

**Oswego Town Fire District**

640 County Route 20  
Oswego, New York 13126  
315-343-2030

***Firefighter Medical Evaluation Form***

This form certifies that \_\_\_\_\_ has been examined by the doctor listed below and is medically fit to perform the tasks listed for their appropriate classification.

Please **circle the classification** that you are qualifying this individual for: (definitions found on Pg 3)

Class 1 - Interior Firefighter w/SCBA use

Class 2 - Exterior Firefighter

Class 3 – Firefighter

Class 4 – Light Duty

**Test to be completed:**

Bloodwork

EKG

PFT

TB Test

Please list any specific restrictions that apply to this person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical findings to be filled out by Doctor:**

Pulmonary Function Test: \_\_\_\_\_

Eye test – far vision: \_\_\_\_\_

Hearing test (whispered voice or mechanical): \_\_\_\_\_

T-B Test Date completed \_\_\_\_\_ Re-check completed \_\_\_\_\_

Doctor’s Signature \_\_\_\_\_

Doctor’s Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**For FD use:**

Submitted: \_\_\_\_\_

Faxed: \_\_\_\_\_

Complete Oswego Town VFD Physical Includes the Following that **MUST** be done:

**Blood work** – You **MUST** fast 12 hrs. Prior to giving blood, make sure the technician drawing blood knows you are with the Oswego Town VFD and the billing is done accordingly. You can have the blood work done ahead of time if you prefer. If OFP is your primary care physician and you have other blood work done for personal reasons, then the billing **MUST** be split, they can do this, all arrangements are made. The next page is a copy of the bloodwork order form you can give directly to the person taking your blood.

**EKG** – Evaluated by physician.

**Pulmonary Function Test** – **All personnel**, regardless of SCBA qualification.

**TB test** – You **MUST** be able to return to the Drs. Office in 48 hrs. To have the injection site evaluated. You **MUST** bring a note from the Drs. Office that says your TB test was negative or that he is ordering further testing.

Make sure you take the firefighter evaluation form for the Dr. to sign off on your physical (last page of the medical evaluation policy). Turn that in to the Captain.

When checking out you must make sure they know you are with the Oswego Town VFD.

The bill is to go to the Oswego Town Fire District. No personal insurance is to be billed, if physical is done at Oswego Hospital Occupational Health. No co-pay is required. You have **NO** financial responsibility for the physical, unless you are using your own Primary Care Physician.

Make an appointment for your next physical, 12 months.

If there are any questions please contact Brian Katzman 315-529-1140 or Greg Herrmann 315-592-1558, preferably before leaving the doctor's office.



**Oswego Hospital**  
 110 West Sixth Street • Oswego, NY 13126  
 (315) 349-5591 • Fax (315) 349-5693

Date \_\_\_\_\_

Lab #6 revised

# Laboratory Requisition Form

### Required Client Information:

### Results/Copy to:

Client Name			<b>ICD 9 DIAGNOSIS CODES</b>
Address			
City, State, Zip Code			
Sex	Date of Birth	Telephone Number	
Ordering Clinician (Print)			
Ordering Clinician Signature (Required)			

Name	
Address	
City, State, Zip Code	
Telephone Number	
Fax Number	Fax Results <input type="checkbox"/>

### Financial Information:

### Specimen Information:

<input type="checkbox"/> Self Pay	<input type="checkbox"/> Worker's Comp	Group # _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> HMO	Sequence # _____
<input type="checkbox"/> Medicare	<input type="checkbox"/> Commercial	Plan Code _____
<input type="checkbox"/> Blue Cross	<input type="checkbox"/> Other	
Guarantor	Employer	
Insured Name	Telephone Number	
Town of Oswego VFD	315-343-2030	
Address	640 County Route 20	
City, State, Zip Code	Oswego NY 13126	

Hours Fasting	
Last Medication Time	
Collection Date	
Collection Time	
<input type="checkbox"/> Routine <input type="checkbox"/> STAT	<input type="checkbox"/> Call <input type="checkbox"/> Fax
Telephone Number	

## Diagnostic Testing Orders

### Medicare Approved Panels

### Individual Tests (check under panels also)

<input type="checkbox"/> Basic Metabolic Panel
<input type="checkbox"/> Comprehensive Metabolic Panel (Includes carbon dioxide)
<input type="checkbox"/> Renal Panel
<input type="checkbox"/> Hepatic (Liver) Panel
<input type="checkbox"/> CBC

