



TOWN OF SMOKY LAKE



Title: Regional Fire and Rescue Committee (RFRC): Firefighter Recruitment		Policy No: FD-02 Ref: S.L County #31-01
Section: 02	Code: P-I	Page No.: 1 of 11 E

Legislative Reference:	Alberta Provincial Statutes
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Purpose:	In order to ensure the recruitment process is fair and impartial, a transparent screening process is implemented for all Smoky Lake Region Fire Department to be utilized in the recruitment of firefighter candidates to engage in Fire and Rescue services.
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Policy Statement and Guidelines:

<p>1. STATEMENT:</p> <p>1.1 The Smoky Lake Region Fire and Rescue Committee is committed to recruiting talented and motivated individuals, who possess a high level of integrity and have a desire to serve their community to save lives and property.</p> <p>1.2 Firefighters are dedicated individuals that serve as part-time "Paid-On-Call" (POC) volunteer members who play a key role in the delivery of fire and emergency services to the Smoky Lake Region Fire and Rescue through three assigned Fire Departments located in the Town of Smoky Lake, Village of Vilna and the Village of Waskatenau.</p> <p>1.3 POC Firefighters respond to fires, rescues, medical aid, hazardous materials, and a host of other calls to aid the public. The numbers of emergency responses will vary from department to department and from year to year. The requirement to operate independently requires that POC Firefighters recruited are competent to perform their duties and operate safely and efficiently.</p> <p>2. OBJECTIVE:</p> <p>2.1 The Smoky Lake Region Fire and Rescue is committed to providing the most effective and most efficient fire protection and rescue services to our region. Fire Departments are entrusted to protect the communities and the key role is in providing timely response to emergency situations. Therefore investment in recruiting, training and personal protective equipment is critical for our "paid-on-call" volunteer firefighters, and clearly communicates expectations of volunteer members to avoid frustrations and losses later.</p> <p>2.2 To facilitate a standardized process for the Fire Department to effectively recruit Firefighters as a skilled position entailing fire fighting, rescue and other related emergency services. This policy will be an invaluable aid as an information packet explaining the recruitment process as well as provide an outline of the duties and responsibilities for the position of Firefighter.</p>

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Policy Statement and Guidelines:

3. GUIDELINES:

3.1 The scope of this policy provides a guideline to Firefighter Recruitment Process including standards and requirements that candidates are expected to meet throughout the recruitment screening process. The Recruitment Process for the Smoky Lake Region Fire and Rescue includes:

Applications	Paid-On-Call Firefighters Application Form is available on the Smoky Lake County's website. Hard-copy available at each respective municipal office and at each regional Fire Hall.
Interview	Interviews are done by each individual hall. They are meant to facilitate open and candid two-way communication. Interviews are part of a "risk management" approach for the fire department in the recruitment of firefighters.
Reference	Conducted following the interview. Candidates provide authorization by signing the Application Form.
Background Check	Candidates must provide documentation of a Criminal Record Check and proof of an updated Driver's License at the time of interview.
Medical History Assessment Questionnaire	Candidates will be required to submit a completed Medical History Assessment Questionnaire prior to being accepted. To screen and ensure if the applicant is in good enough physical health and condition to safely be a firefighter.
Selection	Is conducted by each Fire Department's Fire Chief.
Probationary Period	During probation, the member will receive ongoing training and evaluations regarding their ability to work as a team member and perform duties as a firefighter. Following the probation, A "Firefighter Performance Evaluation" will be completed by the Fire Chief.

3.2 This process is dedicated to recruiting individuals who demonstrate the qualities our communities expect of their firefighters and first responders, the ability to learn the diverse skills required by **National Fire Protection Association (NFPA) – Standard 1582 – Standard on Comprehensive Occupational Medical Program for Fire Departments**, and the right attitude to continue to learn and lead throughout an entire firefighting career.

