MEDICAL STANDARDS FOR
RECRUITMENT TO
RETAINED FIRE SERVICE

LOCAL GOVERNMENT MANAGEMENT SERVICES BOARD

July 2005
INTRODUCTION

The fire service is a front-line emergency service. It is made up of staff, trained, equipped and available to respond to a variety of emergency situations that arise. To ensure that fire fighters are capable of safely and efficiently undertaking the tasks that they are required to perform, it is necessary to specify standards, which should be achieved by all entrants to the service. This is in the interest of the staff themselves and their colleagues, the authorities who employ them, and the public whom they serve.

The scope of this document is –
General criteria such as age, physical attributes, and education, and
Specific medical standards
Medical report forms

MEDICAL ADVISERS

Essential Requirements

Current Medical Advisers should:

* be a fully registered Medical Practitioner with the Medical Council of Ireland.
* have at least three years experience as a fully registered medical practitioner.

Desirable Attributes

It is desirable that the Medical adviser should:

* be a member of an academic college.
* have a post graduate qualification in occupational health.
* familiarise themselves with the Fire Services and develop a knowledge of the Fire Services

The Medical Adviser should be aware of the tasks required in accordance with this document on standards for recruitment to the Fire Service and the document for the Occupational Health Service in the Retained Fire Service.

Future Appointments

For any future appointments to the position of medical advisor it is essential that the Medical Adviser should:

* have a Diploma in Occupational Medicine.
1.2 GENERAL CONDITIONS FOR RECRUITMENT

The following entry standards should apply to all recruits to the fire service.

1.2.1 Age

Applicants should be over the age of 18.

1.2.2 Strength

The strength of applicants should be assessed by undertaking tests of handgrip and leg/back pull strength, on a load cell dynamometer. The recruit on entry should have handgrip strength of:

- Dominant hand 35 kg or above
- Subordinate hand 33 kg or above
And a leg/back pull strength of 117 kg or above

1.2.3 Practical Aptitude Tests

It is recommended that brigades continue to apply existing aptitudes tests in the areas of ladder work, working in confined spaces and hose drills.

When checking for height or confined space phobias, particular care should be taken to avoid the exclusion of candidates because of natural hesitation when confronted with an unfamiliar situation, or self-elimination because they are initially frightened by a test which to complete would require the self-confidence developed either by previous experience or proper training. Care should be taken to avoid danger to candidates in carrying out such tests.

1.2.4 Educational Requirements

Retained brigades should ensure recruits have a standard of numeracy and literacy, which will enable them to benefit from training provided.

1.3 MEDICAL AND FITNESS STANDARDS

The Purpose of the medical examination is to determine if the applicant would be fit to undertake operational duties as a fire fighter having regard to –

I. The operational conditions to which fire-fighters may be subject at a fire or emergency, and
II. The medical requirements set out hereunder.

The medical requirements and standards set out in this document are based on the Draft Fire Service Guidelines “Medical Requirements for Recruit Fire-Fighters (Whole-time and Part-time)” which were issued in May 1983 by the Dept of Environment, and which have been subject to review by a specialist in occupational health medicine with experience of the fire service.
1.3.1 Medical Standards

The Medical Standards fall into three general categories:

I. Requirements
II. Disqualifications
III. Disqualification’s susceptible to remedial treatment

1.3.2 Requirements

Applicants shall comply with the following requirements:

I. Physical Capacity – Applicants shall be fit to undertake fire service duties as assessed by aerobic capacity (VO Max) in the step test, and lung function by measurement of the forced expiratory volume in one second (FEV) and the forced vital capacity (FVC)

II. Limbs – Applicants shall have agility of limbs, and muscle power as defined in para 1.2.2 above

III. Applicants shall have unimpaired loco motor systems, and be capable of running, climbing ladders, jumping, crawling and performing all kinds of manual labour.

