



U.S. AIR FORCE

Technical Implementation Guide 1582-03

For

NFPA Standard 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*

Date Published: 15 Aug 2005

Preface

This Technical Implementation Guide (TIG) provides standard determinations, interpretations, equivalencies, and deviations to implement the 2003 edition of National Fire Protection Association (NFPA) Standard 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, in the Air Force.

This TIG remains in effect until rescinded or one year following publication of a revised NFPA Standard 1582.

All MAJCOM Civil Engineers, the USAF Academy Civil Engineer and the Air National Guard Civil Engineer have coordinated on this TIG. Correspondence in this regard is on file at HQ AFCESA/CEXF, Tyndall AFB FL.

This TIG includes three attachments:

1. NFPA Standard 1582 Correlation Document
2. NFPA Standard 1582 Medical Questionnaire
3. Fire Fighter Physical Examination Schedule

//SIGNED// 3 Mar 05
DONALD W. WARNER
Chief, Air Force Fire Protection
HQ Air Force Civil Engineer Support Agency

//SIGNED// 13 June 05,
DAVID J. LOUIS
COLONEL, USAF, MC, SFS
Chief, Occupational Medicine
Air Force Medical Support Agency

I have approved the deviations from NFPA Standard 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, 2003 Edition, contained in this TIG.

//SIGNED// 15 Aug 05
L. DEAN FOX, Major General, USAF
The Civil Engineer
DCS/Installations & Logistics

NFPA 1582 TECHNICAL INFORMATION GUIDE (TIG)

NOTE: The NFPA text is not included in Column one to avoid copyright infringement, the Fire Department Physician will need access to the NFPA 1582 standard. This TIG and its attachments have been developed by the Air Force Medical Support Agency for use by the Fire department Physician.

NFPA 1582 PROGRAM	AF GUIDANCE
CHAPTER 1 – ADMINISTRATION	
1.1 Scope.	Implement as written
1.1.1*	This standard shall apply to individuals involved in emergency response operations
1.1.2	Implement as written
1.1.3	
1.1.4	N/A
1.2 Purpose.	Implement as written
1.2.1	Implement as written
1.2.2*	Implement as written
1.2.3	Implement as written
1.3 Implementation. 1.3.1	Implement as written, AHJ for deviations = HQ USAF/ILE AHJ for equivalency & interpretations = HQ AFCESA/CEXF
1.3.2*	Implement as written
1.3.3*	Implement as written
CHAPTER 2 REFERENCED PUBLICATIONS	All referenced publications can be found in the basic NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, 2003 Edition
CHAPTER 3 DEFINITIONS	All referenced definitions can be found in the basic NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, 2003 Edition
Authority Having Jurisdiction	In accordance with policy letter issued by HQ USAF/ILE, the AHJ for waivers is HQ USAF/ILE. The AHJ for determinations, equivalencies, and interpretations is HQ AFCESA/CEXF. The authority for medical determination at base level installations is the Fire Chief in coordination with Fire Department Physician

Candidate: A person who has made application to commence performance as a member of a fire department	Military firefighters will receive the candidate physical examination at their first physical after completing the Apprentice Fire Protection Course
CHAPTER 4 ROLES AND RESPONSIBILITIES	
4.1 Fire Department Responsibilities	Implement as written
4.1.1*	
4.1.2	Implement as written
4.1.2.1*	Implement as written
4.1.3	Implement as written
4.1.4*	Exception: Air Force physicians who have completed Air Force specific courses in occupational medicine meet the intent of this section. The Occupational Health Installation Consultant will approve candidates before appointment as FD physician.
4.1.5	Implement as written
4.1.6	Implement as written
4.1.7*	Implement as written
4.1.8	Implement as written
4.1.9	Implement as written
4.1.10	Implement as written
4.1.11	Implement as written
4.1.12	Implement as written
4.1.13*	Implement as written. Also see Atch 3
4.1.14	Implement as written
4.2 Fire Department Physician Responsibilities.	
4.2.1	Implement as written
4.2.2	Implement as written
4.2.3	To include evaluations from other epidemiologic centers and other sources for indicators of a need for additional medical monitoring
4.2.4	Implement as written
4.2.5	Implement as written
4.2.6*	Clarification: Base Level Fire Chief shall oversee development of a local Standard Operating Procedure with the coordination of Fire Department Physician
4.2.7	Implement as written
4.3	Implement as written

