



Suggested Annual Medical Screening Components for Firefighters

The following suggested Annual Medical Assessment is meant to assist in guiding the Health Care Practitioner in establishing a baseline medical. Its annual use will help to evaluate and identify the impact of workplace exposures which may result in potentially serious disease, early. It is intended to enhance and support early detection, prevention and good health. Overall fitness, as for any occupation, is essential to prevent injury and mitigate disease.

Through Provincial Regulation, eight types of cancers have been identified as presumed to be work-related, provided the firefighter has a minimum number of years service. Refer to table below.

Cancer/Illness	Criteria--Years of Service	Cancer/Illness	Criteria--Years of Service
Brain cancer	10 years	Leukemia (certain types)	15 years
Bladder cancer	15 years	Ureter cancer	15 years
Kidney cancer	20 years	Esophageal cancer	25 years
Colorectal cancer	10 years (diagnosed prior to 61 st birthday)	Heart injury	Within 24 hours of fighting a fire or participating in a training exercise involving a simulated fire emergency
Non-Hodgkin's lymphoma	20 years		

Other potential sites of cancer include: Testicular, Skin, Breast (women) and Reproductive organs

Part I: Review of Systems

- Diseases of the Senses** (deafness, vertigo, visual deficiencies, etc.)
- Cardiovascular Diseases** (hypertension, myocardial infraction, angina, embolism, arrhythmia, congestive heart failure, aortic aneurysm, peripheral vascular disease, syncope, surgery and procedures, etc)
- Respiratory Disease** (asthma, bronchitis, emphysema, etc)
- Diseases of the Musculoskeletal System** (fracture(s) or amputation, arthritis, chronic pain, etc.)
- Metabolic Diseases** (for diabetes see next question)
- Diabetes:** Yes No Type: _____
 Treatment: Diet
 Oral Medication (dosage frequency) _____
 Insulin (dosage frequency) _____
- Neurological Diseases** (seizures, cerebrovascular diseases, Parkinson's, Multiple Sclerosis, dementia, head injury, etc.)

Date of first seizure: _____ (DD/MM/YYYY)

Date of last seizure: _____ (DD/MM/YYYY)

