INITAL FIREFIGHTER EXAM CHECKLIST FOR MILITARY FIRE ACADEMY AT GOODFELLOW AFB

Name: _____ Rank: _____ Age: _____ Last 4: _____
DOB: _____ Exam Date:_____

All components need to be w/in 6 months of the initiation of training
Once completed please upload the file with images of all components into member's EHR and provide the individual with a hard copy to be hand carried to Goodfellow AFB for final clearance.

Vitals:

Height: _____ Weight: _____ BMI:_____

Blood Pressure: _____ / _____ HR_____ Temp: _____ RR: _____
Current Medications:_____
Allergies: _____

☐ **EKG**

EKG disposition follows USAF Aircrew standards Normal/Normal Variants allowed for aircrew, If normal/normal variant may clear for training. All other abnormal findings need clearance from cardiology (See attached Aircrew Standards)

☐ **Pulmonary Function Test**

☐ **Chest X-ray (PA/LA)**

☐ **Labs:** ☐ CMP ☐ Lipid ☐ CBC ☐ UA ☐ HIV

☐ **Audiogram**: Date: _____

Immunizations: TDaP – HepB - Hep A ☐ Due: _____ ☐ Current: _____

Dental: Date Due: _____ ☐ Current Dental Class: _____

☐ **Vision:**

Test: 1 Distant Visual Acuity *(Best uncorrected)* OD: 20/___ OS: 20/___
Distant Visual Acuity (*Best corrected*) OD: 20/___ OS: 20/___
Member must have uncorrected of 20/100 with both eyes or better to start training at the Firefighter Academy per DoDM 6055.05 section 6.6 b (9) 2.

Test: 2 Near Visual Acuity *(Best corrected)* OD: 20/___ OS: 20___

Confrontational Visual Field: OD: Pass / Fail OS: Pass / Fail

Color Vision: OD: Pass / Fail OS: Pass / Fail

☐ **Optometry** – If patient wears glasses or contacts have optometry order Fire mask Inserts

☐ **Physical exam** – see attached DoDM 6055.05 Appendix 6A and TIG 1582-22

DEPARTMENT OF THE AIR FORCE
GOODFELLOW MEDICAL GROUP
GOODFELLOW AIR FORCE BASE TEXAS

7 April 2026

MEMORANDUM FOR RECORD

FROM: GOODFELLOW MDG

SUBJECT: Education and Training Course Announcements Medical Recommendations

1. This memorandum is intended to address the medical requirements for entry into firefighter training. These recommendations are to foster safe and effective execution of this mission. All DoW firefighter candidates must successfully complete a comprehensive occupational medical evaluation IAW DoD Manual 6055.05, *Occupational Medical Examinations: Medical Surveillance and Medical Qualification,* dated 27 July 2022, paragraph 6.6.2. All other firefighter trainees must complete a comprehensive medical evaluation IAW NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments,* Chapter 6, section 6.1. The evaluation should be completed no earlier than 6 months prior to graduation date to ensure currency throughout the duration of training at Goodfellow AFB.

2. The firefighter medical evaluation shall include, at a minimum, the following components:

a. Comprehensive medical history review

(1) Officially documented and reviewed by an appropriately credentialed provider.

b. Complete physical examination

(1) GEN, HEENT, NECK, CV, PULM, ABD, GU, MSK, NEURO, SKIN, PSYCH

(2) Including documented ability to verbally communicate.

c. Vision assessment

(1) Distance, near, color vision, and confrontational fields.

(2) Corrected distant vision NO worse than 20/30 in the best eye and NO worse than 20/70 in the other eye.

(3) Uncorrected distant vision NO worse than 20/100 using both eyes.

(4) Normal color vision- correctly identifying NO fewer than 8 out of 14 Ishihara color plates or equivalent test such as Pseudo isochromatic plates or other accepted objective tool(s).

