Firefighter Applicant Instruction Sheet

Non-Insulin-Requiring Diabetes Mellitus

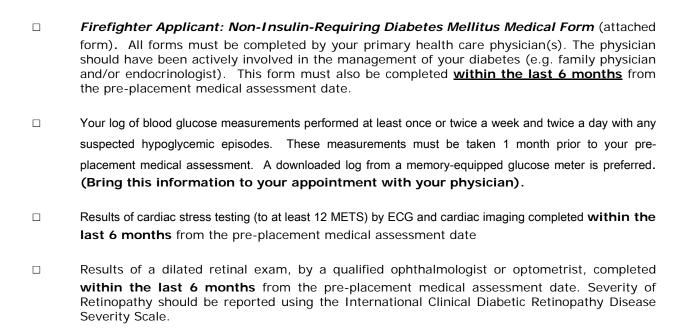
Any applicant who has diabetes mellitus and is not on insulin therapy, but is controlled by diet, exercise, and/or oral hypoglycemic agents, must supply all the following medical information on the day of their pre-placement medical assessment.

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 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 <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 Non-Insulin-Requiring Diabetes Mellitus Medical Form

Any applicant who has diabetes mellitus and is not on insulin therapy, but is controlled by diet, exercise, and/or oral hypoglycemic agents, 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) who has been actively involved in the management of your diabetes (e.g. family physician and/or endocrinologist).

Applicant Information				
Last Name	First Nar	me	Initial	Date of Birth (YYYY/MM/DD)
Address	City		Province	Postal Code
Physician Information				
Name of Physician	S	Specialty		Date of Examination (YYYY/MM/DD)
Address of Physician				Phone Number
1 How long have you been man	aging this	applicant's diabetes?		•

2. When was the applicant diagnosed with diabetes?

predisposing factors? Please explain.	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 once or twice a week and twice a day with any suspected hypoglycemic episodes in the last 1 month.
Name of Medication 6. Does this applicant follow a set schedule for blood glucose monitoring? Yes – Please specify the schedule. No 7. Is the schedule adequate to maintain stable control of the diabetes? Yes No – If no, what schedule should be used? Does this applicant have an increased risk of hypoglycemia due to alcohol use predisposing factors? Please explain.	4.	What is this applicant's current treatment regimen?
Medication 6. Does this applicant follow a set schedule for blood glucose monitoring? Yes – Please specify the schedule. No 7. Is the schedule adequate to maintain stable control of the diabetes? Yes No – If no, what schedule should be used? B. Does this applicant have an increased risk of hypoglycemia due to alcohol use predisposing factors? Please explain.	5.	When was the applicant started on the medications noted in # 4 above?
□ Yes – Please specify the schedule. □ No 7. Is the schedule adequate to maintain stable control of the diabetes? □ Yes □ No – If no, what schedule should be used? ■ B. Does this applicant have an increased risk of hypoglycemia due to alcohol use predisposing factors? Please explain.		
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 □ No 7. Is the schedule adequate to maintain stable control of the diabetes? □ Yes □ No – If no, what schedule should be used? 8. Does this applicant have an increased risk of hypoglycemia due to alcohol use predisposing factors? Please explain. 9. Does this applicant have "hypoglycemic unawareness" (i.e. blood glucose < 3.33 mmol. 	6.	Does this applicant follow a set schedule for blood glucose monitoring?
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□ Yes □ No – If no, what schedule should be used?	_	
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predisposing factors? Please explain. 9. Does this applicant have "hypoglycemic unawareness" (i.e. blood glucose < 3.33 mmol.		□ No – If no, what schedule should be used?
	8.	Does this applicant have an increased risk of hypoglycemia due to alcohol use or other predisposing factors? Please explain.
	9.	Does this applicant have "hypoglycemic unawareness" (i.e. blood glucose < 3.33 mmol/L without any warning symptoms)? Please explain.

10.	hypoglycemic episod		oglycemic episodes in the last year. A severe usness, seizures or coma, requiring assistance se injection or IV glucose.
11.		ast four Hemoglobin A1C resul for more than 1 year.	ts (intervals of 2-3 months) from the last 12
Γ	Date	HbA1C Result (%)	
[Date	TIDATO RESULT (70)	
-			
-			
-			
12.		s Hemoglobin A1C was found it level been confirmed by a	to be $\geq 8\%$ on one or more occasions, has second determination?
	□ Yes		
	□ No – please explai	n	
13.		stimate of the average bloo	${ m Al} C \geq 8\%$ is there reason to suspect this d glucose when compared to the employee's
	☐ Yes – please indica	ate medical evaluation conducte	ed to assess this
	□ No		
14.			t least 12 METS) by ECG and cardiac imaging ate of the applicant's pre-placement medical
	□ Results attached		

□ Results not at	tached – please explain
completed with assessment. S	results of a dilated retinal exam, by a qualified ophthalmologist or optometrist, hin the last 6 months from the date of the applicant's pre-placement medical Severity of Retinopathy should be reported using the International Clinical Diabetic sease Severity Scale.
□ Results attach	ued
□ Results not at	tached – please explain
	licant have any evidence of autonomic (e.g. gastroparesis, postural hypotension, of heart rate variability) or peripheral neuropathy? Please explain.
Physician Signature	