<b>Coagulation</b> <input type="checkbox"/> Bleeding Time <input type="checkbox"/> FDP <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Prothrombin Time <input type="checkbox"/> PTT	<b>General Chemistry</b> <input type="checkbox"/> Amylase <input type="checkbox"/> Bilirubin Conjugated <input type="checkbox"/> Bilirubin Neonatal <input type="checkbox"/> CPK <input type="checkbox"/> Glycosylated Hgb <input type="checkbox"/> Iron <input type="checkbox"/> Iron Binding Capacity <input type="checkbox"/> Lead Level <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium <input type="checkbox"/> Microalbumin Urine	<input type="checkbox"/> Lyme Disease <input type="checkbox"/> MonoScreen <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Rubella (Immune Status) <input type="checkbox"/> Syphilis Serology	<b>Therapeutic Drugs</b> <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Digoxin <input type="checkbox"/> Dilantin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Lithium <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Quinidine <input type="checkbox"/> Salicylate <input type="checkbox"/> Theophylline <input type="checkbox"/> Valproic Acid
<b>Endocrinology</b> <input type="checkbox"/> CA15-3 <input type="checkbox"/> CEA <input type="checkbox"/> Ferritin <input type="checkbox"/> Folic Acid <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA Screen V76.44 <input type="checkbox"/> PSA Diagnostic <input type="checkbox"/> Qualitative B-HCG <input type="checkbox"/> Quantitative B-HCG <input type="checkbox"/> Troponin I <input type="checkbox"/> Vitamin B12	<b>Hematology</b> <input type="checkbox"/> Hemogram <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Sedimentation rate	<b>Microbiology</b> <input type="checkbox"/> Culture Aerobic source _____ <input type="checkbox"/> Culture Anaerobic source _____ <input type="checkbox"/> Culture, Stool <input type="checkbox"/> Culture, Sputum <input type="checkbox"/> Culture, Throat (Full) <input type="checkbox"/> Culture, Throat (Strep) <input type="checkbox"/> Culture, Urine <input type="checkbox"/> Culture, Viral <input type="checkbox"/> DNA probe for Chlamydia/GC <input type="checkbox"/> Herpes Culture & Type <input type="checkbox"/> Ova + Parasites <input type="checkbox"/> RSV <input type="checkbox"/> Rotavirus	<input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Lithium <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Quinidine <input type="checkbox"/> Salicylate <input type="checkbox"/> Theophylline <input type="checkbox"/> Valproic Acid
<b>Immunology</b> <input type="checkbox"/> ANA <input type="checkbox"/> Chlamydiazyme <input type="checkbox"/> CRP <input type="checkbox"/> Troponin I <input type="checkbox"/> H. Pylori AB (Qual.)	<b>Urinalysis</b> <input type="checkbox"/> Routine Urinalysis		

### Oswego Hospital Panels

<b>Comprehensive Chemistry</b> <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Glucose <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Uric Acid <input type="checkbox"/> Calcium <input type="checkbox"/> Inorganic Phos. <input type="checkbox"/> Total protein <input type="checkbox"/> Albumin <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> Alkaline Phos. <input type="checkbox"/> GGT <input type="checkbox"/> SGPT <input type="checkbox"/> SGOT <input type="checkbox"/> LDH	<b>Arthritis Panel</b> <input type="checkbox"/> Uric Acid <input type="checkbox"/> Sedimentation Rate <input type="checkbox"/> ANA <input type="checkbox"/> Rheumatoid Factor	<b>Lipid Panel</b> <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Triglycerides	<b>Thyroid Panel</b> <input type="checkbox"/> T-4 (Total) <input type="checkbox"/> T-3 Uptake <input type="checkbox"/> TSH	<b>General Health Panel</b> <input type="checkbox"/> Comprehensive Chemistry Panel <input type="checkbox"/> CBC
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These panels are not reimbursable under Medicare but the included individual tests can be ordered with the appropriate ICD-9 codes

Additional tests 31105330 Fire Dept. Profile that includes:  
 CBC; Comprehensive Metabolic, Cardiovascular Eval and Venipuncture