(5) Normal depth perception- recommend RANDOT but acceptable to assess/document a "functional depth perception" testing if individual fails formal testing.

d. Hearing Evaluation (audiometric testing)

e. Electrocardiogram (EKG)

f. Chest X-ray (CXR)

(1) PA and Lateral views

g. Pulmonary function testing (Spirometry)

(1) Normal FVC, FEV1, FEV1/FVC/ as defined as:

(a) FEV1 of 80% or greater

(b) FEV1/FVC of 70% or greater

(2) No evidence of obstructive, restrictive, or mixed disease that is not controlled to the standard listed above.

h. Laboratory testing

(1) CBC, CMP, Lipid panel, urinalysis, HIV screening

(2) Fasting blood sugar (unnecessary to do separately if included in CMP)

i. Vital signs assessment

(1) Temperature, blood pressure, and pulse

(2) Height, weight, and calculated BMI

j. Immunizations/Vaccinations

(1) Current Tdap, Hep A, and Hep B

(2) Documented vaccination or titer status

k. Emotional and mental stability

(1) Review history of mental or psychiatric disorders that could impair safe job performance during the interview and consider the mini-mental status examination.

l. Respirator questionnaire

m. Workplace Exposure Summary (COHER)

3. All firefighter physical documentation must be uploaded into MHS Genesis, or hand-carried by the student to Goodfellow AFB if unable to upload into MHS Genesis.

4. Goodfellow Medical Group is unable to complete the full firefighter physical exams for inbound students. Completion of missing ancillary testing may be performed at Goodfellow AFB, Ross Clinic on a case-by-case basis.

5. Please direct any questions to the Chief of Aerospace Medicine, Dr. Micah Rejcek at 325-654-3634 or micah.m.rejcek.mil@health.mil.

MICAH REJCEK, Maj, USAF, MC
Chief of Aerospace Medicine

1st Ind., MTF/CC or designee (0-6 or GS-15 equivalent)

I APPROVE/~~DISAPPROVE~~ this memorandum for record.

LA RITA S. ABEL, Col, USAF, NC
Commander, Goodfellow Medical Group

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION *(YYYYMMDD)*	2a. SOCIAL SECURITY NUMBER	2b. DoD ID NUMBER *(If applicable)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507**, Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME *(Suffix)*	4. HOME ADDRESS *(Street, Apartment Number, City, State and Zip Code)*	5a. HOME TELEPHONE NUMBER *(Include Area Code)*	5b. E-MAIL ADDRESS

6. GRADE/ RANK	7. DATE OF BIRTH *(YYYYMMDD)*	8. AGE	9. SEX	10. RACE AND ETHNICITY *(Select All That Apply)*
			☐ Male ☐ Female	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other

11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY *(Non-Service Members Only)*	13. ORGANIZATION UNIT AND UIC/CODE
a. MILITARY	b. CIVILIAN		

14a. RATING OR SPECIALTY *(Aviators Only)*	14b. TOTAL FLYING TIME	14c. LAST SIX MONTHS

15a. SERVICE	15b. COMPONENT	15c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS *(Include Zip Code)*
☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy ☐ Coast Guard ☐ USPHS	☐ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Retirement ☐ Commission ☐ U.S. Service Academy ☐ Retention ☐ ROTC Scholarship Program ☐ Separation ☐ Medical Board ☐ Other _____	

