

Firefighter Applicant Instruction Sheet

Non-Insulin-Requiring Diabetes Mellitus

Any applicant who has diabetes mellitus and is not on insulin therapy, but is controlled by diet, exercise, and/or oral hypoglycemic agents, must supply all the following medical information on the day of their pre-placement medical assessment.

Instructions for applicant:

1. Bring the information from the checklist to your pre-placement medical assessment.
2. Please **do not** include the medical information requested with your application form as it contains personal and confidential medical information.
3. All documentation (i.e. medical forms and required tests) must be completed **within the last 6 months** from the pre-placement medical assessment date. *(For example, if the medical assessment is scheduled for January 6, 2016, all your required documents must be dated July 6, 2015 or later.)*

Checklist:

Note: Please download and print the [Essential Job Tasks](#) and [Annex E](#) and provide to the physician that will be completing this form for you.

- ☐ **Firefighter Applicant: Non-Insulin-Requiring Diabetes Mellitus Medical Form** (attached form). All forms must be completed by your primary health care physician(s). The physician should have been actively involved in the management of your diabetes (e.g. family physician and/or endocrinologist). This form must also be completed **within the last 6 months** from the pre-placement medical assessment date.
- ☐ Your log of blood glucose measurements performed at least once or twice a week and twice a day with any suspected hypoglycemic episodes. These measurements must be taken 1 month prior to your pre-placement medical assessment. A downloaded log from a memory-equipped glucose meter is preferred. **(Bring this information to your appointment with your physician).**
- ☐ Results of cardiac stress testing (to at least 12 METS) by ECG and cardiac imaging completed **within the last 6 months** from the pre-placement medical assessment date
- ☐ Results of a dilated retinal exam, by a qualified ophthalmologist or optometrist, completed **within the last 6 months** from the pre-placement medical assessment date. Severity of Retinopathy should be reported using the International Clinical Diabetic Retinopathy Disease Severity Scale.

Firefighter Applicant Non-Insulin-Requiring Diabetes Mellitus Medical Form

Any applicant who has diabetes mellitus and is not on insulin therapy, but is controlled by diet, exercise, and/or oral hypoglycemic agents, must supply all the following medical information on the day of their pre-placement medical assessment. This form must be completed **within the last 6 months** from the applicant's pre-placement medical assessment date.

This form must be completed by your primary health care physician(s) who has been actively involved in the management of your diabetes (e.g. family physician and/or endocrinologist).

Applicant Information

Last Name	First Name	Initial	Date of Birth (YYYY/MM/DD)
Address	City	Province	Postal Code

Physician Information

Name of Physician	Specialty	Date of Examination (YYYY/MM/DD)
Address of Physician		Phone Number

1. How long have you been managing this applicant's diabetes?

2. When was the applicant diagnosed with diabetes?

3. What is the clinical status of the applicant's diabetic condition (e.g., clinical history, past and current treatment, response to treatment, compliance with treatment)? **For your review**, the applicant should also provide you with a log of blood glucose measurements performed at least once or twice a week and twice a day with any suspected hypoglycemic episodes in the last 1 month.

4. What is this applicant's current treatment regimen?

5. When was the applicant started on the medications noted in # 4 above?

Name of Medication	Start Date

6. Does this applicant follow a set schedule for blood glucose monitoring?

☐ Yes – Please specify the schedule. _____

☐ No

7. Is the schedule adequate to maintain stable control of the diabetes?

☐ Yes

☐ No – If no, what schedule should be used? _____

8. Does this applicant have an increased risk of hypoglycemia due to alcohol use or other predisposing factors? Please explain.

9. Does this applicant have "hypoglycemic unawareness" (i.e. blood glucose < 3.33 mmol/L without any warning symptoms)? Please explain.

10. Please provide the applicant's history of severe hypoglycemic episodes in the last year. A severe hypoglycemic episode is defined as loss of consciousness, seizures or coma, requiring assistance of others or needing urgent treatment such as glucose injection or IV glucose.

11. Please provide at least four Hemoglobin A1C results (intervals of 2-3 months) from the last 12 months if diagnosed for more than 1 year.

Date	HbA1C Result (%)

12. If the individual's Hemoglobin A1C was found to be $\geq 8\%$ on one or more occasions, has the validity of that level been confirmed by a second determination?

☐ Yes

☐ No – please explain_____

13. If the candidate had one or more Hemoglobin A1C $\geq 8\%$ is there reason to suspect this result is an overestimate of the average blood glucose when compared to the employee's log of blood glucose measurements?

☐ Yes – please indicate medical evaluation conducted to assess this

☐ No

14. Please attach results of cardiac stress testing (to at least 12 METS) by ECG and cardiac imaging completed within the last 6 months from the date of the applicant's pre-placement medical assessment.

☐ Results attached

☐ Results not attached – please explain. _____

15. Please attach results of a dilated retinal exam, by a qualified ophthalmologist or optometrist, completed within the last 6 months from the date of the applicant's pre-placement medical assessment. Severity of Retinopathy should be reported using the International Clinical Diabetic Retinopathy Disease Severity Scale.

☐ Results attached

☐ Results not attached – please explain _____

16. Does this applicant have any evidence of autonomic (e.g. gastroparesis, postural hypotension, abnormal tests of heart rate variability) or peripheral neuropathy? Please explain.

Physician Signature