IV. Hearing – should be tested by audiometric test

V. Eyesight – Applicants should:
   a) Have uncorrected visual acuity of 6/9, 6/12 or better.
   b) Not wear spectacle or contact lens.
   c) Have no more than +3.00 dioptres of hypermetropia in each eye.
   d) Have no more than -0.25 dioptres of myopia in each eye (applicants under 25 years)
   e) Have no more than -0.75 dioptres of myopia in each eye (applicants aged 25 and over)
   f) Be able to read N12 at 30cm unaided with both eyes open.
   g) See at least 6/60 unaided with each eye individually.
   h) Have a normal visual field in each eye, as determined by confrontation techniques.
   i) Have no history of night blindness or any ocular disease that is likely to progress and result in future failure of the visual standards for firefighters

Colour vision – Applicants should have an appropriate level of colour perception. Individuals with either normal colour vision or slightly abnormal green colour vision are suitable for appointment to the fire service. Applicants will be tested with the Ishihara plates. Those who pass (having made no more than two errors in plate identification) have normal colour vision. Those who fail should be tested by Farnsworth D.15. Applicants who fail this test are unsuitable.

1.3.3 Disqualifications

The following specific conditions could be considered as disqualifying an applicant:
Failure to comply with any of the above in para 1.3.2
History of epilepsy
Alcohol or drug dependency
Chronic bronchitis, asthma or other disabling disease of the lungs
Organic disease of the cardio-vascular system, including blood pressure
All types of diabetes mellitus whether insulin dependent or non-insulin dependent
A history of vertigo or any illness affecting the sense of balance
History of mental instability
History of low back symptoms
History of significant knee joint injury or disease
History of night-blindness
Chronic skin disease, specifically allergic contact dermatitis, irritant dermatitis, and severe psoriasis

1.3.4 Disqualifications Susceptible to Remedial Treatment

The following conditions would render an applicant unsuitable for operational duties but may be susceptible to remedial treatment

I. Gastric or duodenal ulcer
II. Patent perforation of one or both ears, otitis media or gross nasal sepsis or obstruction.
III. Hernia
IV. Varicose veins
V. Unsatisfactory dental condition or oral sepsis requiring treatment
VI. Albuminuria, unless shown to be simple orthostatic of normal renal function
VII. Over or under-weight – greater or lesser than 15% of predicted body-weight according to standard tables for height and weight
VIII. Failure at strength tests

1.3.5 Fitness Standards

The fitness of applicants should be assessed on the basis of the step test, with applicants having an aerobic capacity (VO2 (max)) of 45 ml/kg/minute or greater.

1.4 MEDICAL REPORT FORMS

The following forms are included as an aid to examining and reporting on medical assessments.

1.4.1 Medical Attendants Report (Appendix 1)

The purpose of this form is to enable an applicant’s own doctor to report on medical history. The form should be forwarded to the applicant’s doctor by the Fire Authority and be returned directly to the medical adviser.

The report form should be completed prior to an applicant, for a fire fighter position, attending the medical adviser for a recruit medical examination and the medical adviser should be in possession of this form prior to examining the applicant. The applicant should have given prior authorisation to the Fire Authority to seek the information necessary to complete the report form. This should be included on the application form for recruitment to the fire service.

1.4.1 Medical Advisors Report (Appendix 2)

The Medical Adviser will send a report to Human Resources advising them of the outcome of the medical. (A standard reporting form is attached at appendix 2). In exceptional circumstances it may be necessary to write a longer report outlining the reasons for the decision.
MEDICAL REPORT- RECRUITMENT

NAME:

ADDRESS:

SEX

DATE OF BIRTH __/__/__

MEDICAL EXAMINER’S NAME

ADDRESS

PHONE NUMBER

TO BE ANSWERED BY THE INDIVIDUAL

PLEASE STATE YOUR HABITS
IN REGARD TO SMOKING

NOW PER DAY :

PREVIOUSLY PER DAY :

PLEASE STATE YOUR HABITS
IN REGARD TO ALCOHOL

NOW UNITS/DAY :

PREVIOUSLY UNITS/DAY :

ARE YOU RECEIVING ANY SPECIAL DIET, PILLS OR TREATMENT FROM ANY DOCTOR, HOSPITAL OR CLINIC OR TAKING ANY OTHER FORM OF DRUGS?

A full family history is required at pre-employment examination prior to recruitment. This includes a report from the firefighter’s GP. This should include details of any family history in respect of the following:

• Mental illness
• Respiratory problems such as tuberculosis, asthma and bronchitis
• Cardiovascular conditions such as heart attacks and high blood pressure
• Diabetes
• Epilepsy
• Cancers

At subsequent examinations it will be sufficient to enquire if there has been any change in the family history previously provided or in the firefighters own medical condition.

