

## **Report of Member's Healthcare Provider**

(Please complete form in type or ink)

Member Name \_\_\_\_\_ Member's BFD # \_\_\_\_\_  
Date of Examination: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **Notice to Physician or Mental Health Professional:**

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. This form is meant to be signed by a licensed Medical Physician, Licensed Psychiatrist or Licensed Phycologist.

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

##### **Essential Functions of the Position**

###### **Firefighting**

- While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), perform firefighting tasks, rescue operations, and other emergency response actions under stressful conditions.
- Function as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.
- Must have the ability to quickly read and interpret hazard warnings and labels in emergency situations.
- Must be able to quickly and effectively communicate with the public and other firefighters during emergencies.
- Upon emergency alarm, must respond immediately and quickly to staff the appropriate fire department vehicles and apparatus, and respond with other firefighters to the emergency.
- Respond to all alarms as designated by the Fire Department and such other alarms and emergency calls as directed.
- Participate in Department drills and training activities and maintain proficiency in all firefighter skills.
- Keep stations, apparatus, tools, and equipment clean and in good operating condition.
- Assume command of their company in the absence of a ranking officer.

##### **Physical Demands and Working Conditions**

- While wearing full protective clothing (turnout coat and pants, helmet, boots, gloves, and hood) and SCBA including working in extremely hot or cold environments for prolonged time periods, is required to safely perform a variety of firefighting tasks that require upper body strength and aerobic capacity. The following are specifics inherent to essential job tasks:
  - Lifting and carrying tools and equipment (e.g. axe, Halligan tool, pike pole, chain saw, circular saw, high-rise pack and hose) that weigh between 7 lb. and 20 lb. and are used in a chopping motion over the head, extended in front of the body, or in a push/pull motion.
  - Advancing a 1¾ in. or a 2½ in. diameter hose line, which requires lifting, carrying, and pulling the hose at grade, below or above grade, or up ladders. In addition to the weight of the hose itself, a 50 ft. section of charged 1¾ in. hose contains approximately 90 lb. of water, and a 50 ft. section of 2½ in. hose approximately 130 lb. of water.

# **Bloomington Fire Department Relief Association**

**10 West 95th Street Bloomington, Minnesota 55420**

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- Performing forcible entry while utilizing tools and equipment (e.g. axe, Halligan tool, chain saw, circular saw, or hydraulic tool) that requires chopping, pulling, or operating these items to open doors, windows, or other barriers to gain access to victims or possible victims or to initiate firefighting operations.
- Performing ventilation (horizontal or vertical) utilizing tools and equipment (e.g. axe, pike pole, chainsaw, or circular saw) while operating on a flat or pitched roof or operating on a ground or aerial ladder. This task requires the firefighter to chop or push tools through roofs, walls, or windows.
- Wearing a self-contained breathing apparatus (SCBA), which includes a demand valve-type positive-pressure facepiece, air purifying respirator (APR), or HEPA filter masks, which require the ability to tolerate increased respiratory workloads.
- Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
- Climbing 6 or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 lb. or more and carrying equipment/tools weighing an additional 20 to 50 lb.
- Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperatures to levels exceeding 102.2 °F
- While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
- While wearing personal protective ensembles and SCBA, advancing water-filled hoselines up to 2½ in. in diameter from fire apparatus to an occupancy (approximately 150 ft.), which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking or crawling, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines and other hazards.
- Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s) or hydration.
- Operating fire apparatus or other vehicles in emergency mode with emergency lights and sirens.
- Critical, time sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
- Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers)

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

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

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

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

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Definition of a 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.

**According to this definition of a disability, in your opinion, is(was) this member disabled?**

**YES :** \_\_\_\_\_  
( Physician/Psychiatrist/Psychologist **initials**)

**NO :** \_\_\_\_\_  
(Physician/Psychiatrist/Psychologist **initials**)

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

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

In addition to an injuries while on duty, presumptive duty related diagnoses include: (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, (f)post-traumatic stress disorder as a result of their duties as a firefighter.

**YES :** \_\_\_\_\_

(Physician/Psychiatrist/Psychologist **initials**)

**NO :** \_\_\_\_\_

(Physician/Psychiatrist/Psychologist **initials**)

**I, the undersigned, a practicing medical physician, licensed psychiatrist, or licensed psychologist, 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**    (    ) \_\_\_\_\_ - \_\_\_\_\_