

Oswego Town Fire District
640 County Route 20
Oswego, New York 13126
315-343-2030

Firefighter Medical Evaluation Form

This form certifies that _____ has been examined by the doctor listed below and is medically fit to perform the tasks listed for their appropriate classification.

Please **circle the classification** that you are qualifying this individual for (definitions found on Pg 3)

Class 1 - Interior Firefighter w/SCBA use

Class 2 - Exterior Firefighter

Class 3 – Firefighter

Class 4 – Light Duty

Test to be completed:
Bloodwork
EKG
PFT
TB Test

Please list any specific restrictions that apply to this person.

Physical findings to be filled out by Doctor:

Pulse: _____ B/P: _____ Weight: _____

Pulmonary Function Test: _____

Eye test – far vision: _____

Hearing test (whispered voice or mechanical): _____

T-B Test date completed _____ Re-check completed _____

Doctor's Signature _____

Doctor's Name (Please print) _____

Date _____

Complete Oswego Town VFD Physical Includes the Following that **MUST** be done:

Blood work – You **MUST** fast 12 hrs. Prior to giving blood, make sure the technician drawing blood knows you are with the **Oswego Town VFD** and the billing is done accordingly. You can have the blood work done ahead of time if you prefer. If OFP is your primary care physician and you have other blood work done for personal reasons, then the billing **MUST** be split, they can do this, all arrangements are made. The next page is a copy of the bloodwork order form you can give directly to the person taking your blood.

EKG – Evaluated by physician.

Pulmonary Function Test – **All personnel**, regardless of SCBA qualification.

TB test – You **MUST** be able to return to the Drs. Office in 48 hrs. To have the injection site evaluated. You **MUST** bring a note from the Drs. Office that says your TB test was negative or that he is ordering further testing.

Make sure you take the firefighter evaluation form for the Dr. to sign off on your physical (last page of the medical evaluation policy). Turn that in to the Captain.

When checking out you must make sure they know you are with the Oswego Town VFD. The bill is to go to the Oswego Town VFD **ONLY**. No personal insurance is to be billed. No co-pay is required. You have **NO** financial responsibility for the physical

Make an appointment for your next physical, 12 months.

If there are any questions please contact Dan Pritchard 342-3041 or Greg Herrmann 592-1558, preferably before leaving the doctor's office.



Oswego Hospital
 110 West Sixth Street • Oswego, NY 13126
 (315) 349-5591 • Fax (315) 349-5693

Date _____
 Lab #6 revised

Laboratory Requisition Form

Required Client Information:

Client Name		
Address		
City, State, Zip Code		
Sex	Date of Birth	Telephone Number
Ordering Clinician (Print)		
Ordering Clinician Signature (Required) Oswego Family Physicians		

Results/Copy to:

Name	
Address	
City, State, Zip Code	
Telephone Number	
Fax Number <input type="checkbox"/>	
Results <input type="checkbox"/>	

Financial Information:

<input type="checkbox"/> Self Pay	<input type="checkbox"/> Worker's Comp	Group # _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> HMO	Sequence # _____
<input type="checkbox"/> Medicare	<input type="checkbox"/> Commercial	Plan Code _____
<input type="checkbox"/> Blue Cross	<input type="checkbox"/> Other	
Guarantor		Employer
Insured Name Town of Oswego VFD		Telephone Number 315-343-2030
Address 640 County Route 20		
City, State, Zip Code Oswego NY 13126		

Specimen Information:

Hours Fasting	
Last Medication Time	
Collection Date	
Collection Time	
<input type="checkbox"/> Routine	<input type="checkbox"/> Call
<input type="checkbox"/> STAT	<input type="checkbox"/> Fax
Telephone Number	

Diagnostic Testing Orders

Medicare Approved Panels

- Basic Metabolic Panel
- Comprehensive Metabolic Panel (Includes carbon dioxide)
- Renal Panel
- Hepatic (Liver) Panel
- CBC

Individual Tests (check under panels also)