IS THERE STRONG FAMILY HISTORY OF ANY MEDICAL CONDITION?

NO YES - EXPLAIN :
HAVE YOU BEEN IMMUNISED AGAINST TETANUS?
NO □  YES □ - EXPLAIN :

WHAT POSTS HAVE YOU HELD PREVIOUSLY?
1. □  2. □  3. □  4. □

HAVE YOU EVER BEEN EXPOSED TO:
□  NO □  YES -CHEMICALS (KIND) □  NO □  YES -GAS (KIND)
□  NO □  YES -DUST (KIND) □  NO □  YES -NOISY ENVIRONMENT (WHERE)
□  NO □  YES -METALS □  NO □  YES -IONISING RADIATION (WHERE)

WHEN DID YOU LAST CONSULT A DOCTOR?
REASON :

HOW WOULD YOU CLASSIFY YOUR HEALTH?
□  EXCELLENT □  GOOD □  POOR

DECLARATION AND AUTHORISATION (TO BE READ TO THE APPLICANT OR EMPLOYEE BY THE MEDICAL ADVISOR AND SIGNED IN HIS PRESENCE IN ALL CASES)
I have not withheld any information or falsified statements regarding my physical or mental condition. I understand that misrepresentation may mean dismissal.

Witness
Date
Signature

TO BE COMPLETED BY EXAMINING DOCTOR

IS THE EXAMINEE KNOWN TO YOU PROFESSIONALLY OR OTHERWISE?
If so, what do you know of his or her health, or for what conditions have you treated him or her?

GENERAL APPEARANCE :
SPEECH :

SKIN :

HEART : MURMURS? ENLARGED?

CHEST & LUNGS :
AIR ENTRY : WHEEZE OR FORCED EXPIRATION ?

EYES :
FUNDUS R L
VISUAL FIELDS R L

EARS :
ANY DISCHARGE, OBSTRUCTION OR INFLAMATION ?

NOSE :
SEPTUM :
ANY ABNORMALITIES ?

TEETH :
CONDITION : □ GOOD □ FAIR □ BAD DENTURES ?

MOUTH :
GUMS :
TONGUE :

THROAT :
TONSILS :
PALATE :
PHARYNX :

GLANDS :
CERVICAL :
AUXILIARY :
INGUINAL :
THYROID :
### CIRCULATION:
- **VARICOSE VEINS**:

### ABDOMEN:
- **SPLEEN**:
- **LIVER**:
- **SCARS**:

### HERNIA:
- **INGUINAL**:
- **FEMORAL**:
- **VENTRAL**:

### EXTREMITIES:
- **HANDS**:
- **FEET**:

### NERVOUS SYSTEM:
- **REFLEXES**:

### HEIGHT:

### WEIGHT:

### CVS:
- **PULSE AT REST** -
- **IS IT REGULAR?**

### BLOOD PRESSURE:
- **SYSTOLIC**
- **DIASTOLIC**

### EYES:
- **PUPIL REACTION**:
- **ANY ABNORMALITIES?**
- **ISHIHARA COLOUR PERCEPTION**:
  - **DO YOU WEAR GLASSES OR CONTACT LENSES?**
    - **YES**
    - **NO**
  - **VISION (DISTANT) WITHOUT GLASSES**
    - **R6/**
    - **L6/**
  - **WITH GLASSES**
    - **R6/**
    - **L6/**
  - **VISION (NEAR) WITHOUT GLASSES**
    - **RN**
    - **LN**
  - **WITH GLASSES**
    - **RN**
    - **LN**

### SUMMARY OF AUDIOMETRY:

### PULMONARY FUNCTION TESTS:

### URINE:
- **ALBUMIN**:
- **SUGAR**:
- **OTHER ABNORMALITY?**

### BLOODS:
- **(IF INDICATED)**

### STRENGTH AND FITNESS TEST:

- **GRIP STRENGTH**:
  - **RIGHT**
  - **LEFT**
  - **LEG/BACK**

- **STEP TEST**:
  - **WEIGHT**
  - **PULSE**
  - **FITNESS SCORE**
  - **AGE CORRECTED**

### CATEGORY
PHYSICAL FITNESS TEST

1. INTRODUCTION

This document sets out the detailed procedures for the recommended step test to assess physical fitness and the related tables.