MEDICAL EVALUATION *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

	Normal	Abnormal	NE
17. Head, face, neck and scalp	☐	☐	☐
18. Nose	☐	☐	☐
19. Sinuses	☐	☐	☐
20. Mouth and throat	☐	☐	☐
21. Ears - General *(Int. and ext. canals/Auditory acuity under item 71)*	☐	☐	☐
22. Tympanic Membranes *(Perforation)*	☐	☐	☐
23. Eyes - General	☐	☐	☐
24. Ophthalmoscopic	☐	☐	☐
25. Pupils *(Equality and reaction)*	☐	☐	☐
26. Ocular motility *(Associated parallel movements, nystagmus)*	☐	☐	☐
27. Heart *(Thrust, size, rhythm, sounds)*	☐	☐	☐
28. Lungs and chest *(Include breasts)*	☐	☐	☐
29. Vascular system *(Varicosities, etc.)*	☐	☐	☐
30. Anus and rectum *(Hemorrhoids, Fistulae) (Prostate if indicated)*	☐	☐	☐
31. Abdomen and viscera *(Include hernia)*	☐	☐	☐
32. External genitalia *(Genitourinary)*	☐	☐	☐
33. Upper extremities	☐	☐	☐
34. Lower extremities *(Except feet)*	☐	☐	☐
35. Feet *(Check category)*	☐	☐	☐
35a. ☐ Normal Arch ☐ Pes Planus ☐ Pes Cavus			
35b. ☐ Mild ☐ Moderate ☐ Severe			
35c. ☐ Asymptomatic ☐ Symptomatic ☐ Rigid			
36. Spine, other musculoskeletal	☐	☐	☐
37. Body marks, scars, tattoos	☐	☐	☐
38. Skin, lymphatics	☐	☐	☐
39. Neurologic	☐	☐	☐
40. Psychiatric *(Specify any personality disorder)*	☐	☐	☐
41. Pelvic *(Females only)*	☐	☐	☐
42. Endocrine	☐	☐	☐

43. DENTAL DEFECTS AND DISEASE *(Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)*
Acceptable ☐
Not Acceptable ☐
Class _____

44. NOTES: *(Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)*

LAST NAME - FIRST NAME - MIDDLE NAME *(Suffix)*	SOCIAL SECURITY NUMBER	DoD ID NUMBER

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b. EKG			
c. CXR			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT *(in.)*	54. WEIGHT *(lbs.)*	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE

58. BLOOD PRESSURE			59. RED/GREEN	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANCE VISION		62. REFRACTION ☐ AUTO ☐ MANIFEST ☐ CYCLO			63. NEAR VISION		
Right Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Right Uncorr. 20/	Corr. to 20/	Add:
Left Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Left Uncorr. 20/	Corr. to 20/	Add:

64. HETEROPHORIA							
ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD

65. ACCOMMODATION		66. COLOR VISION *(Pass/Fail and Score)*			67. DEPTH PERCEPTION *(Pass/Fail and Score)*	
Right	Left	PIP	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST

68. FIELD OF VISION	69. NIGHT VISION	70. INTRAOCULAR PRESSURE	
		O.D.	O.S.

71a. AUDIOMETER Unit Serial Number	71b. Unit Serial Number	72a. READING ALOUD TEST: ☐ SAT ☐ UNSAT
Date Calibrated *(YYYYMMDD)*	Date Calibrated *(YYYYMMDD)*	72b. VALSALVA: ☐ SAT ☐ UNSAT

HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000
Left							Left						
Right							Right						

72c. OTHER TESTING

73. NOTES AND/OR INTERVAL HISTORY

LAST NAME - FIRST NAME - MIDDLE NAME *(Suffix)*	SOCIAL SECURITY NUMBER	DoD ID NUMBER

74. EXAMINEE	75. I have been advised of my disqualifying condition(s).	
☐ IS MEDICALLY QUALIFIED ☐ IS NOT MEDICALLY QUALIFIED	75a. SIGNATURE OF EXAMINEE	75b. DATE *(YYYYMMDD)*

76. PHYSICAL PROFILE

P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE *(YYYYMMDD)*

77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES

ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE *(YYYYMMDD)*

78. SUMMARY OF MEDICAL DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary).*

79. RECOMMENDATIONS *(Specify) (Use additional sheets if necessary).*

80. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIALS	WKID	ST	DATE *(YYYYMMDD)*	INITIALS

81. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE

82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	82b. Signature

83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	83b. Signature

84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	84b. Signature

85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY *(Indicate which)*	85b. Signature

86. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*

87. WAIVER GRANTED *(If yes, date and by whom)*	YES ☐	NO ☐	88. NUMBER OF ATTACHED SHEETS

89. ADDITIONAL REMARKS

Table 3. Occupational Medical Examination Requirements for Firefighters, Police Officers, Security Guards, and EOD Personnel