- | | | | |
|---|---|---|--|
| Coagulation
<input type="checkbox"/> Bleeding Time
<input type="checkbox"/> FDP
<input type="checkbox"/> Fibrinogen
<input type="checkbox"/> Prothrombin Time
<input type="checkbox"/> PTT | General Chemistry
<input type="checkbox"/> Amylase
<input type="checkbox"/> Bilirubin Conjugated
<input type="checkbox"/> Bilirubin Neonatal
<input type="checkbox"/> CPK
<input type="checkbox"/> Glycosylated Hgb
<input type="checkbox"/> Iron
<input type="checkbox"/> Iron Binding Capacity
<input type="checkbox"/> Lead Level
<input type="checkbox"/> Lipase
<input type="checkbox"/> Magnesium
<input type="checkbox"/> Microalbumin Urine | <input type="checkbox"/> Lyme Disease
<input type="checkbox"/> MonoScreen
<input type="checkbox"/> Rheumatoid Factor
<input type="checkbox"/> Rubella (Immune Status)
<input type="checkbox"/> Syphilis Serology | Therapeutic Drugs
<input type="checkbox"/> Acetaminophen
<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> Digoxin
<input type="checkbox"/> Dilantin
<input type="checkbox"/> Gentamicin
<input type="checkbox"/> Lithium
<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Quinidine
<input type="checkbox"/> Salicylate
<input type="checkbox"/> Theophylline
<input type="checkbox"/> Valproic Acid |
| Endocrinology
<input type="checkbox"/> CA15-3
<input type="checkbox"/> CEA
<input type="checkbox"/> Ferritin
<input type="checkbox"/> Folic Acid
<input type="checkbox"/> Free T3
<input type="checkbox"/> Free T4
<input type="checkbox"/> FSH
<input type="checkbox"/> LH
<input type="checkbox"/> Prolactin
<input type="checkbox"/> PSA Screen V76.44
<input type="checkbox"/> PSA Diagnostic
<input type="checkbox"/> Qualitative B-HCG
<input type="checkbox"/> Quantitative B-HCG
<input type="checkbox"/> Troponin I
<input type="checkbox"/> Vitamin B12 | <input type="checkbox"/> Culture Aerobic
<input type="checkbox"/> Culture Anaerobic
<input type="checkbox"/> Culture, Stool
<input type="checkbox"/> Culture, Sputum
<input type="checkbox"/> Culture, Throat (Full)
<input type="checkbox"/> Culture, Throat (Strep)
<input type="checkbox"/> Culture, Urine
<input type="checkbox"/> Culture, Viral
<input type="checkbox"/> DNA probe for Chlamydia/GC
<input type="checkbox"/> Herpes Culture & Type
<input type="checkbox"/> Ova + Parasites
<input type="checkbox"/> RSV
<input type="checkbox"/> Rotavirus | <input type="checkbox"/> Culture Aerobic
<input type="checkbox"/> Culture Anaerobic
<input type="checkbox"/> Culture, Stool
<input type="checkbox"/> Culture, Sputum
<input type="checkbox"/> Culture, Throat (Full)
<input type="checkbox"/> Culture, Throat (Strep)
<input type="checkbox"/> Culture, Urine
<input type="checkbox"/> Culture, Viral
<input type="checkbox"/> DNA probe for Chlamydia/GC
<input type="checkbox"/> Herpes Culture & Type
<input type="checkbox"/> Ova + Parasites
<input type="checkbox"/> RSV
<input type="checkbox"/> Rotavirus | <input type="checkbox"/> trough <input type="checkbox"/> peak
<input type="checkbox"/> Lithium
<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Quinidine
<input type="checkbox"/> Salicylate
<input type="checkbox"/> Theophylline
<input type="checkbox"/> Valproic Acid
Urinalysis
<input type="checkbox"/> Routine Urinalysis |

Oswego Hospital Panels

- | | |
|---|--|
| Comprehensive Chemistry
<input type="checkbox"/> Sodium
<input type="checkbox"/> Potassium
<input type="checkbox"/> Chloride
<input type="checkbox"/> Carbon Dioxide
<input type="checkbox"/> Glucose
<input type="checkbox"/> BUN
<input type="checkbox"/> Creatinine
<input type="checkbox"/> Uric Acid
<input type="checkbox"/> Calcium
<input type="checkbox"/> Inorganic Phos.
<input type="checkbox"/> Total protein
<input type="checkbox"/> Albumin
<input type="checkbox"/> Total Bilirubin
<input type="checkbox"/> Alkaline Phos.
<input type="checkbox"/> GGT
<input type="checkbox"/> SGPT
<input type="checkbox"/> SGOT
<input type="checkbox"/> LDH | Arthritis Panel
<input type="checkbox"/> Uric Acid
<input type="checkbox"/> Sedimentation Rate
<input type="checkbox"/> ANA
<input type="checkbox"/> Rheumatoid Factor
Lipid Panel
<input type="checkbox"/> Cholesterol, Total
<input type="checkbox"/> HDL Cholesterol
<input type="checkbox"/> Triglycerides
Thyroid Panel
<input type="checkbox"/> T-4 (Total)
<input type="checkbox"/> T-3 Uptake
<input type="checkbox"/> TSH
General Health Panel
<input type="checkbox"/> Comprehensive Chemistry Panel
<input type="checkbox"/> CBC |
|---|--|

These panels are not reimbursable under Medicare but the included individual tests can be ordered with the appropriate ICD-9 codes

Additional tests 31105330 Fire Dept. Profile that includes:
 CBC; Comprehensive Metabolic, Cardiovascular Eval and Venipuncture