Firefighter Medical Evaluation Form
(Entire Form to be completed by the doctor)

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 – NO SCBA usage
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 __________________
# Laboratory Requisition Form

**Required Client Information:**

- **Client Name:**
- **Address:**
- **City, State, Zip Code:**
- **Sex:**
- **Date of Birth:**
- **Phone Number:**
- **Ordering Clinician (Name):**
- **Ordering Clinician Signature (Required):**

**Financial Information:**

- **Self Pay**
- **Workers’ Comp**
- **Medicaid**
- **Medicare**
- **Blue Cross**
- **Other**

**Guarantor:**
- **Name:**
- **Address:**
- **City, State, Zip Code:**
- **Telephone Number:**

**Invoice Information:**

- **Town of Oswego VFD:**
- **Telephone Number:** 315-343-2030

**Specimen Information:**

- **Hours of Testing:**
- **Last Medication Time:**
- **Collection Date:**
- **Collection Time:**
- **Routine:**
- **Stat:**
- **Cell:**

**Diagnostic Testing Orders**

<table>
<thead>
<tr>
<th>Medicare Approved Panels</th>
<th>Individual Tests (check under panels also)</th>
</tr>
</thead>
</table>
| Basic Metabolic Panel | Coagulation:
| Comprehensive Metabolic Panel (includes carbon dioxide) | Lyme Disease: |
| Renal Panel | Anion Gap:
| Hepatic (Liver) Panel | Bilirubin Conjugated:
| CBC | Bilirubin Nonconjugated:

**Therapeutic Drugs**

- **Acetaminophen**
- **Carbamazepine**
- **Doxycycline**
- **Dolantin**
- **Gentamicin**
- **Lithium**
- **Phenobarbital**
- **Quinidine**
- **Statin**
- **Theophylline**
- **Valproic Acid**

**Unanalysis**

- **Routine Unanalysis**

**Oswego Hospital Panels**

- **Comprehensive Chemistry:**
  - Lithium
  - Sodium
  - Potassium
  - Chloride
  - Carbon Dioxide
  - Glucose
  - BUN
  - Creatinine
  - Uric Acid
  - Calcium
  - Inorganic Phos.
  - Total Protein
  - Albumin
  - Total Bilirubin
  - Alkaline Phos.
  - SGPT
  - SGOT
  - LDH

- **Arthritis Panel:**
  - Sedimentation Rate
  - ANA
  - Rheumatoid Factor
  - Thyroid Panel
  - T-4 (Total)
  - T-3 Uptake
  - TSH
  - General Health Panel
  - Comprehensive Chemistry Panel
  - CBC

**Additional Tests:**

- **1105330 Fire Dept. Profile that includes:**
  - CBC; Comprehensive Metabolic, Cardiovascular Eval and Venipuncture