EXAMINATION	FIREFIGHTERS		POLICE OFFICERS AND SECURITY GUARDS		EOD PERSONNEL	
	Purpose*	**Frequency****	**Purpose***	**Frequency****	**Purpose***	**Frequency****
Health history: Specifically evaluate: • Disorder, condition, diagnosis, or symptom: - Of sudden or subtle incapacitation. - That may impact the ability to perform position-specific essential functions. - Impacting night vision, visual acuity, visual fields, and depth perception, including the use of contacts other than for refractive errors; assess for current or recurrent diplopia. • Prescription and over-the-counter medication use, including vitamins and supplements. • Difficulty distinguishing basic colors (e.g., no history of difficulty distinguishing between reds, greens, browns and oranges, blue and purple, blue and yellow, violet and red, or blue and green). • Level of physical activity. Participation in sports activities may be a good indicator of cardiovascular and pulmonary fitness. • Cardiovascular, peripheral vascular, pulmonary; or metabolic disorder diagnosis, medical condition, or symptom. • A history of a mental or psychiatric disorder that could impair safe job performance.	B	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Workplace exposure summary	S	Baseline Annual Termination	S	Baseline Annual Termination	B	Baseline Annual (S) Termination

Table 3. Occupational Medical Examination Requirements for Firefighters, Police Officers, Security Guards, and EOD Personnel, Continued

EXAMINATION	FIREFIGHTERS		POLICE OFFICERS AND SECURITY GUARDS		EOD PERSONNEL	
	Purpose*	Frequency**	Purpose*	Frequency**	Purpose*	Frequency**
Vital signs: • Temperature, blood pressure, pulse. • Repeat the blood pressure on a subsequent day, if result falls outside of normal or expected range. A repeat result found outside normal or expected range that would lead to medical disqualification should prompt a discussion to inform the examinee that they may provide additional information.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual Termination
Head and general body appearance and form: Evaluate for body configuration, deformity, contractions, or spasms that could interfere with or prevent satisfactory performance of job functions, including the inability to wear PPE (e.g., body armor), as required by the position.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Ears, nose, throat, oral cavity, including teeth and gums.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Neck: Specifically evaluate range of motion (deficit could adversely impact targeting use of weapon), thyroid, presence of carotid bruits.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Heart, lungs, thorax, abdomen: See Paragraph 6.7.b. for further discussion. • Thorax: Heart sounds, lung auscultation. • Abdomen: Liver size and tenderness, ventral hernia, inguinal hernia.	B	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Skin: Specifically note peripheral vascular skin perfusion.	S	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Extremities and back: Range of motion and general strength, muscle mass and tone, pulses at wrist and feet.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination

Table 3. Occupational Medical Examination Requirements for Firefighters, Police Officers, Security Guards, and EOD Personnel, Continued

EXAMINATION	FIREFIGHTERS		POLICE OFFICERS AND SECURITY GUARDS		EOD PERSONNEL	
	Purpose*	Frequency**	Purpose*	Frequency**	Purpose*	Frequency**
Eyes and surrounding tissues: • Specifically examine eyelids, conjunctiva, cornea, and surrounding tissues. Evaluate for condition affecting function sufficient to interfere with vision or impair protection of the eye from exposures. • Visual field testing by confrontation. • Visual acuity testing with and without corrective lenses, if used. • Ability to distinguish basic colors tested using pseudo isochromatic plates or other accepted objective tool(s). • Fundoscopic evaluation to visualize blood vessels and assess retinal vasculature for changes or abnormalities.	Q	Baseline Annual Termination	Q	Baseline Annual	Q	Baseline Every 5 Years Termination
Neuromuscular: Evaluate deep tendon reflexes, balance, and motor steadiness and strength of upper and lower extremities, including hand and foot. For those positions requiring the use of a weapon, both the dominant and non-dominant hands should have sufficient strength, control, and coordination to maintain possession of the duty issued weapon and to take possession of an adversary's weapon during a confrontation.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Ability to verbally communicate, including the ability to articulate understandably. Observe interaction during office visit.	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual (S) Termination
Emotional and mental stability: Review history of mental or psychiatric disorders that could impair safe job performance during the interview and consider the mini-mental status examination (e.g., the Teng Mini-Mental State Examination available at https://healthabc.nia.nih.gov/sites/default/files/mmse_0.pdf).[a]	Q	Baseline Annual Termination	Q	Baseline Annual	B	Baseline Annual Termination