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- 3.3 POC Firefighters need to recognize there is a time commitment required for both training and response to emergency calls is the vital role that firefighters serve to protect the community by responding to a wide variety of situations, ranging from emergencies that immediately threaten life or property to routine citizen requests for information and assistance.
- 3.3.1 Firefighter **Job Profile** communicates the following characteristics to serve as a "Facts List" for the Applicants to understand the realities of firefighting:
- respond to fires, rescues, medical aid, and hazardous materials calls.
 - using sophisticated firefighting and rescue equipment.
 - promoting fire safety in talks, advice and training sessions.
 - inspecting and enforcing safety standards in commercial and residential properties.
 - demonstrating the use of firefighting equipment.
 - performing practice drills.
 - working with Police and Ambulance service personnel.
 - undertaking physical and academic training.
 - checking and maintaining vehicles, equipment and hydrants.
- 3.3.2 A detailed summary describing the essential duties of the position of Firefighter and the knowledge, skills and abilities associated to the Job Profile of a Firefighter is outlined, as per **Policy Statement No. M-01-38: Firefighter: Job Description**.
- 3.4 Fire fighting duties are performed by paid members. Part-time (Paid-On-call) Firefighters/Fire Responders are paid on an hourly basis, including training and special training, *in accordance with each respective **Municipal "Fire Department" Bylaw***.
- 3.5 A firefighter participates in programs for the prevention of fires and the saving of life and property and is trained to nationally recognized standards, as per legislation identified in the **Alberta Occupational Health and Safety - Code of Practice for Fire Fighters**.
- 3.6 There is no medical certification required to apply for this particular recruitment position. The Smoky Lake Region Fire and Rescue Committee believes that undertaking a medical evaluation provides a level of assurance that firefighters can meet the general public needs, and the importance to establish a best practice to move forward to recognize and support fitness and capacity standards for the overall well-being of a firefighter. Therefore, as part of the recruitment screening process, candidates are required to complete a Medical History Assessment Questionnaire to provide a general overview on their health and physical condition to safely perform duties of a firefighter.

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4. PROCEDURES:

The steps in the Smoky Lake Region Fire and Rescue recruitment process include:

4.1 Application Submission

- 4.1.1 Applying for a position as a Volunteer "Paid-On-Call" Firefighter is an open process. To collect general information, such as name, address, experience, and schooling; as well establishing the applicant availability options.
- 4.1.2 Completed "Paid On-Call Firefighter" Applications Forms will be accepted by each Smoky Lake Region Fire Departments, as per **Schedule "A": "Paid-On-Call Firefighter" Application Form** which identifies the capabilities of the Applicant.
 - Applications will be reviewed by the Fire Chief for minimum and preferred qualifications, and for completeness of the application package.

4.2 Interview

- 4.2.1 Interviews are an important part of the "Paid-on-Call" firefighter applicant screening process – gives the department the chance to evaluate the applicant's suitability and provide insight for the applicant about the reality of volunteer "Paid-on-Call" firefighting. The Fire Department will develop a standardized interview form and results should be recorded and kept in a personnel folder for each individual, along with their other application documents.
- 4.2.2 Smoky Lake Region Fire Department's Fire Chiefs, upon reviewing the candidate's application for completeness and suitability will schedule a personal interview. The interview conducted allows for the opportunity to learn more about candidate, their experiences and abilities, as an assessment of whether the applicant is a good fit for the position. This will also be a forum for the candidate and you to discuss any questions regarding the POC Firefighter experience.

4.3 Reference

- 4.3.1 At this stage of the process, reference checks will be conducted to verify the past and current work history of the candidate. The application requests the applicant to provide at least two references – one of these should be a current employer (when possible). Requiring an employer to be a reference will allow the fire department to determine how the applicant conducts himself/herself in a professional setting as well as providing the employer an opportunity to ask questions about the duties and expectations of volunteer firefighters.
- 4.3.2 The Application Form signed by the Candidate indicates permission is granted to do a follow-up with references giving the Fire Chief authorization to contact the indicated references.

