Firefighter Applicant Instruction Sheet

Insulin Pump

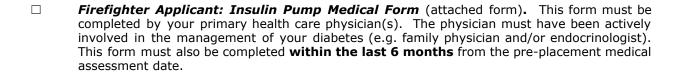
Any applicant on an insulin pump for treatment of diabetes must supply all the following medical information on the day of their pre-placement medical assessment.

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. Documentation 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</u> <u>Job</u> <u>Tasks</u> and <u>Annex</u> \underline{E} and provide to the physician that will be completing this form for you.



Firefighter Applicant Insulin Pump Medical Form

Any applicant on Insulin Pump for treatment of diabetes must bring in this completed form 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 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		1		Phone Number
1. Current insulin regimen:				
Start date on current regimen:				
Insulin pump brand and model:				
Pump settings:				
Start Time Basal Rate				
Dasai Nate				
Start Time				
Basal Rate				
Usual Bolus doses:				
Breakfast Lunch				
Supper				
Other				
Correction Factor:				

2. The applicant has completed the following education in the use of a continuous insulin infusion pump (indicate name of course and year of completion):

Phy	ysician Signature
9.	Frequency of infusion set changes:
	□ No – please explain.
	□ Yes
8.	The individual routinely carries appropriate supplies to compensate for pump malfunction, including syringes and insulin vials or insulin pens.
7.	History of pump cessation and pump malfunction:
	□ No
	☐ Yes – please explain.
Ο.	usual daily activities in the preceding six months.
6.	The applicant has had more than one pump site infection that caused him/her to miss work or
5.	History of insulin site infections:
4.	Indicate start date for use of pump:
	□ No – please explain.
	☐ Yes – please explain.
3.	Has the applicant demonstrated a proper understanding in the use of the insulin pump?