Table 3. Occupational Medical Examination Requirements for Firefighters, Police Officers, Security Guards, and EOD Personnel, Continued

EXAMINATION	FIREFIGHTERS		POLICE OFFICERS AND SECURITY GUARDS		EOD PERSONNEL	
	Purpose*	Frequency**	Purpose*	Frequency**	Purpose*	Frequency**
Hearing and audiogram[a].	B	Baseline Annual Termination	B	Baseline Annual Termination	B	Baseline Annual Termination
Screening 12 lead EKG: Repeat the test on subsequent day, if result falls outside of normal or expected range. A repeat result found outside normal or expected range should prompt a request for additional information.	Q	Baseline As Indicated***	Q	Baseline As Indicated***	B	Baseline As Indicated***
Fasting blood sugar: Repeat the test on subsequent day, if result falls outside of normal or expected range. A repeat result found outside of normal or expected range should prompt a request for additional information.	Q	Baseline Annual As Indicated***	Q	Baseline As Indicated		
Respirator questionnaire[b].	B	Baseline As Needed	B	As Indicated	B	As Indicated
Occupational spirometry.	B	Baseline Annual Termination	B	Baseline As Indicated		
Urinalysis: Check pH, specific gravity, protein, glucose, ketones, blood, RBCs, and white blood cells.	B	Baseline Annual Termination	Q	As Indicated	B	Baseline Annual
Tetanus and diphtheria vaccines.	S	Check status at baseline; verify status annually				
Hepatitis B vaccine and titers (based on position duties)[c].	S	Baseline As Needed				
Chest x-ray.	S	Baseline Termination			S	Baseline If Indicated***
Hepatitis A vaccine (based on position duties)[d].	S	Baseline As Needed				

Table 3. Occupational Medical Examination Requirements for Firefighters, Police Officers, Security Guards, and EOD Personnel, Continued

* Purpose of exam: Q = medical qualification; S = medical surveillance (dependent on an examinee's identified exposures an element may also be for surveillance); B = both qualification and surveillance.
** Depending on an examinee's identified exposures and enrollment in medical surveillance, a focused termination examination may be required.
*** If medical history or testing results fall outside of the normal range and at the discretion of the examining OM provider.
[a] Firefighters, police officers, security guards, and EOD personnel should be enrolled in the HCP and audiometry must be performed in accordance with DoDI 6055.12.
[b] Firefighters should be enrolled in the Respiratory Protection (Respirator User) Program.
[c] Based on risk of exposure, firefighters should generally be enrolled in the Bloodborne Pathogens (Blood and Body Fluids) Program. Follow current Service-specific guidelines (or Centers for Disease Control and Prevention guidelines, if no Service-specific guidelines exist) for offering Hepatitis B immunization and follow-up titers.
[d] Hepatitis A vaccination may be indicated for firefighters, unless specifically designated as "not available for search and rescue" in the event of disaster. Current Service-specific or Centers for Disease Control and Prevention guidelines for Hepatitis A immunization should be followed.

Attachment 3

AIR FORCE PHYSICAL EXAMINATION SCHEDULE FOR FIREFIGHTERS

EXAMINATION	PURPOSE	FREQUENCY			RATIONALE
Health history: Specifically evaluate: • Disorder, condition, diagnosis, or symptom: - Of sudden or subtle incapacitation. - That may impact the ability to perform position specific essential functions. - Impacting night vision, visual acuity, visual fields, and depth perception, including the use of contacts other than for refractive errors; assess for current or recurrent diplopia. • Prescription and over-the-counter medication use, including vitamins and supplements. • Difficulty distinguishing basic colors, (e.g., no history of difficulty distinguishing between reds, greens, browns, and oranges, blue and purple, blue and yellow, violet and red, or blue and green). • Level of physical activity. Participation in sports activities may be a good indicator of cardiovascular and pulmonary fitness. • Cardiovascular, peripheral vascular, pulmonary, or metabolic disorder diagnosis, medical condition or symptom. **Risk Stratification:** • Asymptomatic firefighters 40 years of age or older with no known atherosclerotic cardiovascular disease (ASCVD) shall be assessed annually for their 10-year risks of ASCVD. • Firefighters younger than 40 years of age that are symptomatic or known to be at high risk for ASCVD - Suggest using the ACC online 10 yr risk calculator. Web address may change, at the time of publishing: https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/	B	Baseline	Annually	Termination	Key Qualification Tool