CHAPTER 5 ESSENTIAL JOB TASKS	
5.1 Essential Job Tasks and Descriptions.	
5.1.1	Implement as written
5.1.2	Implement as written. Fire chief using the core PD to develop essential job tasks.
5.1.3	Implement as written
5.1.3.1 Physician Guidance:	Implement as written
5.1.4	Implement as written
CHAPTER 6 MEDICAL EVALUATION OF CANDIDATES	
6.1* Medical Evaluation.	Implement as written
6.1.1*	<i>A.6.1.1 Delete breast, pap smear and prostate exam as these has nothing to do with qualification for work. Urinalysis for leukocyte esterase has nothing to do with qualification for work. Polio, varicella and MMR should be done by the candidates own provider (US Prev Serv Task Force) Delete 8000 Hz frequency on audiograms (not part of OSHA std). CDC not recommending Hepatitis C to be monitored by employers. FF not considered high risk for TB; therefore no IPPD recommended routinely.</i>
6.1.2	Implement as written
6.2 Medical Conditions Affecting Ability to Safely Perform Essential Job Tasks.	
6.2.1	Implement as written
6.2.2	FD Physician shall determine the ability of a member returning from a illness or injury
6.2.3	
6.3 Head and Neck.	
6.3.1 Head.	Implement as written
6.3.1.1	
6.3.1.2 Category B medical conditions shall include the following:	Implement as written
6.3.2 Neck.	
6.3.2.1	Implement as written
6.3.2.2	Implement as written
6.4 Eyes and Vision.	
6.4.1	Implement as written
6.4.2	Implement as written
6.5* Ears and Hearing.	Implement as written

6.5.1	Implement as written
6.5.2	Implement as written
6.6 Dental.	
6.6.1	Implement as written
6.6.2	Implement as written
6.7 Nose, Oropharynx, Trachea, Esophagus, and Larynx.	
6.7.1	Implement as written
6.7.2	Implement as written
6.8 Lungs and Chest Wall.	
6.8.1	Implement as written
6.8.2	Implement as written
6.9 Heart and Vascular System.	
6.9.1 Heart.	
6.9.1.1	Implement as written
6.9.1.2	Implement as written
6.9.2 Vascular System.	
6.9.2.1	Implement as written
6.9.2.2	Implement as written
6.10 Abdominal Organs and Gastrointestinal System.	
6.10.1	Implement as written
6.10.2	Implement as written
6.11.1	Implement as written
6.11.2	Implement as written
6.12 Urinary System.	
6.12.1	Implement as written
6.12.2	Implement as written
6.12.2	Implement as written
6.13 Spine and Axial Skeleton.	
6.13.1	Implement as written
6.13.2	Implement as written
6.14 Extremities.	
6.14.1	Implement as written
6.14.2	Implement as written
6.15 Neurological Disorders.	
6.15.1	Implement as written
6.15.2	Implement as written
6.16.2	Implement as written
6.17 Blood and Blood-Forming Organs.	
6.17.1	Implement as written
6.17.2	Implement as written
6.18 Endocrine and Metabolic Disorders.	
6.18.1	Implement as written
6.18.2	Implement as written
6.19 Systemic Diseases and Miscellaneous Conditions.	

6.19.1	Implement as written
6.19.2	Implement as written
6.20 Tumors and Malignant Diseases.	
6.20.1	Implement as written
6.20.2	Implement as written
6.21 Psychiatric Conditions.	
6.21.1	Implement as written
6.21.2	Implement as written
6.22 Chemicals, Drugs, and Medications.	
6.22.1	Implement as written
6.22.1.1	Exception: Smoking tobacco is not in itself a medical condition and should not be considered a disqualifier for otherwise healthy candidates. A firefighter who smokes will be offered enrollment in a smoker cessation program.
6.22.1.2	Implement as written
6.22.1.3	Implement as written
6.22.2*	Implement as written
Chapter 7 Occupational Medical Evaluation of Members	
7.1 General.	
7.1.1	Medical records are managed by MTF's under their privacy protection policies.
7.1.2	As indicated by Fire Department Physician
7.1.3*	Implement as written
7.1.4	Implement as written
7.2 Member Education Regarding Medical Evaluation Program.	Implement as written
7.2.1	Implement as written
7.2.2	Implement as written
7.3 Timing of the Annual Occupational Medical Evaluation of Members.	Implement as written
7.3.1	Implement as written
7.3.2	The candidate's initial evaluation is the baseline examination and the firefighter should be re-examined annually afterward.
7.3.3	An ANNUAL exam includes: Ht Wt Blood pressure, audiogram PFT Interval Medical History. Then detailed supplemental exams are done every 3-5 years until age 40 when the supplemental exams are

