

Firefighter Applicant Instruction Sheet

Epilepsy/Seizures

Any applicant with an epileptic condition, or who has had a seizure in the past, 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 provide to the physician that will be completing this form for you.

- ☐ **Firefighter Applicant: Epilepsy/Seizures Medical Form** (attached form). This form must be completed by a neurologist. This form must be completed **within the last 6 months** from the pre-placement medical assessment date.
- ☐ Results of all imaging studies (CAT or MRI scan)
- ☐ Results of all awake and asleep EEG studies with photic stimulation and hyperventilation
- ☐ If you have seen a neurologist in the past, please supply all consultation reports.

Firefighter Applicant Epilepsy/Seizures Medical Form

Any applicant with an epileptic condition, or who has had a seizure in the past, must have this form completed. This form must be completed by a neurologist.

Applicant Information

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

Physician Information

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

1. How long have you been managing this applicant's epilepsy/seizures?

2. What is the applicant's diagnosis (i.e. what type of seizure/epileptic condition does this applicant have)?

3. Please provide a summary of this applicant's seizure/epileptic condition in the last 5 years (i.e. symptoms, etiology of the seizure/epileptic condition, recommended treatment, response to treatment, compliance with recommended treatment, triggers for seizures, and frequency of seizures).

4. Date of last seizure. Was this a witnessed seizure?

5. Has this applicant been seizure free for 1 year while off all anti-epileptic medications?
☐ Yes
☐ No – please explain

6. Has this applicant been seizure free for 5 years on a stable medical regimen?

☐ Yes – please provide treatment regimen in last 5 years

☐ No – please explain

7. Results of a complete neurological exam.

8. Results of all imaging studies completed to date (i.e. CAT or MRI scan). Please attach all reports.

☐ All reports attached

☐ Reports not attached. Please explain

9. Are further investigations/imaging required to assess this candidate's seizure/epileptic condition?
If yes, please provide date and reason for further assessment.

10. Results of all awake and asleep EEG studies with photic stimulation and hyperventilation.

☐ All reports attached.

☐ Reports not attached. Please explain

11. Please attach copies of all past consultation reports

☐ All past consultation reports attached.

☐ Reports not attached. Please explain

12. Does this candidate meet the following criteria:

Criteria	Yes	No
No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen		
Normal neurological exam		
Normal imaging studies (CAT or MRI scan)		
Normal awake and asleep EEG studies with photic stimulation and hyperventilation		

13. Is this candidate neurologically cleared for fire-fighting training and to perform the Essential Job Tasks of a firefighter? If no, please explain.

Neurologist Signature