2. EQUIPMENT REQUIRED FOR THE TEST

To carry out the test the following equipment is required:

i) a sturdy bench or step, 30 cm high
ii) a stop-watch;
iii) a metronome or other audible signalling device programmed for 90 beats/minute;
iv) scales;
v) room thermometer; and
vi) a chair.

3. TESTING PROCEDURE

For the test to be a valid indicator of aerobic capacity it should take place in a quiet room at a temperature of 20-25°C (68 - 78°F). The subject should refrain from participating in any vigorous activity prior to taking the test which should not be administered immediately following the drinking of coffee or tea or smoking. It is advisable for the test to be postponed if the subject is recovering from a debilitating illness.

The metronome should be set to 90 beats/minute then, after removing any heavy clothing, stepping up onto the step and back to the floor should commence following the beat.


The stepping sequence should be:

- first foot onto step  - 1st beat;
- followed by second foot onto step  - 2nd beat;
- first foot returned to floor  - 3rd beat;
- second foot returned to floor  - 4th beat.
The cycle is then repeated for 5 minutes.

At the end of the 5 minute exercise period the subject should be seated in the chair and his/her pulse taken for EXACTLY 15 seconds, starting EXACTLY at 15 seconds and ending at EXACTLY 30 seconds after exercise. The subject should then be weighed wearing the clothing worn during the test.

4. SCORING THE TEST

Using Table 1 or 2 below (for men and women respectively); find the subject's pulse rate, i.e. the number of beats recorded multiplied by 4, in the left hand column; the VO₂ (max) can then be read from the table for the nearest corresponding body weight shown in the top row.

The VO₂ (max) value so obtained is then corrected for age by multiplying it by the age factor given in Table 3. This is to allow for the fact that the test relies on the use of the pulse rate to predict aerobic capacity and the maximal pulse rate decreases with age.

For example, a man of 30 years of age, weighing 82 kg (180 lbs) with a post-exercise pulse rate of 140 beats per minute would have an indicated aerobic capacity of 41.6 ml/kg/minute. To obtain the actual value, this is multiplied by the age correction factor of 0.96 resulting in a value of 39.9 ml/kg/minute.

5. CONCLUSION

On the basis of the step test described above, applicants to the Fire Service should have an aerobic capacity (VO₂ (max)) of 45 ml/kg/minute or greater. Although the VO₂ (max) should be reproducible from day to day, it is possible for it to decrease temporarily following illness, vigorous exercise etc.

Therefore, to be fair to those candidates falling into this category it would be prudent for the test to be carried out by the medical officer during the initial medical examination. The medical officer should best be able to assess the situation, and, if necessary, recommend a re-test at a later date when recovery is complete.
TABLE 1.

Aerobic Capacity (ml/kg/minute) for a given body weight and post-exercise pulse rate - MEN

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** = POST EXERCISE PULSE RATE (BEATS/ MINUTE)
**TABLE 2.**

*Aerobic Capacity (ml/kg/minute) for a given body weight and post-exercise pulse rate - WOMEN*

