examination

Physician's Name PRINTED

Office Telephone Number

Name of Practice

Address

City

State

Zip

**Public Safety Services**

200 Scarlet Oaks Drive
Cincinnati, OH 45241
Phone: 513-771-1142
Fax: 513-771-0781
www.greatoaks.com

Student Name

(Please Print)

The Fire Emergency Medical Rescue Academy is academically and physically challenging. It is a rewarding accomplishment to complete the program. And, the Academy staff wants you to be successful in achieving your career goals. This questionnaire is designed to assist you in determining your suitability for Academy success and provides further insight into training and employer expectations.

Instructions:

Together with your spouse/partner and/or family members, answer the following questions to help determine if you are ready to undertake the demands of Fire Academy training.

- | | | |
|--|------------|-----------|
| 1. Do you have all the necessary finances in order? (Refer to the program cost information) | Yes | No |
| 2. Can you afford the pre-course expenses? (Physical examination, TB test, Background investigation, Uniforms) | Yes | No |
| 3. Are you ready for a physically strenuous program? (A physical examination and physician's statement of appropriate medical condition is required) | Yes | No |
| 4. Can you set aside personal business for the duration of the Academy? (Employment during the Academy is strongly discouraged, including nights and weekends.) | Yes | No |
| 5. Will you have the time to commit three (3) hours every night to homework, preparation, and studying? (Employment during the Academy is strongly discouraged, including nights and weekends.) | Yes | No |
| 6. Do you have excellent study habits? | Yes | No |
| 7. Do you have excellent test-taking ability? (There are numerous examinations and each one must be passed with a minimum score of 70%) | Yes | No |
| 8. Are you able to follow directions and take orders without question? (The fire service is a paramilitary organization, in which orders are given and must be followed without hesitation or complaint.) | Yes | No |
| 9. Are you able to remain calm in stressful situations? (Instructors will test your ability to think quickly on your feet, follow directions, and respond calmly under physically/emotionally stressful conditions.) | Yes | No |

10. Do you understand that attendance is directly related to success in the Academy? (The State requires 100% attendance in State certified training modules; Great Oaks requires 95% attendance in non-State certified training modules.) **Yes No**

11. Do you have the full support of your family and are they willing to assist you in your training? (Past experience has shown that strong family support is a critical factor for success.) **Yes No**

12. Do you currently have four (4) or less points on your driver's license? **Yes No**

If you answered "no" to any of the above questions, you should contact the Fire and Emergency Medical Rescue Academy office for further advice and direction.

Ohio Certification Questions

1. Have you been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: fraud or material deception in applying for, or obtaining a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county, or municipal narcotics law; any act committed in another state that, if committed in Ohio, would constitute a violation as forth in 4765-11-03(A)(16)(b) of the Ohio Administrative Code? **Yes No**

2. Have you been adjudicated mentally incompetent by a court of law? **Yes No**

3. Are you currently under indictment for a felony or a misdemeanor involving moral turpitude? **Yes No**

4. Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs; or engage in the use of alcohol to an extent that it impairs the ability to perform the duties of an EMT, firefighter or fire safety inspector? **Yes No**

Once you have answered all of the questions above, sign below and return to the Fire and Emergency Medical Rescue Academy office during your interview.

Contact Information:

Email: pssinfo@greatoaks.com

Office: 513-771-1142

Signature of Student: _____

Date: _____