

Fire Science HEALTH RECORD

DIRECTIONS: Have your physician or college health fill out
and sign the Health Record. This must be on file with your
immunization records prior to residency check-in to the Fire
Residency Program

	Birth Date					
First	Middle					
KAMINATION						
Physician check if any abnormal history or physical findings						
ovascular System	Remarks					
ratory	Remarks					
	Remarks					
ourinary-Gynecologic	Remarks					
al Nervous System	Remarks					
ulo-Skeletal						
(include visual & hearing acuity)						
osis	Remarks					
ations student is taking:						
	XAMINATION	First Middle XAMINATION eck if any abnormal history or physical findings ovascular System Remarks ratory Remarks ointestinal Remarks ourinary-Gynecologic Remarks al Nervous System Remarks ulo-Skeletal Remarks ' (include visual & hearing acuity) Remarks osis Remarks				

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)?

The skills portion of Fire Science training may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical Fire Science experiences:

This is to certify that I have examined this student and find that he/she is able to participate in ANY form of fire service skills/testing.

Date of examination	Examining Physician/NP/PA	
	Address	

II. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN COLLEGE HEALTH

Immunizations must be documented by a physician, their office personnel, college health, or a health department representative. Students are not authorized to complete the form **III. TUBERCULIN SKIN TEST/BLOOD TEST REQUIRED ANNUALLY.**

BUTLER COMMUNITY COLLEGE FIRE SCIENCE HEALTH RECORD



Stud	dent Name:			Birth Date:	community conege		
	Required immu to be completed by		•	•			
1.	TDAP in the last 10 years		Date:				
2.	MMR (2 shots needed at least 30 da	avs apart)					
	Cannot be given during preg	• • •					
		• /					
	OR Measles, Mumps, and Ru	Della Tiler	Date: _	Kes	sults:		
3.	VARICELLA						
	(2 shots needed at least 30 da	ays apart)	#1 Dat	e:			
	(Cannot be given during preg	nancy)	#2 Dat	e:			
	OR Varicella Titer		Date: _		Results:		
4.	COVID-19		#1 Dat	e:			
5.	2-STEP TB SKIN TEST (Plant dates must be at least Date planted: Date planted: OR T-SPOT/QFT Test	Results:	mm	Date read:			
6.	INFLUENZA (Sept.1-Apr.30)						
	· · · · /		_				
7.	HEPATITIS B						
			#2 Date:				
#3 Date: OR Signed Hepatitis A & B Waiver The Hepatitis Vaccine is safe. You are considered to be a higher risk of contracting Hepatitis A & B because you will be working in the Pre-Hospital and Hospital setting. Approximately 15-20% of people who work in these areas are immune. If you are immune, you will of course not need immunized. I understand the risks and benefits of immunization with the Hepatitis A & B vaccine. Despite potential benefits, I prefer <u>NOT</u> to be immunized at this time.							
	Student Signatu	re:		Date:			
I certify	MENTATION I reviewed this student's vaccinat cord presented:				nization record (Specify	/)	
Staff S	ignature	Date		Name of Agenc	у		
College Health Fax: (316) 323-6850 Email: collegehealth@butlercc.edu (Over)							