

# Firefighter Applicant Instruction Sheet

## Asthma

(NOTE - For respiratory conditions other than asthma, please complete the "Other Health Condition Medical Form")

Any applicant with either condition listed below must bring in documentation from a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, on the day of their pre-placement medical assessment:

1. If you have, in the past, required bronchodilator, corticosteroid, or anti-inflammatory therapy for asthma but do not believe you have asthma.
2. If you have asthma and required bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years.

### Instructions for applicant:

1. Bring the information from the checklist to your pre-placement medical assessment.
2. Please **do not** include the medical information requested with your application form as it contains personal and confidential medical information.
3. All documentation (i.e. medical form and required tests) must be completed **within the last 6 months** from the pre-placement medical assessment date. *(For example, if the medical assessment is scheduled for January 6, 2016, all your required documents must be dated July 6, 2015 or later.)*

### Checklist:

**Note:** Please download and print the [Essential Job Tasks](#) and provide to the physician that will be completing this form for you.

- Firefighter Applicant: Asthma Medical Form** (attached form). This form must be completed by a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, **within the last 6 months** from the pre-placement medical assessment date.
- Results of pre- & post- bronchodilator spirometry completed in the last 6 months. Must be off all bronchodilators on the day of spirometry testing
- Results of provocative challenge testing (methacholine) or exercise challenge test completed within the last 6 months. Challenge testing should be performed off all anti-inflammatory medications for four weeks preceding the test, off all anti-histamines for one week and off all bronchodilators on the day of testing

## Firefighter Applicant Asthma Medical Form

Any applicant with either condition listed below must bring in documentation from a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, on the day of their pre-placement medical assessment:

1. If you have, in the past, required bronchodilator, corticosteroid, or anti-inflammatory therapy for asthma but do not believe you have asthma.
2. If you have asthma and require bronchodilator or corticosteroid therapy for 2 or more consecutive months in the previous 2 years.

**This form must be completed by a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, within the last 6 months from the pre-placement medical assessment date.**

### Applicant Information

Last Name	First Name	Initial	Date of Birth (YYYY/MM/DD)
Address	City	Province	Postal Code

### Physician Information

Name of Physician	Specialty	Date of Examination (YYYY/MM/DD)
Address of Physician		Phone Number

1. How long have you been managing this applicant's asthma?
2. What type of asthma does this applicant have (e.g. exercise-induced, nocturnal, occupational asthma, allergic, etc.)?

3. What is the status of this applicant's asthma over the last 2 years (e.g., symptoms, past and current treatment, response to treatment, triggers for asthmatic symptoms, frequency of exacerbations and treatment required)?
  
4. If allergy is the cause of the applicant's asthma, please identify the allergen. Has allergen avoidance or desensitization treatment been successful? Please explain.
  
5. Please provide pre- and post- bronchodilator spirometry results (measured off all bronchodilators on the day of testing).
  
6. Please provide the results of a provocative challenge test (methacholine) or exercise challenge test. **Note:** Challenge testing shall be performed off all anti-inflammatory medications (e.g., inhaled or oral steroids, leukotriene receptor antagonists) for 4 weeks preceding the test, off all antihistamines (e.g. oral allergy medications) for 1 week and off all bronchodilators on the day of testing.

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Physician Signature