• Those members assessed as being at an ASCVD risk of ≥ 5 percent over the next 10 years shall be counseled on risk factor reduction and referred to their PCP for risk factor reduction options. • Those members assessed as being at 10 to <20 percent (Intermediate risk) and > 20% (High risk) of ASCVD over the next 10 years shall be further evaluated by their PCP using methodology of choice to show that firefighter can reach at least 12 METs safely. • Psychiatric or psychological diagnosis, condition, or symptom; medical diagnosis or condition that adversely impacts behavior.					
Workplace exposure summary	S	Baseline	Annually	Termination	Main Surveillance Tool
Vital signs: • Temperature, blood pressure, pulse. • Repeat the blood pressure on a subsequent day if result falls outside of normal or expected range. A repeat result found outside normal or expected range that would lead to disqualification should prompt a discussion to inform the examinee that they may provide additional information.	Q	Baseline	Annually	Termination	Harvard Evidence Based Recommendation
Head and general body appearance and form: • Evaluate for body configuration, deformity, contractions, or spasms that could interfere with or prevent satisfactory performance of job functions, including the inability to wear PPE, such as body armor, as required by the position	Q	Baseline	Annually	Termination	DoD 6055.05-M
Ears, nose, throat, oral cavity, including teeth and gums.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Neck: • Specifically evaluate range of motion (deficit could adversely impact targeting use of weapon), thyroid, presence of carotid bruits.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Heart, lungs, thorax, abdomen: See DoDM 6055.05 for further discussion. • Thorax: Heart sounds, lung auscultation. • Abdomen: Liver size and tenderness, ventral hernia, inguinal hernia.	B	Baseline	Annually	Termination	DoD 6055.05-M

Skin: • Specifically note peripheral vascular skin perfusion.	S	Baseline	Annually	Termination	DoD 6055.05-M
Extremities and back: • Range of motion and general strength, muscle mass/tone, pulses at wrist and feet.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Eyes and surrounding tissues: • Specifically examine eyelids, conjunctiva, cornea, and surrounding tissues. Evaluate for condition affecting function sufficient to interfere with vision or impair protection of the eye from exposures. • Visual field testing by confrontation. • Visual acuity testing with and without corrective lenses, if used. • Ability to distinguish basic colors tested using pseudo isochromatic plates or other accepted objective tool. • Fundoscopic evaluation to visualize blood vessels and assess peripheral vasculature for changes or abnormalities.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Neuromuscular: • Evaluate deep tendon reflexes, balance, and motor steadiness and strength of upper and lower extremities, including hand and foot.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Ability to verbally communicate, to include the ability to articulate understandably. Observe interaction during office visit.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Emotional and mental stability: • Observe behavior and interaction during office visit. Review mental health history and evaluate for signs of emotional or mental instability during the interview and the mini-mental status examination (e.g., the Teng Mini-Mental State Examination available at https://healthabc.nia.nih.gov/sites/default/files/mmse_0.pdf).[a]	Q	Baseline	Annually	Termination	DoD 6055.05-M
Hearing/audiogram[a].	B	Baseline	Annually	Termination	OSHA – Hearing Conservation Program
Screening 12 lead EKG: • Repeat the test on subsequent day if result falls outside of normal or expected range. A repeat result found outside normal or expected range should prompt a request for additional information.	S	Baseline	Shall be performed annually after age 40 or as clinically indicated		DoD 6055.05-M, C3.3. 2022 NFPA 1582 7.7.6.1

