

Firefighter Applicant Instruction Sheet

Insulin Pump

Any applicant on an insulin pump for treatment of diabetes 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. Documentation must be completed **within the last 6 months** from your 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: Insulin Pump Medical Form** (attached form). This form must be completed by your primary health care physician(s). The physician must 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.

Firefighter Applicant Insulin Pump Medical Form

Any applicant on Insulin Pump for treatment of diabetes must bring in this completed form 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. Current insulin regimen:

Start date on current regimen: _____

Insulin pump brand and model: _____

Pump settings:

Start Time					
Basal Rate					

Start Time					
Basal Rate					

Usual Bolus doses:

Breakfast	
Lunch	
Supper	
Other	

Correction Factor: _____

2. The applicant has completed the following education in the use of a continuous insulin infusion pump (indicate name of course and year of completion):

3. Has the applicant demonstrated a proper understanding in the use of the insulin pump?

☐ Yes – please explain.

☐ No – please explain.

4. Indicate start date for use of pump: _____

5. History of insulin site infections:

6. The applicant has had more than one pump site infection that caused him/her to miss work or usual daily activities in the preceding six months.

☐ Yes – please explain.

☐ No

7. History of pump cessation and pump malfunction:

8. The individual routinely carries appropriate supplies to compensate for pump malfunction, including syringes and insulin vials or insulin pens.

☐ Yes

☐ No – please explain.

9. Frequency of infusion set changes:

Physician Signature