Firefighter Applicant Instruction Sheet

Insulin-Requiring Type 2 Diabetes Mellitus

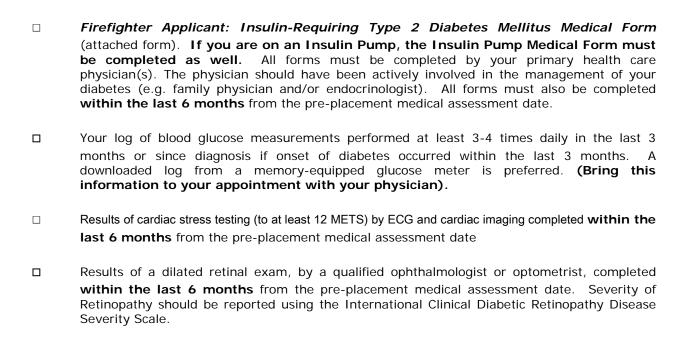
Any applicant who is an insulin-requiring Type 2 diabetic must supply all the following medical information on the day of their pre-placement medical assessment.

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 forms and required tests) must be **completed within the last 6 months** from your 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 <u>Essential Job Tasks</u> and <u>Annex E</u> and provide to the physician that will be completing this form for you.



Firefighter Applicant Insulin-Requiring Type 2 Diabetes Mellitus Medical Form

Any applicant who is an insulin-requiring Type 2 diabetic must supply all the following medical information on the day of their pre-placement medical assessment. This form must be completed within the last 6 months from the applicant's pre-placement medical assessment date.

This form must be completed by your primary health care physician(s). The physician must have been actively involved in the management of your diabetes (e.g. family physician and/or endocrinologist).

Applicant Information			
Last Name	First Name	Initial	Date of Birth (YYYY/MM/DD)
Address	City	Province	Postal Code
Physician Information			
Name of Physician	Specia	lty	Date of Examination (YYYY/MM/DD)
Address of Physician			Phone Number

- 1. How long have you been managing this applicant's diabetes?
- 2. When was the applicant diagnosed with Type 2 diabetes?
- 3. What is the clinical status of the applicant's diabetic condition (e.g., clinical history, past and current treatment, response to treatment, compliance with treatment)? For your review, the applicant should also provide you with a log of blood glucose measurements performed at least 3-4 times daily in the last 3 months or since diagnosis if onset of diabetes occurred within the last 3 months.

4. Is this applicant on an insulin pump?

	☐ Yes – Please complete Insulin Pump Medical Form.					
	□ No					
5.	What is this applicar applicable)?	nt's current treatment	regimen (include in	sulin and oral medica	ations if	
6.	b. When was the applicant started on the insulin and oral medications noted in # 5 above? Please specify date for each type of insulin (long acting, intermediate acting, short or rapid acting) and medication.					
	Type and Name of Insulin	Start Date	Oral Medication Name	Start Date		
7.	Does this applicant foll	ow a set schedule for b	olood glucose monitorir	ng?		
	☐ Yes – Please specif	fy the schedule				
	□ No					
8.	Is the schedule adequa	ate to maintain stable c	control of the diabetes?			
	□ Yes					
	☐ No – If no, what so	chedule should be used	?		_	
9.	Does this applicant predisposing factors?		sk of hypoglycemia	due to alcohol use c	or other	
10.	Does this applicant ha any warning symptoms		vareness" (i.e. blood g	llucose < 3.33 mmol/L	without	

11. Please provide the applicant's history of severe hypoglycemic episodes in the last 3 years. A severe hypoglycemic episode is defined as loss of consciousness, seizures or coma, requiring assistance of others or needing urgent treatment such as glucose injection or IV glucose.

	Date	HbA1C Result (%)	
13.		Hemoglobin A1C was found level been confirmed by a	to be $\geq 8\%$ on one or more occasions, has second determination?
	□ Yes		
	☐ No – please explair	າ	
14.		timate of the average bloo	$MC \ge 8\%$ is there reason to suspect this d glucose when compared to the employee's
	☐ Yes – please indica	te medical evaluation conduct	ed to assess this.
	□ No		
15.			at least 12 METS) by ECG and cardiac imaging ate of the applicant's pre-placement medical
	□ Results attached		

12. Please provide at least four Hemoglobin A1C results (intervals of 2-3 months) from the last 12

16. Please attach results of a dilated retinal exam, by a qualified ophthalmologist or optometrist, completed **within the last 6 months** from the date of the applicant's pre-placement medical assessment. Severity of Retinopathy should be reported using the International Clinical Diabetic Retinopathy Disease Severity Scale.

□ Results	attached
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☐ Results not attached – please explain.____

□ Results not attached – please explain
17. Does this applicant have any evidence of autonomic (e.g. gastroparesis, postural hypotension abnormal tests of heart rate variability) or peripheral neuropathy? Please explain.
18. Has this applicant demonstrated the motivation and understanding (over a period of at least months) required to closely monitor and control capillary blood glucose levels through nutrition, therapy and insulin administration? Assessment of this shall take into consideration the errat meal schedules, sleep disruption, and high aerobic and anaerobic workloads intrinsic to fir fighting.
□ Yes – please explain.
□ No – please explain.
19. Does this applicant have a medical contraindication to fire-fighting training and operations?
□ Yes – please explain.
□ No – please explain.
Physician Signature