Fasting blood sugar: • CBC w/Diff, BMP, Renal panel, glucose, LFTs and cholesterol panel • May use CMP if all of the above are included in local definition of CMP	S	Blood tests shall be performed for firefighters, at minimum, every three years for those under the age of 40, and every year for those over the age of 40, and shall include the following			DoD 6055.05-M, C3.3.
HIV.	S	Baseline	Post exposure	Termination	2022 NFPA 1582 7.7.9
Respirator questionnaire[b].	B	Baseline	As needed		OSHA – Respiratory Protection Program
Occupational Spirometry.	B	Baseline	Annually	Termination	DoD 6055.05-M, C3.3.
Urinalysis: • Check pH, specific gravity, protein, glucose, ketones, blood, red blood cells, white blood cells,	B	Baseline	Annually	Termination	DoD 6055.05-M, C3.3.
Tetanus and diphtheria vaccines.	S	Check status at baseline		Verify status annually	DoD 6055.05-M, C3.3.
Hepatitis B vaccine/titers (based on position duties)[c].	S	Baseline	As needed		OSHA – Blood Borne Pathogen Program
Hepatitis A vaccine (based on position duties)d.	S	Baseline	As needed		DoD 6055.05-M, C3.3.
Chest X-ray.	S	Baseline	As needed		DoD 6055.05-M, C3.3.
PFOS/PFOA – offered to firefighters annually, not mandatory	O	Baseline	Annually		NDAA Requirement to offer surveillance of Exposures of Concern

* Purpose of exam: Q = medical qualification; dependent on an examinee's identified exposures an element may also be for surveillance, S = medical surveillance, B = both qualification and surveillance, O = option medical surveillance.

** Depending on an examinee's identified exposures and enrollment in medical surveillance, a focused termination examination may be required. .

***If medical history or testing results fall outside the normal range and at the discretion of the examining OM provider.

[a] Firefighters, police, security guards and EOD personnel should be enrolled in the HCP and audiometry must be performed in accordance with DoDI 6055.12.

[b] Firefighters should be enrolled in the Respiratory Protection (Respirator User) Program.

[c] Based on risk of exposure, firefighters should generally be enrolled in the Bloodborne Pathogens (Blood and Body Fluids) Program. Follow current Service-specific guidelines (or Centers for Disease Control and Prevention guidelines, if no Service-specific guidelines exist) for offering Hepatitis B immunization and follow-up titers.

[d] Hepatitis A vaccination may be indicated for firefighters, unless specifically designated as not available for search and rescue in the event of disaster. Current Service-specific or Centers for Disease Control and Prevention guidelines for Hepatitis A immunization should be followed.

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DISPOSITION OF ECG FINDINGS IN USAF AIRCREW

The following guidelines standardize the aeromedical evaluation and recommendations for 12-lead electrocardiographic (ECG) findings of individuals who must qualify for any class of flying duties. One goal is to streamline the local evaluation and minimize testing that may be repeated at the Aeromedical Consultation Service (ACS). Aircrew with normal or normal variant ECG findings **as reviewed by the ECG Library** require no further evaluation or follow-up and no waiver action. Additional local studies or an ACS evaluation may be requested by the ECG Library on all individuals with borderline or abnormal ECG findings which are new or not previously evaluated. Originals of all ECGs and any other cardiovascular studies must be forwarded to the ECG library for review and image storage ***IAW AFPAM 48-133***.

If additional studies are performed at the local level and reviewed through the ECG Library as normal or normal variant, no further workup is needed. If the additional studies are reviewed as borderline or abnormal, further evaluation will again be directed through the ECG Library. Unless specified otherwise, borderline and abnormal ECG findings that require additional local workup do not require waiver if the additional workup is reviewed by the ECG Library as acceptable (normal/normal variant). If ACS evaluation or AFMOA/MAJCOM waiver is required for any of the findings, the ECG library will indicate this in its correspondence. **Unless indicated clinically, only the tests requested by the ECG library need to be performed.**

In general, these recommendations are intended to guide the aeromedical evaluation of the asymptomatic aviator with an electrocardiographic finding. **The aviator who presents with symptoms, signs or findings of potential clinical significance must first be managed locally as a clinical patient.** Questions regarding ECG findings may be directed to physicians at the ECG Library via telephone at DSN 240-2861 or commercial (210) 536-2861 or via email at usafsam.ecglibrary@brooks.af.mil. Please feel free to contact us. All physicians interpreting studies through the ECG Library are board eligible/certified internists or cardiologists.

