

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 (____) _____ - _____

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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, its 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, its 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: _____

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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.

- | | |
|--|---|
| <input type="checkbox"/> United States Army | <input type="checkbox"/> United States Marine Corps |
| <input type="checkbox"/> United States Navy | <input type="checkbox"/> United States Coast Guard |
| <input type="checkbox"/> United States Air Force | 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 certification levels that you have obtained and indicate any others not listed.

- | | |
|--|--|
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Fire Service Instructor I |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Fire Service Instructor _____ |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Pump Operator |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Aerial Operator |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Hazmat Technician |
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Fire Inspector |
| <input type="checkbox"/> Other _____ | Other _____ |



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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.



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Allergies

To Be Completed by Recruit

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

Symptoms:

If a food allergen has been ingested, but *no symptoms*:

- Mouth - Itching, tingling, or swelling of lips, tongue, and/or mouth:
- Skin - Hives, itchy rash, swelling of the face or extremities:
- Gut - Itching, tingling, or swelling of lips, tongue, and/or mouth:
- Throat ⊕ - Tightening of throat, hoarseness, hacking cough:
- Lung ⊕ - Shortness of breath, repetitive coughing, wheezing:
- Heart ⊕ - Weak or thread pulse, low blood pressure, fainting, pale, blueness:
- Other ⊕ - _____:

If reaction is progressing (several of the above areas affected), give:

⊕ - Potentially Life Threatening. The severity of symptoms can quickly change

Give Checked Medication

To be determined by Physician
Authorizing treatment

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

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: _____



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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: _____



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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 limited to the release of information to the recruit's 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: ____ / ____ / ____



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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.



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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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First Day of Class – Reporting Procedure

First Date of Class: Thursday; February 13, 2014

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)