

**Bloomington Fire Department Relief Association**

10 West 95th Street Bloomington, Minnesota 55420

Board Office (952) 563 – 4824 General Office (952) 563 - 4801

**Report of Member's Attending Physician**

(Please complete form in type or ink)

Member Name \_\_\_\_\_ Member's BFD # \_\_\_\_\_

Date of Examination: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Notice to Physician:**

**A decision regarding eligibility for a disability benefit will be made by the Bloomington Fire Department Relief Association Board of Trustees based on the information provided on this form.**

Definition of disability per bylaws of the Relief Association:

“Disability” shall mean the inability of a Participant to engage in the performance of his or her duties by reason of a medically determinable physical or psychological impairment, which can be expected to last for a continuous period of not less than seven days.

**The duties of a firefighter are as follows:**

Upon emergency alarm, the firefighter must respond immediately and quickly to the fire station, staff the appropriate apparatus, and respond with other firefighters to the emergency.

Shall respond, with the fire unit, to all alarms as designated by the fire department running cards, and other such alarms and emergency calls as directed.

Must have the physical ability to independently operate two way radios in field operations, operate and handle all hand and power tools independently, perform first aid and CPR to the public and other firefighters during emergencies.

Must have the ability to quickly read and interpret hazard warnings and labels in emergency situations. Must have the ability to quickly and effectively communicate with the public and other firefighters during emergencies.

Must have the ability to make immediate decisions in emergency situations and must have the ability to effectively give directives to the public in emergency situations.

Must be able to respond to a wide variety of emergency situations at any hour of the day or night. Must be able to work effectively under extreme environmental and psychological stress for extended periods.

Must be physically capable of climbing multiple flights of stairs in full protective gear, lifting and transporting fire hose in response to a fire call.

Must be physically capable of dragging charged hose lines and opening charged hose lines during fires.

Must be physically capable to lift, transport, drag, or carry members of the public and other firefighters to safety in emergency situations.

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**Diagnosis or Diagnoses:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long is the disability expected to last?** \_\_\_\_\_

\_\_\_\_\_

**What optimum improvement can be expected, if any?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Could the member be rehabilitated through rehabilitation services?  
(i.e. cardiopulmonary, smoking cessation, weight loss programs etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**According to the bylaws of the Bloomington Fire Department Relief Association (see page 1): In your opinion, is(was) this member disabled?**

\_\_\_\_\_  
**Yes** ( Doctor's initials)

\_\_\_\_\_  
**NO** ( Doctor's initials)

**If the answer to the above question is yes, what date did the disability begin.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Is the illness or injury Bloomington Fire Department duty related?**

Duty includes: (a)myocarditis, (b)coronary sclerosis, (c)pneumonia or its sequel, (d)infectious or communicable diseases contracted from a documented duty related exposure, (e)disabling cancer caused by heat, radiation, or a known carcinogen, as defined by the International Agency for Research on Cancer.

\_\_\_\_\_  
**Yes** ( Doctor's initials)

\_\_\_\_\_  
**NO** ( Doctor's initials)

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**I, the undersigned, a practicing physician, duly registered under the laws of the State of Minnesota, do hereby certify that I have evaluated the condition addressed above, including its history and causality, and that my answers to the foregoing questions are complete and true to the best of my knowledge, information, and belief.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_/

**Name(type or print)** \_\_\_\_\_

**Office address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number** (    ) \_\_\_\_\_ - \_\_\_\_\_