The 3 digit number that precedes each ECG diagnosis in the following lists is a databasing code used internally by the ECG Library.

Normal or Normal Variant ECG Findings

The following are considered normal or normal variants in our aviator population. No further evaluation or follow up is needed for these findings.

700. Normal ECG

002. Sinus bradycardia (40 to 50 beats per minute)
Note: Aeromedically, normal sinus rhythm is defined as 50-100 bpm

007. Sinus arrhythmia

028. Ectopic atrial rhythm

040. Accelerated junctional rhythm

080. Supraventricular rhythm at a rate of less than 100 bpm

085. Wandering atrial pacer

104. Second degree AV block, Mobitz Type I (Wenckebach)

121. Incomplete right bundle branch block

123. Terminal conduction delay (S wave in the lateral leads $\geq$ 40 msec)

132. Nonspecific intraventricular conduction delay, QRS $\geq$ 100 but < 120 msec

204. ST segment elevation due to early repolarization

221. Persistent juvenile T-waves (T wave inversions in V1-3 in an otherwise normal ECG that have been present on all previous ECG's)

737. Indeterminate QRS axis

743. S_1, S_2, S_3 pattern (S waves in the inferior limb leads)

744. S_1, S_2, S_3 pattern with RSR' pattern in V_1 or V_2 with QRS < 120 msec

755. R > S in V_1 without other evidence of right ventricular hypertrophy

764. RSR' pattern in V_1 or V_2 with QRS < 120 msec

Marked Sinus Bradycardia: Marked sinus bradycardia is usually the result of athletic conditioning with increased vagal tone and is not associated with an adverse prognosis. Past evaluation of this finding by the ECG Library has consistently failed to uncover evidence of sinus node dysfunction. Therefore, further evaluation of this finding is not required, unless requested in an individual case by the ECG Library physician.

A02. Marked sinus bradycardia (<40 bpm)

Short PR Interval:
Short PR interval (PR < 120 msec) may be a normal variant but is occasionally evidence for a bypass tract, even without an accompanying delta wave. Before diagnosing short PR interval, one must assure that it is truly sinus rhythm with sinus origin P waves, rather than ectopic atrial or other rhythm. For a PR interval between 100 and 120 msec, it is most likely a normal variant, but could represent a bypass tract. For these cases, a thorough history should be obtained locally with specific questions aimed at the detection of tachyarrhythmias, to include palpitations, rapid heart beat sensations, lightheadedness or syncope. If the history is unremarkable with no suggestion of a possible tachyarrhythmia, then no further evaluation is indicated and the finding should be considered a normal variant. For a PR interval less than 100 msec, the possibility of a bypass tract is much greater and the aviator should be placed on DNIF status and an ACS evaluation performed, if ECG Library review confirms the finding.

029. Short PR interval (PR interval < 120 msec in all leads)

First Degree AV Block:
First degree AV block is most often the result of athletic conditioning with increased vagal tone. This finding is common and not associated with an adverse prognosis. Past evaluation of this finding by the ECG Library has consistently failed to uncover evidence of conduction system disease. Therefore, evaluation of this finding is only required if requested by the interpreting physician at the ECG Library, typically for very prolonged PR interval, and especially when a new finding.

100. First degree AV block. (PR interval $\geq$ 220 msec.)

Right Axis Deviation:
Right axis deviation (RAD) is defined as a QRS axis +120° or more positive without criteria for left posterior hemiblock (Displacement of the mean QRS axis in the frontal plane to between +120° and +180 °, and an rS complex in leads I and AVL, a qR complex in leads II, III and AVF, and normal or only slightly prolonged QRS duration). If RAD is seen as an initial finding in an individual 35 years old or younger, no evaluation is typically required. If RAD is initially identified in an individual over 35 years old, the required evaluation is an echocardiogram. The aviator may remain on flying status (no DNIF) during the evaluation.

736. Right axis deviation (RAD)