FIRE 100/FIREFIGHTER ACADEMY APPLICATION
&
MEDICAL/RESPIRATORY QUESTIONNAIRE

Class applying for: Fall 2016 _____ Spring 2017 _____ Fall 2017 _____ Spring 2018 _____

Completion of this application does not guarantee admission to Fire 100/Firefighter Academy.

Applications will be reviewed to assure that the requirements for enrollment have been met all applicants must register as a student with EvCC. Applicants must also attend a Mandatory Orientation session and complete the Medical/Respiratory Questionnaire. Successful applicants will be notified by e-mail, permission to register is handled at the Mandatory Orientation.

PLEASE PRINT

1. APPLICANT INFORMATION: Student ID# __________________________

Name ___________________________________________ Soc. Sec. # ___________________________

Address ________________________________________________________________________________

City ________________________ State _________   Zip __________Birthdate _____________________

Phone (home) ______________________________ Cell _______________________________________

E-mail ________________________________________________________________________________

2. RELEASE AUTHORIZATION:

a. If affiliated with a fire agency, I agree to allow the instructor(s) of this course to talk with the person listed on the Training Request Form regarding my progress and performance in this course.

b. I have reviewed the information presented on this form and attachments. I agree that it is correct as stated, and

c. I understand a portion of my class fee will cover meals and light refreshments for the training conducted at the North Bend Fire Academy.

Signature ______________________________________   Date __________________________________

3. REQUIRED ATTACHMENTS:

_____ Training Request Form (if affiliated with a fire agency) Name of agency ______________________

_____ Completed Respiratory Questionnaire (and physician’s letter if needed)

_____ Photocopy of valid photo identification showing age 18 or older

_____ Photocopy of high school diploma/GED

_____ Photocopy of American Heart Association, BLS for Healthcare Providers

_____ Allow EvCC monitor the results of your CPAT and Ergo Testing through the National Testing Network.

Return application and attachments to: Everett Community College, Fire Science Program, Liberty Hall, Room 265
2000 Tower Street, Everett WA 98201

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, the presence of any physical, sensory or mental disability, or status as a disabled or Vietnam era veteran in its program and activities, or employment. 9/4/13
The following information must be provided by applicants for the Fire 100 class in order to use a pressure demand, full face piece mask, Self-Contained Breathing Apparatus (S.C.B.A) respirator as required for this class.

Have you ever worn a respirator:  Yes / No

If “yes,” what type(s) of respirator(s) and were there any problems?
Type(s) of respirator(s) ________________________________________________________________
Problem(s) __________________________________________________________________________

Circle yes or no

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?
   Have you ever had any of the following conditions?
   a. Seizures (convulsions)
   b. Diabetes (sugar disease)
   c. Allergic reactions that interfere with your breathing:
   d. Claustrophobia (fear of closed-in places):  
   e. Trouble smelling odors

2. Do you currently take medication for any of the following problems?
   a. Breathing or lung problems:
   b. Heart trouble
   c. Blood pressure
   d. Seizures (fits)

3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis
   b. Asthma
   c. Chronic bronchitis
   d. Emphysema
   e. Pneumonia
   f. Tuberculosis
   g. Silicosis
   h. Pneumothorax (collapsed lung)
   i. Lung cancer
   j. Broken ribs
   k. Any chest injuries or surgeries
   l. Any other lung problem that you’ve been told about:

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath
   b. Shortness of breath if walking fast on level ground or walking up a slight hill/incline
   c. Shortness of breath if walking with other people at an ordinary pace on level ground
   d. Have to stop for breath when walking at your own pace on level ground
   e. Shortness of breath when washing or dressing yourself
   f. Shortness of breath that interferes with your job
   g. Coughing that produces phlegm (thick sputum, - spit)
   h. Coughing that wakes you early in the morning
   i. Coughing that occurs mostly when you are lying down
   j. Coughing up blood in the last month
   k. Wheezing
   l. Wheezing that interferes with your job
   m. Chest pain when you breathe deeply
   n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack
| Yes / No | b. Stroke |
| Yes / No | c. Angina: |
| Yes / No | d. Heart failure |
| Yes / No | e. Swelling in your legs or feet (not caused by walking) |
| Yes / No | f. Heart arrhythmia (heart beating irregularly): |
| Yes / No | g. High blood pressure |
| Yes / No | h. Any other heart problem that you’ve been told about |

6. **Have you ever had any of the following cardiovascular or heart symptoms?**

| Yes / No | a. Frequent pain or tightness in your chest |
| Yes / No | b. Pain or tightness in your chest during physical activity |
| Yes / No | c. Pain or tightness in your chest that interferes with your job |
| Yes / No | d. In the past two years, have you noticed your heart skipping or missing a beat |
| Yes / No | e. Heartburn or indigestion that is not related to eating |
| Yes / No | f. Any other symptoms that you think may be related to heart or circulation problems |

Circle yes or no

7. **If you’ve used a respirator, have you ever had any of the following problems?**

| Yes / No | a. Eye irritation |
| Yes / No | b. Skin allergies or rashes |
| Yes / No | c. Anxiety (uneasiness/scared) |
| Yes / No | d. General weakness or fatigue |
| Yes / No | e. Any other problem that interferes with your use of a respirator |

