



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](mailto: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