Last Name: _____ *First Initial:* _____ *M.I.:* _____ *Recruit No.*_____
(Office Only)

Healthcare Provider Information

To Be Completed by Fire Department Staff

In the event of a medical emergency requiring advance level of care, the Connecticut Fire Academy uses the Bradley International Airport Fire Department Paramedics for R-5 coverage and either the Windsor Locks, Suffield or East Granby Ambulance as the R-2 provider.

For "routine" medical emergencies or evaluations, the Connecticut Fire Academy recommends Johnson Memorial Medical Center located at 201 Chestnut Hill Road, Stafford Springs. The CFA also uses the Suffield Medical Associates Walk-In Clinic for minor health issues. There is a CVS Pharmacy conveniently located in Suffield on Mountain Road next to the Suffield Medical Associates for prescriptions etc.

Please Check with your "Risk Management" officer or Worker's Compensation provider if this not their desired provider for this location of the state.

If required, please provide the information for the nearest recommended Healthcare provider to the Connecticut Fire Academy. If possible we will make every attempt to see your recruit(s) use the listed provider if needed.

Provider Name: _____

Address: _____

_____

Phone: (_____) _____ - _____ ext.: _____ Fax (_____) _____ - _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Fire, Live Fire, and Flashover Survival Training

To Be Completed by Fire Department Staff

As the Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in Fire Training, Live Fire and Flashover Simulator Training and experience, and therefore understand that the above mentioned member will be covered by my department's worker's compensation insurance while participating in such training, and the Commission on Fire Prevention and Control, it commissioners, officers agents or employees shall not be held liable for any injuries sustained during such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration, and where applicable, to meet CFR 1910.134, regulation for the use of respirators.

I further understand that the Commission on Fire Prevention and Control, it commissioners, officers agents or employees shall not be held liable for damage to the above mentioned member's protective clothing and equipment while participating in Fire Training, Live Fire and Flashover Simulator training.

I understand that during Recruit and Live Fire Training, and while properly wearing prescribed Structural Firefighting Personal Protective and other clothing, there is the risk of personal injury not limited to abrasion, contusion, laceration, thermal and/or steam burn(s).

Signature: _____ _____
(Chief of Department) Date

Chief's Name: _____
Please Print

Recruit Signature: _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Recruit Personal Information

To Be Completed by Recruit

EDUCATION:

Please check the highest level completed

☐ Attended High School College: ☐1 ☐2 ☐ 3 ☐4 Graduate: ☐1 ☐2 ☐3 ☐4

Please list any type of Degree(s) received along with the Major or Minor course of study

☐AS ☐BS ☐AA ☐BA ☐Master's Degree: _____
Minor Course of Study: _____

☐AS ☐BS ☐AA ☐BA Degree: _____
Minor Course of Study: _____

MILITARY SERVICE:

Please check the appropriate box that indicates past or present active or reserve duty.

- ❑ United States Army
- ❑ United States Navy
- ❑ United States Air Force
- ❑ United States Marine Corps
- ❑ United States Coast Guard

Length of Service: _____

Military Specialty / Occupation: _____ Rank: _____

FIRE SERVICE BACKGROUND:

Please list any association, membership and / or employment with a Fire Department or Fire Service Agency or Organization.

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____

City/Town: _____ State: _____

Please check the appropriate box indicating FIRE SERVICE <u>certification</u> levels that you have obtained and indicate any others not listed.

- ❑ Firefighter I
- ❑ Firefighter II
- ❑ Fire Officer I
- ❑ Fire Officer II
- ❑ Safety Officer
- ❑ Fire Marshal
- ❑ Other _____
- ❑ Fire Service Instructor I
- ❑ Fire Service Instructor ___
- ❑ Pump Operator
- ❑ Aerial Operator
- ❑ Hazmat Technician
- ❑ Fire Inspector

Other _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Recruit Medical Information

To Be Completed by Recruit

Medications: All physician prescribed and over the counter medications must be declared

List Medications (prescribed or over the counter) you are currently taking

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

☐ Yes ☐ No Have you had a physical in the past 12 months?

☐ Yes ☐ No Does your physicians know that you are participating in an exercise program?

Please describe any physical activity that you do somewhat regularly: _____

_____

_____

Health History: Do you now or have you had in the past:

☐ Yes ☐ No History of heart problems, chest pain, or stroke
☐ Yes ☐ No Increased blood pressure
☐ Yes ☐ No Any chronic illness or condition
☐ Yes ☐ No Difficulty with exercise
☐ Yes ☐ No Advice from a physician not to exercise
☐ Yes ☐ No Recent surgery (within the past 12 months)
☐ Yes ☐ No Pregnancy (now or within the past 3 months)
☐ Yes ☐ No History of breathing or lung related problems
☐ Yes ☐ No Muscle, joint, or back disorder, or any previous injury still affecting you
☐ Yes ☐ No Diabetes or thyroid disorder
☐ Yes ☐ No Smoke tobacco (within the last 12 months)
☐ Yes ☐ No Obesity (greater than 20% over ideal body weight)
☐ Yes ☐ No Been told you have high cholesterol levels
☐ Yes ☐ No Hernia or any other condition that may be aggravated by lifting weights
☐ Yes ☐ No History of heart or coronary artery disease or stroke in any members of your immediate family

Please explain any "yes" answers: _____

_____

_____

The Medical Information is strictly used for the Safety and Welfare of the Recruit.
Information provided will be destroyed at the conclusion of the Program.