8. **Have you ever lost vision in either eye (temporarily or permanently)?**

9. **Do you currently have any of the following vision problems?**

| Yes / No | a. Wear contact lenses |
| Yes / No | b. Wear glasses |
| Yes / No | c. Color blind |
| Yes / No | d. Any other eye or vision problem |

10. **Have you ever had an injury to your ears, including a broken ear drum?**

11. **Do you currently have any of the following hearing problems?**

| Yes / No | a. Difficulty hearing |
| Yes / No | b. Wear a hearing aid |
| Yes / No | c. Any other hearing or ear problem |

12. **Have you ever had a back injury?**

13. **Do you currently have any of the following musculoskeletal problems?**

| Yes / No | a. Weakness in any of your arms, hands, legs, or feet |
| Yes / No | b. Back pain |
| Yes / No | c. Difficulty fully moving your arms and legs: |
| Yes / No | d. Pain or stiffness when you lean forward or backward at the waist |
| Yes / No | e. Difficulty fully moving your head up or down |
| Yes / No | f. Difficulty fully moving your head side to side |
| Yes / No | g. Difficulty bending at your knees |
| Yes / No | h. Difficulty squatting to the ground: |
| Yes / No | i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs |
| Yes / No | j. Any other muscle or skeletal problem that interferes with using a respirator |

You will need to see your Healthcare Provider for a signed Assessment (Appendix 1) if you answered “Yes” to any of these questions.
GUIDANCE FOR PLHCP ASSESSMENT:

The Everett Community College Fire Science Program provides the following information to assist the HCP when making a recommendation concerning the student’s ability to use a respirator.

1. You need only be concerned with a condition or problem which is answered with a YES on the questionnaire the student has completed and will provide.
2. Your objective is to determine whether the condition or problem should stop the student from participating in the use of a respirator.
3. Your approval or disapproval of the student’s use of the respirator is show with your signature on the reverse of this sheet. The student will submit this with his/her application to our program.

The following information about the respirator and its use should help in this determination.

Type and weight of Respirator: It is a full-face piece pressure demand Self-Contained Breathing Apparatus (SCBA) certified by NIOSH. (Resembles a water scuba tank.) Its weight ranges from twenty-six to thirty-five pounds depending on the brand of unit.

Duration and Frequency of Use: Three (3) days of the class may be spent with the respirator. Use shall be from 1 minute to twenty-five minutes in duration (25 minutes being the maximum time it take to empty its air supply.). Two bottles may be used in sequence with a 5 to 10 minute break between training.

Expected Physical Work Effort:
- When first introduced to the respirator (SCBA), student is required to follow instructions requiring approximately one minute of breathing through the respirator while standing or kneeling.
- Operations training while using the respirator (SCBA) includes crawling, walking, climbing, dragging equipment and victims for up to 20 minutes’ duration. During “live Fire” training, three 20-minute exercises during an eight hour period requiring the student to be in an elevated temperature environment crawling and sitting.

Additional Protective clothing and Equipment: When using the respirator, the student will also wear other firefighting protective clothing (helmet, hood, bunker gear coat and pants and gloves) weighing approximately fifteen pounds.

Temperature and Humidity Extremes: During the three days of Live Fire Training, the student will participate in an exercise which will require three exposures of 10 to 20 minutes each in temperatures between 100 and 190 degrees. The humidity may reach 85 to 90 percent.
TO: Physician or Other Licensed Health Care Professional (PLHCP)

FROM: Everett Community College Fire Science Program

SUBJECT: ASSESSMENT FOR SELF CONTAINED BREATHING APPARATUS USE

PLHCP assessment of respirator use: I find that the condition/problem indicated YES on the questionnaire WILL / WILL NOT affect ____________’s use of a respirator in the Fire 100/ Fire Fighting Basic Techniques Academy.

__________________________________     _________________________
Organization        Signature

__________________________________     _________________________
Print Name        Date

__________________________________
Print Title

A copy of the Everett Community College Fire Science Respiratory Protection Program is available upon written request. Any questions regarding the respirator or its use by the student should be directed to the Fire Science Program at 425-388-9161, Fax number: 425-388-9135.
CPAT and Ergo Testing through the National Testing Network

1. **Ergo Video Test** … go to: [http://www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)
   a. Select: Find Jobs
   b. Select: Fire Fighter Jobs
   c. Scroll down to: WASHINGTON
   d. Select: Everett Community College with
   e. On LEFT of screen, click “continue” (in red)
2. View welcome letter/requirements from EvCC Fire Science
4. Keep hitting “yes” to select date/time for Ergo Video Test, then pay.

*(Practice Ergometric - FireTEAM (Video) on at http://fireteamtest.com/ See FAQ’s for detailed information & score a minimum of 75% on Ergometrics Video test for EvCC.)*

1. Schedule CPAT on National Testing website
2. **CPAT Test** … go to: www.nationaltestingnetwork.com
   a. Select: CPAT Test
   b. Schedule a Test (also view Video and Orientation)
   c. (2) Practice tests are available – schedule online
3. Once an Application/Questionnaire is turned in to Fire Science, EvCC, all test results will be monitored for completion.