**BODY WEIGHT:**

| **** | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 lbs | 36 | 41 | 45 | 50 | 55 | 64 | 68 | 73 | 77 | 82 | 86 kg |
|------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|----|----|----|----|----|----|----|----|----|----|----|-------|
| 175  | -- | -- | --  | --  | --  | --  | --  | --  | 31.9| 31.9| 32.1| 32.1   | -- | -- | --  | --  | --  | --  | 32.1| 32.1| 32.1| 32.1| 32.1| 32.3 |
| 170  | -- | -- | --  | 32.3| 32.6| 33.0| 33.0| 33.2| 33.2| 33.2| 33.2| 33.2    | -- | -- | 32.6| 33.0| 33.2| 33.2| 33.2| 33.2| 33.2| 33.2| 33.2|
| 165  | -- | -- | 33.4| 33.7| 33.9| 34.1| 34.3| 34.3| 34.3| 34.3| 34.3| 34.3    | -- | -- | 33.9| 34.1| 34.3| 34.3| 34.3| 34.3| 34.3| 34.3| 34.3|
| 160  | -- | 35.4| 34.8| 35.2| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4    | 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4| 35.4|
| 155  | -- | 35.6| 36.1| 36.3| 36.3| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7    | 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7| 36.7|
| 150  | -- | 37.2| 37.4| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1    | 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1| 38.1|
| 145  | -- | 38.7| 39.4| 39.4| 39.4| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6    | 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6| 39.6|
| 140  | -- | 39.8| 40.0| 40.3| 40.3| 40.9| 40.9| 41.1| 41.1| 41.1| 41.1| 41.1    | 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1|
| 135  | 39.6| 40.0| 40.3| 40.9| 40.9| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1    | 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1| 41.1|
| 130  | 40.5| 41.1| 41.8| 42.0| 42.2| 42.9| 42.9| 43.1| 43.1| 43.1| 43.1| 43.1    | 43.1| 43.1| 43.1| 43.1| 43.1| 43.1| 43.1| 43.1| 43.1| 43.1| 43.1|
| 125  | 41.4| 43.6| 43.8| 44.0| 44.0| 44.7| 44.7| 44.9| 44.9| 44.9| 44.9| 44.9    | 44.9| 44.9| 44.9| 44.9| 44.9| 44.9| 44.9| 44.9| 44.9| 44.9| 44.9|
| 120  | 42.5| 45.3| 45.8| 46.0| 46.0| 46.4| 46.9| 47.1| 47.1| 47.1| 47.1| 47.1    | 47.1| 47.1| 47.1| 47.1| 47.1| 47.1| 47.1| 47.1| 47.1| 47.1| 47.1|
| 115  | 44.4| 47.7| 48.0| 48.0| 48.0| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3    | 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3| 49.3|
| 110  | 48.0| 50.2| 51.5| 51.7| 51.7| 51.9| 52.4| 52.4| 52.4| 52.4| 52.4| 52.4    | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  |
| 105  | 51.7| 53.7| 53.7| 53.9| 54.1| 54.6| 55.4| 55.7| 55.7| 55.7| 55.7| 55.7    | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  |
| 100  | 55.2| 56.8| 57.0| 57.6| 58.3| 59.4| --   | --   | --   | --   | --   | --   | 52.8|--  | --  | --  | --  | --  | --  | --  | --  | --  | --  |
| 95   | 58.1| 60.7| 61.2| 61.6| 62.3| 62.3| --   | --   | --   | --   | --   | --   | --   | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  |
| 90   | 62.7| 64.7| 65.6| 67.5| 67.5| 68.6| --   | --   | --   | --   | --   | --   | --   | --  | --  | --  | --  | --  | --  | --  | --  | --  | --  |