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4.4 Background Check

4.4.1 **Criminal Records Check:** Due to the nature of the position, Firefighters are viewed as a person in authority and may interact with members of the public at their most vulnerable. Therefore, police record check (Vulnerable Screening) are required for each candidate to ensure that no criminal record exists. A successful candidate must have a clear (RCMP) police records check prior to being hired.

4.4.1.1 Should a candidate have a criminal record, a pardon can be requested and must be obtained within a specific agreed upon timeline. Each situation will be assessed on an individual basis and a determination made based on the nature of the offence and the length of time since the offence occurred which may result to disqualify an individual from becoming a Firefighter.

- Applicants moving forward in the process will be contacted to make arrangements to provide a Criminal Record Check.

4.4.2 **Driver's Licence and Abstract:** Applicants moving forward in the process will be required to provide proof of current Driver's Licence – minimum of Alberta Valid Class 5; and a recent driver profile (3-year Driver's Abstract) that indicates any infractions and suspensions of driving privileges at the cost to the Municipality.

4.4.2.1 Acceptable Driving Record is determined as addressed in the Fire Departments Standard Operating Guidelines (SOG) or in accordance with the Motor Vehicle Division (MVD).

- Applicants moving forward in the process will be contacted to make arrangements to provide a Driver's Abstract.

NOTE: These are necessary to ensure public safety when performing firefighting duties.

4.5 Medical History Assessment Questionnaire

4.5.1 Fitness is extremely important throughout a firefighter's career. It allows them to do their job in a way that is safe for themselves and others. The Medical History Assessment is based on the [National Fire Protection Association \(NFPA\) 1582 Standard.](#)

4.5.2 The Medical History Assessment Questionnaire, as per **Schedule "B": "Medical History Assessment – Questionnaire"** will provide general information to ensure that the applicant is in adequate physical health to safely perform firefighting and fire related duties. If an applicant is not in good enough physical condition to safely be a volunteer POC firefighter, he or she should still be engaged in the department by doing administrative tasks.

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4.5.3 The candidate may voluntarily provide a Medical Evaluation completed by a licensed health care physician indicating that the candidate is medically able to undertake the physical demands of a POC Firefighter. The final step for a candidate before receiving a job offer a medical history assessment must be submitted, as per **Schedule "B": "Medical History Assessment – Questionnaire"** and be ensured that the department will pay for any required testing and documentation.

- The medical history assessment is only done after the interview and is a condition of employment. Medical records will abide in accordance by the **National Fire Protection Association (NFPA) 1582 Standard**. Medical information is only conveyed to the Fire Chief.

4.6 Selection

4.6.1 The final process is to offer the position of volunteer "Paid-on-Call" Firefighter to the successful candidate. The selection is determined by each respective Fire Chief of the Fire Department.

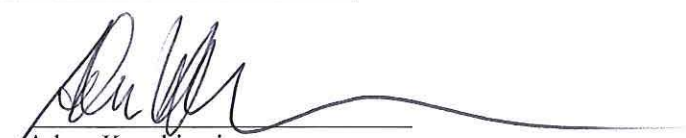
4.6.1.1 Probationary Period"

Upon successful completion of the Recruitment Process, the firefighter will be placed on a probationary period in accordance with each respective Fire Department. During the probation, the member will receive ongoing training and evaluations regarding their ability to work as a team member and perform the duties as a firefighter. The member will be paid for all training and regular duties performed during the probation.

- A Firefighter Performance Evaluation will be conducted by the Fire Chief following the probationary period, should the member not meet the expectations of a POC Firefighter, they will be released from the Smoky Lake Region Fire and Rescue Services.