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Allergies

To Be Completed by Recruit

Allergies - Food: *Please list any known allergies to foods*

_____

Symptoms:			**Give Checked Medication** To be determined by Physician Authorizing treatment	
If a food allergen has been ingested, but *no symptoms*:			☐ Epinephrine	☐ Antihistamine
Mouth	-	Itching, tingling, or swelling of lips, tongue, and/or mouth:	☐ Epinephrine	☐ Antihistamine
Skin	-	Hives, itchy rash, swelling of the face or extremities:	☐ Epinephrine	☐ Antihistamine
Gut	-	Itching, tingling, or swelling of lips, tongue, and/or mouth:	☐ Epinephrine	☐ Antihistamine
Throat ⌖	-	Tightening of throat, hoarseness, hacking cough:	☐ Epinephrine	☐ Antihistamine
Lung ⌖	-	Shortness of breath, repetitive coughing, wheezing:	☐ Epinephrine	☐ Antihistamine
Heart ⌖	-	Weak or thread pulse, low blood pressure, fainting, pale, blueness:	☐ Epinephrine	☐ Antihistamine
Other ⌖	-	_____:	☐ Epinephrine	☐ Antihistamine
If reaction is progressing (several of the above areas affected), give:			☐ Epinephrine	☐ Antihistamine

⌖ - Potentially Life Threating. The severity of symptoms can quickly change

The recruit possesses and can administer his own treatment of ☐ Epinephrine ☐ Antihistamine

Allergies - Medication: *Please list any known allergies to medications*

_____

Symptoms: _____

Allergies – Environment/Other: *Please list any known allergies to environment or other*

_____

Symptoms: _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Emergency Contact Information

To Be Completed by Recruit

Please list the names, addresses and phone numbers of three individuals (i.e. spouse, relatives) to be contacted in the event of a medical emergency or serious injury.

Emergency Contact: Name: _____ Relation: _____

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Mailing Address: _____

City / Town: _____ Zip: _____

Name: _____ Relation: _____

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Mailing Address: _____

City / Town: _____ Zip: _____

Physicians Contact: Name: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Practice Name: _____

City / Town: _____ Zip: _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Authorization for Release of Grades

To Be Completed by Recruit

I, _____, a Recruit Firefighter at the Connecticut Fire Academy, give permission to Recruit Firefighter Program Manager and/or designee of the Recruit Firefighter Program to release all information related to my performance during the Recruit Firefighter Program. This information includes but is not limited to Recruit Performance Evaluations and documents described in the Recruit Firefighter Program's Rules & Regulations. This authorization is limits the release of information to the recruits current sponsoring Fire Department's Fire Chief and/or designee and to any/all fire service related inquires listed and initialed below.

Signature: _____ _____
(Recruit Applicant) Date

☐ Release of Performance Information Documentation to **ANY / ALL** fire service related inquires.

Recruit Initials: _____ Date: ____ /____ / _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Emergency Medical Training

To Be Completed by Recruit

The recruit applicant is required to have current Emergency Medical Training or attend the Recruit Firefighter Program's scheduled American Heart Association BLS for Healthcare Provider CPR/AED and Heartsaver First Aid classes during the program. Recruit applicants with expiring CPR/AED or First Aid cards will be offered those scheduled classes as a refresher/recertification. A copy of EMS Training Cards, Certification or License is required on first day.

EMS Training: □ EMT/P □ EMT/I □ EMT □ EMR □ other _____

Name as Appears on Card: _____ Exp. Date: ___/___/___

□ NO EMS Training; the recruit does not have proof of current EMS related training or completion of Basic First Aid course.

CPR/AED issued from: _____

Name as Appears on Card: _____ Exp. Date: ___/___/___

□ Expired/ Expiring EMS Training; the recruit has an expired or expiring Basic First Aid and/or CPR/AED course certificate.

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Mission Statements

Connecticut Fire Academy Mission Statement

To prevent or mitigate the effects of fires and disasters, either natural or manmade, on the citizens of the State of Connecticut. This objective shall be accomplished through the development and delivery of state-of-the-art educational programs designed to meet nationally recognized standards, certification of individuals to such standards and maintenance of up-to-date resources for us by fire service personnel, public educators and other first responders.

Training Division Mission Statement

As part of the Commission on Fire Prevention and Control, the Training Division is responsible for the operation of the Connecticut Fire Academy to provide training, education, technical support and related information and services. Customers benefit from instructors using contemporary methods in a safe environment

Recruit's Fire Department Mission Statement

(to be filled in by the Recruit Firefighter)

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

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First Day of Class – Reporting Procedure

First Date of Class: Tuesday; February 10, 2015

Start Time: 08:00, ***Students should plan on arriving early***

Reporting In: Students report to the Cafeteria for Sign in. If you enter from the rear parking lot, follow the sidewalk to a glass door in a breezeway between the two major structures. Take a left up the ramp, Cafeteria is on the Left.

Student Parking: Students Vehicles will be parked behind the Administration Building in the designated area, furthest from the building to allow more space for daily traffic parking.

Traffic Cones with signage will be displayed for First Day arrivals to assist with directions for parking.

Required Documents: Prepare Recruit Application – Section 2 documents for collection:

- ☐ PAGE 1 – Health Care Provider Form
- ☐ PAGE 2 – Fire, Live Fire, and Flashover Survival Participation Authorization Form
- ☐ PAGE 3 – Recruit Personal Information Form
- ☐ PAGE 4 – Recruit Medical Information Form
- ☐ PAGE 5 – Allergies
- ☐ PAGE 6 – Emergency Contact Information
- ☐ PAGE 8 – Medical Demographic Cards
- ☐ PAGE 9 – Authorization for Release of Performance Information Form
- ☐ PAGE 10 – Emergency Medical Training
- ☐ PAGE 11 – Fire Academy and Fire Department Mission Statements
- ☐ Copy of EMS training Certification/License (EMR/EMT/EMT/P)