

# 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 [Essential Job Tasks](#) and [Annex E](#) and provide to the physician that will be completing this form for you.

- Firefighter Applicant: Insulin-Requiring Type 2 Diabetes Mellitus Medical Form** (attached form). **If you are on an Insulin Pump, the Insulin Pump Medical Form must be completed as well.** All forms must be completed by your primary health care physician(s). The physician should have been actively involved in the management of your diabetes (e.g. family physician and/or endocrinologist). All forms must also be completed **within the last 6 months** from the pre-placement medical assessment date.
- Your 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. A downloaded log from a memory-equipped glucose meter is preferred. **(Bring this information to your appointment with your physician).**
- Results of cardiac stress testing (to at least 12 METS) by ECG and cardiac imaging completed **within the last 6 months** from the pre-placement medical assessment date
- Results of a dilated retinal exam, by a qualified ophthalmologist or optometrist, completed **within the last 6 months** from the pre-placement medical assessment date. Severity of Retinopathy should be reported using the International Clinical Diabetic Retinopathy Disease Severity Scale.

## 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	Specialty	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 applicant’s current treatment regimen (include insulin and oral medications if applicable)?

6. 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 follow a set schedule for blood glucose monitoring?

Yes – Please specify the schedule. \_\_\_\_\_

No

8. Is the schedule adequate to maintain stable control of the diabetes?

Yes

No – If no, what schedule should be used? \_\_\_\_\_

9. Does this applicant have an increased risk of hypoglycemia due to alcohol use or other predisposing factors? Please explain.

10. Does this applicant have “hypoglycemic unawareness” (i.e. blood glucose < 3.33 mmol/L without any warning symptoms)? Please explain.

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.

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

Date	HbA1C Result (%)

13. If the individual's Hemoglobin A1C was found to be  $\geq 8\%$  on one or more occasions, has the validity of that level been confirmed by a second determination?

Yes

No – please explain. \_\_\_\_\_

14. If the candidate had one or more Hemoglobin A1C  $\geq 8\%$  is there reason to suspect this result is an overestimate of the average blood glucose when compared to the employee's log of blood glucose measurements?

Yes – please indicate medical evaluation conducted to assess this.

No

15. Please attach results of cardiac stress testing (to at least 12 METS) by ECG and cardiac imaging completed within the last 6 months from the date of the applicant's pre-placement medical assessment.

Results attached

Results not attached – please explain. \_\_\_\_\_

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

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 3 months) required to closely monitor and control capillary blood glucose levels through nutritional therapy and insulin administration? Assessment of this shall take into consideration the erratic meal schedules, sleep disruption, and high aerobic and anaerobic workloads intrinsic to fire 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.

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Physician Signature