	DATE	RESOLUTION NUMBER
Approved	December 5, 2017	2805/17
Amended		
Amended		


Hank Holowaychuk
Mayor


Adam Kozakiewicz
Chief Administrative Officer

 <h2 style="margin: 0;">"Paid-On-Call" Firefighter</h2> <p style="margin: 0;">(This information is Confidential)</p>	<h2 style="margin: 0;">APPLICATION FORM</h2>
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<p>Thank-you for your interest in becoming a member with the Fire Department! Ensure you have read all informational materials before filling out this application form. By filling out this application form, you are committing yourself to take part in the applicant screening process which includes interviews, reference checks, police record checks, physical and health assessments.</p> <p>Please note: Failure to agree to screening procedures may disqualify applicant.</p>	<p>Personal information on this Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for Firefighter. Information collected is confidential and will only be seen by the Fire Chief and Deputy Fire Chief.</p>
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POSITION INFORMATION:

Position applying for:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
FIRE DEPARTMENT:		Smoky Lake P.O. Box 460 Smoky Lake, Alberta T0A 3C0		Vilna P.O. Box 10 Vilna, Alberta T0A 3L0		Waskatenau P.O. Box 99 Waskatenau, Alberta T0A 3P0

PERSONAL INFORMATION:

Last Name:	First Name:
Date of Birth:	E-mail Address:
Home Phone:	Cell Phone:
Mailing Address:	Civic Address:
_____ Box Town Postal Co	_____ Street Address
Emergency Contact Name:	Emergency Contact Number:
Driver's License Number:	Driver's License Class (and special endorsements):
Highest Level of Education:	Criminal Record Check: <i>Requirement upon request</i> Permission: <input type="checkbox"/> YES <input type="checkbox"/> NO

Please rate your spoken English language skills:

Basic (can speak in English about simple things and familiar topics)

Beginner (can have simple conversations about unfamiliar topics in English)

Intermediate (can have detailed conversations about unfamiliar topics in English)

Fluent (obtained high school diploma in Canada, or can have rapid, detailed conversations in English about unfamiliar topics)

Please rate your written English language skills:

Basic (can write in English about simple things and familiar topics)

Beginner (can write about unfamiliar topics in English)

Intermediate (can write about unfamiliar topics in English)

Fluent (obtained high school diploma in Canada, or can write in detail about unfamiliar topics in English)

EMPLOYMENT EXPERIENCE:

Present Place of Employment:	Employer Name:
Occupation:	Employer Phone:
What are your regular hours of employment?	Availability during employment times? <input type="checkbox"/> Available <input type="checkbox"/> Limited availability <input type="checkbox"/> Unavailable
General availability: <input type="checkbox"/> Weekdays (morning/afternoon) <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends <input type="checkbox"/> Other: _____	

[Handwritten Signature]

VOLUNTEER INFORMATION:

Organization:	Position:
Contact Persons:	Contact Phone:
Length of involvement?	May we contact this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
Organization:	Position:
Contact Persons:	Contact Phone:
Length of involvement?	May we contact this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO

Any other volunteer or extracurricular (sports) involvement?

CERTIFICATION: Do you possess certification in any of the following areas?

Cardiopulmonary Resuscitation (CPR) <input type="checkbox"/> YES <input type="checkbox"/> NO Expiry date _____ Level _____ First Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Expiry date _____ Level _____	Defibrillation <input type="checkbox"/> YES <input type="checkbox"/> NO Expiry date _____ Other medical response training <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail _____ Other relevant certificates:
Emergency Medical Responder <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCE CHECK AUTHORIZATION :

I authorize the Fire Department to contact the persons or organizations listed below for the purposes of obtaining reference information including information in my personnel file(s). These persons are authorized to disclose such information.

Personal References	These references are those that you have met in your personal life, and can include family, friends, teachers, and colleagues (not direct supervisors).			
Name:	Relationship:	Phone Number:		
Professional References	These references are those that you have met through work (direct supervisors) and volunteer experiences.			
Name:	Title:	Company	Length of employment	Phone Number:

I certify that the information given on, or attached to, this application is correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.

APPLICANT NAME: (PLEASE PRINT)	SIGNATURE	DATE
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OFFICE USE Only:

Applicant Received: _____	By: _____
Interviewed by: _____	Date of Interview: _____

Comments:

ACCEPTED		
FIRE CHIEF: (PLEASE PRINT)	SIGNATURE	DATE



MEDICAL HISTORY ASSESSMENT Questionnaire



It is essential that the candidate completes an individualized assessment to determine whether the individual's condition permits safe and effective job performance for the position as a **Firefighter**.