** = POST EXERCISE PULSE RATE (BEATS/MINUTE)
### TABLE 3.

*Age Factors for the age range 18 to 60 years*

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Factor</th>
<th>Age (years)</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>1.07</td>
<td>40</td>
<td>0.88</td>
</tr>
<tr>
<td>19</td>
<td>1.06</td>
<td>41</td>
<td>0.87</td>
</tr>
<tr>
<td>20</td>
<td>1.05</td>
<td>42</td>
<td>0.86</td>
</tr>
<tr>
<td>21</td>
<td>1.04</td>
<td>43</td>
<td>0.86</td>
</tr>
<tr>
<td>22</td>
<td>1.03</td>
<td>44</td>
<td>0.85</td>
</tr>
<tr>
<td>23</td>
<td>1.02</td>
<td>45</td>
<td>0.84</td>
</tr>
<tr>
<td>24</td>
<td>1.01</td>
<td>46</td>
<td>0.83</td>
</tr>
<tr>
<td>25</td>
<td>1.00</td>
<td>47</td>
<td>0.82</td>
</tr>
<tr>
<td>26</td>
<td>0.99</td>
<td>48</td>
<td>0.82</td>
</tr>
<tr>
<td>27</td>
<td>0.98</td>
<td>49</td>
<td>0.81</td>
</tr>
<tr>
<td>28</td>
<td>0.98</td>
<td>50</td>
<td>0.80</td>
</tr>
<tr>
<td>29</td>
<td>0.97</td>
<td>51</td>
<td>0.80</td>
</tr>
<tr>
<td>30</td>
<td>0.96</td>
<td>52</td>
<td>0.79</td>
</tr>
<tr>
<td>31</td>
<td>0.95</td>
<td>53</td>
<td>0.78</td>
</tr>
<tr>
<td>32</td>
<td>0.94</td>
<td>54</td>
<td>0.78</td>
</tr>
<tr>
<td>33</td>
<td>0.93</td>
<td>55</td>
<td>0.77</td>
</tr>
<tr>
<td>34</td>
<td>0.93</td>
<td>56</td>
<td>0.76</td>
</tr>
<tr>
<td>35</td>
<td>0.92</td>
<td>57</td>
<td>0.75</td>
</tr>
<tr>
<td>36</td>
<td>0.91</td>
<td>58</td>
<td>0.75</td>
</tr>
<tr>
<td>37</td>
<td>0.90</td>
<td>59</td>
<td>0.74</td>
</tr>
<tr>
<td>38</td>
<td>0.89</td>
<td>60</td>
<td>0.73</td>
</tr>
<tr>
<td>39</td>
<td>0.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 4.**

*SUGGESTED MINIMUM VO2 (MAX) VALUES FOR SERVING FIREFIGHTERS*

<table>
<thead>
<tr>
<th>Nearest Age (Years)</th>
<th>VO2 (MAX) (ml/kg/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>30</td>
<td>44</td>
</tr>
<tr>
<td>35</td>
<td>43</td>
</tr>
<tr>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>55</td>
<td>39</td>
</tr>
<tr>
<td>58</td>
<td>38</td>
</tr>
</tbody>
</table>
Appendix 2

RECRUIT MEDICAL REPORT

MEDICAL ATTENDANT’S REPORT MADE TO
MEDICAL ADVISER IN RESPECT OF:

Mr/Mrs/Miss_____________ Date of birth________________

1. (a) Are you the applicant’s ordinary medical attendant? Yes ☐ No ☐
   (b) If so, for how long?
   (c) How far back do your records go?

2. When did you last see the applicant professionally and for what reason?

3. For what complaints has the applicant consulted you or previous medical attendants?

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of illness</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Extracts and results of any special investigations, or preferably, the loan of the reports would considerably assist us in making a fair and accurate assessment.

4. (a) Have any of the above illnesses left any residual defects?
   If so, please give details.
   (b) What kind and dosage of drugs or medicines are at present being prescribed?

5. Please give details of any urine tests, blood tests, x-rays, ECO’s or other investigations

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of investigation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RECRUIT MEDICAL REPORT

Please give details of any blood pressure readings. (If on treatment, please indicate any pretreatment level.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Systolic</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Diastolic</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

6. Is there any adverse family history? If so, please give full particulars.

7. Has the applicant always been temperate in habits, particularly with regard to alcohol, tobacco and drugs?

8. SPECIAL QUESTIONS AND/OR REMARKS

Date _____ Signature (Medical attendant)__________________
Qualifications ______________________________

NAME AND ADDRESS (IN BLOCK. CAPITALS PLEASE) ________________________________
________________________________________________________________________
________________________________________________________________________
Appendix 2

__________________________  County Council

RETAINED FIRE SERVICE OCCUPATIONAL HEALTH SCHEME

FROM:       FIRE SERVICE MEDICAL ADVISER
TO:         PERSONNEL OFFICER

RESULT OF PRE EMPLOYMENT MEDICAL EXAMINATION

I examined the undernamed on

NAME: ____________________________________________________________

I have found * him/her:-

(a)  Fit to commence employment as a retained firefighter

(b)  Not fit to commence employment as a retained firefighter

ADDITIONAL COMMENTS:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

SIGNED: ____________________________
         FIRE SERVICE MEDICAL ADVISER

DATE: ______________________________
Agreement signed on behalf of:

Management: ________________

Eamonn Hunt
Edmund O'Connor
John Harte
Murty Hanley

SIPTU

Brendan McCoy
Matt Merrigan
Sean Linton
Cathal Faulkner