

MEMORANDUM

From: Walter Cain, M. D.
Medical Director, LSU FETI

To: FETI Recruit Academy Applicants

Subject: FETI RECRUIT ACADEMY MEDICAL SCREENING

Ref: NFPA 1582; Standard on Medical Requirements for Firefighters and Information for Fire Department Physicians, 2000 Edition

Enclosed: (1) Medical History Questionnaire
(2) Physical Examination Form

All applicants/candidates for the LSU FETI Recruit Academy are required to complete a medical screening within six (6) months **prior** to participation in this course. The Medical Screening includes a current physical exam (to be completed by a physician) and a medical history questionnaire (to be completed by the candidate).

The Medical Screening must be completed and received by FETI at least two (2) weeks prior to the Academy start date!!

For confidentiality purposes these forms are to be returned to:

**LSU FETI Medical Director
Attention: M. Edward Pyle, Jr. RN, FETI Nurse
6868 Nicholson Drive
Baton Rouge, La. 70820**

Please indicate: “ Confidential Medical Information” on the envelope or fax.

If you are found to be **not physically qualified (NPQ)**, you *will* be notified. If found **NPQ** for a matter that may resolve prior to class, you should provide an addendum to the physical exam or discuss it with the FETI Medical Director for re-screening.

If you arrive without a complete medical screening, you may not participate in training until a completed screening is submitted. Referral to a local provider will be made, but any costs will be the sole responsibility of you or your sponsoring department. If found **NPQ**, then you may not participate in training and **course fees will not be refunded.**

For the duration of training, any change in your medical condition must be brought to the attention of the FETI Nurse.

The Candidate must bring a sufficient supply of medications (prescribed or OTC) for current medical conditions. These will not be provided by FETI.

Please sign the statement below and return this cover memo with the completed medical history questionnaire and physical exam form.

FETI Medical Director

I have read and understand the medical screening requirements for participation in the LSU FETI Recruit Academy. I will comply with these requirements and give permission for FETI Medical Directors to discuss my medical history with my primary physician.

Signature of Candidate

Labs:	
UA:	CBC:
CHEM 7:	PPD:
CXR (if indicated):	
EKG (if indicated or if over 40):	

Other Findings:
Physician's Summary/ remarks/ diagnoses and recommendations:

Examining Physician's Signature:	
Date:	
Printed Name of Examining Physician:	Telephone:

FETI USE ONLY	
Date:	
Reviewed by	
FETI Medical Director (Print):	
FETI Medical Director (Signature):	
Recommendations:	

Modified NFPA Medical Examination Form
LSU FETI USE ONLY