This evaluation is based on the guidance established by the NFA 1582. (National Fire Protective Association).

**Pre-Hire
Screening Process**

Complete Name:	Birthdate:	Age:
Address:		Work Number: Cell Number:

IF YOU PREVIOUSLY HAVE HAD A MEDICAL EXAM, PLEASE PROVIDE:

DATE(s):
DEPT(s):

A response is required for each item below. Do not leave any blanks. Check "Yes" if you have ever had any of the following conditions or symptoms. Be sure to include conditions that were treated through any workers' compensation system. You must explain all "Yes" and "Not Sure" answers on Page 3.

Yes	Not Sure	No		Yes	Not Sure	No	
			EYES, EARS, NOSE, THROAT				CARDIOVASCULAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Worn Glasses/Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Heart Attack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Worn Retainer Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Heart Murmur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Palpitation (Irreg. Heartbeat)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Blurred or Double Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Heart Valve Abnormality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Enlarged Heart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Blind Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Pain or Discomfort in Chest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Impaired Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Heart Failure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Refractive Surgery (such as Lasix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Swelling of Feet/Legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Color Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Leg Pain While Walking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Abnormal Color Vision Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Painful Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Loss of Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Hearing Trouble				MUSCULO/SKELETAL
			PULMONARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Fractures/Broken Bones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Back Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Neck Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Positive TB Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Numbness of Extremities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Chest Tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Arthritis/Rheumatism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Pneumothorax (Collapsed Lung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Joint Pain or Swelling
			GASTROINTESTINAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Shoulder Injury/Dislocation/Pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Elbow Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Wrist/Hand Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Hip Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Knee Trouble/Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Shin Pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Leg Pain/Injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Ankle/Foot Trouble/Pain/Injury
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Carpal Tunnel Syndrome



MEDICAL HISTORY ASSESSMENT
Questionnaire

Yes	Not Sure	No		Yes	Not Sure	No	
			CENTRAL NERVOUS SYSTEM				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85. Have you ever had a positive drug or alcohol test?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Convulsion/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86. Have you ever been absent from work due to job stress?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Fainting Spell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. Have you ever had any surgical or arthroscopic procedures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. Are you currently under a doctor's care for any medical condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Recurrent Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89. Have you ever seen a doctor for back/neck pain, injury, or problems?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90. Have you ever been off work because of back/neck pain, injury, or problems?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Migraine Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91. Have you ever been hospitalized for reasons other than pregnancy in the last 10 years? If "yes", list date, length of stay, And reason on end of Page 3 .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92. Have you ever had any problems using a gas mask? (Check "No" if you have never used a gas mask)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93. Have you been diagnosed with Post – Traumatic – Stress – Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. Transient Ischemic Attack (TIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94. Are there any other mental health concerns of which we should be aware of?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Tremors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95. Are there any situations that will not allow you to wear or use the required personal protective equipment to complete firefighting tasks?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Chronic Muscular Disease				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Chronic Neurological Disease				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Attention Deficit Disorder				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Skull Defect				
			MISCELLANEOUS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Kidney Disease				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Prostatitis				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Currently Pregnant				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Referred for Psychological Help				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Drug/Alcohol Treatment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Mental Hospitalization				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. Panic Attack				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Diabetes				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Insulin Dependent Diabetes				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Bleeding Tendencies				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Skin Problems/Cancer/Rashes				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Sun/Heat Intolerance				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. Cancer/Leukemia				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Claustrophobia				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Sleep Apnea				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. HIV Positive				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. Blood Clot in Lungs/Legs				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82. Do you have any physical activity limitations?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Do you ever get wheezy or taken medication to prevent wheezing/shortness of breath with exercise?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84. Have you ever been refused any employment because of any physical, psychological, or medically related reason?				