	done annually.
7.3.4	Implement as written
7.3.5	Implement as written
7.4	Implement as written
7.4.1	Exception: An ANNUAL exam includes: Ht Wt Blood pressure, audiogram PFT Interval Medical History. Then detailed supplemental exams are done every 3 years for 20-29 and every 2 years for 30-39 AND ANNUALLY STARTING AT AGE 40 (with blood work, ECG as indicated, etc)
7.4.2	If clinically indicated in judgment of the physician
7.4.3	An ANNUAL exam includes: Ht Wt Blood pressure, audiogram PFT Interval Medical History. Then detailed supplemental exams are done every 3-5 years until age 40 when the supplemental exams are done annually.
7.4.4	Plus ancillary tests as indicated including physical examination, blood test...etc. The initial baseline exam will include all the above except the cancer screening and genitourinary exam
7.5 Medical History.	
7.5.1	Implement as written
7.5.2	Include off duty risk factors
7.5.3	The fire department physician will review the TIG medical questionnaire given to the firefighters.
7.6 Physical Examination.	
7.6.1	An annual exam includes: Ht Wt Blood pressure, audiogram PFT, Interval Medical History, with an extended examination as needed. A detailed supplemental exam is done every 3-5 years until age 40 when the supplemental exams are done annually. In addition to the items in the annual exam, the clinical portion of the detailed supplemental exam includes examination of the

	Head, eyes, nose, throat, neck, cardiovascular and respiratory tract, the liver, lymph nodes, neurological system, musculoskeletal system, vision system, skin, and for hernias. The prostate, breast and genitourinary exams are not included.
7.6.2*	The laboratory and ancillary testing portion of the detailed supplemental examination will include complete blood count with differential, ALT, cholesterol/lipid profile, urinalysis for glucose.
7.6.3 Blood Tests.	The laboratory and ancillary testing portion of the detailed supplemental examination will include complete blood count with differential, ALT, cholesterol/lipid profile, urinalysis for glucose.
7.6.4	Urinalysis for glucose during detailed examinations and in all firefighters aged 40 and over.
7.6.5 Audiology.	8000 Hz may be omitted if technically difficult. Justification: OSHA currently requires testing to 6000 Hz
7.6.5.1	Implement as written
7.6.5.2	Implement as written
7.7 Spirometry.	Implement as written
7.7.1*	Implement as written
7.7.3* Results shall be corrected according to American Thoracic Society (ATS) guidelines and normative equations found in Knudson et al. (1983) and the American College of Occupational and Environmental Medicine (2000). A.7.7.3 See D.2.4.	Implement as written
7.8 Chest Radiographs.	
7.8.1	Exception: Shall be repeated every 5 years if clinically indicated. Justification: not recommended by American Cancer Society or American Thoracic Society
7.8.2	Implement as written
7.9 Electrocardiograms (EKG).	
7.9.1*	Exception: Perform a resting EKG as a part of the baseline medical

	evaluation, again at age 35 and 40, the annually thereafter. Justification: The force of morbidity for cardiac events after age 35.
7.9.2	Implement as modified in 7.9.1
7.9.3*	Implement as written
7.10 Mammography.	
7.10.1	Mammography is not indicated as an occupational surveillance test.
7.10.2	May be accomplished by personal physician
7.11	CDC does not currently judge FF to be in a high risk group and is not recommending PPD's for them. CDC currently not recommending employers monitor Hepatitis C. MMR, Varicella, and polio vaccinations should be a part of the individual's personal medical care per the US Preventive Services Task force. Firefighters are not a high risk group for influenza. HIV screening should be event specific, related to specific occupational events that have put the firefighter at risk.
7.12 Heavy Metal Evaluation.	
7.12.1	Implement as written
7.12.2	Implement as written
7.13	Not recommended by the DoD Occupational Medical Working Group because of lack of causal factors
Chapter 8 Annual Occupational Fitness Evaluation of Members	
8.1 Weight and Body Composition.	Implement as written
8.1.2	Implement as written.
8.2 Annual Fitness Evaluation.	
8.2.1*	Implement as written.
8.2.1.1*	
8.2.1.2	
8.2.1.3	
8.2.1.4*	
9.1 Essential Job Tasks.	Implement as written
9.1.1	Implement as written
9.2 Medical Conditions.	Implement as written

9.2.1	Implement as written
9.2.2 The relevant task(s) shall be identified by number.	Implement as written
9.3	Implement as written
9.3.1	Implement as written
9.3.2*	Implement as written
9.4* Cardiovascular Disorders.	Implement as written
9.4.1	Implement as written
9.4.2	Implement as written
9.5 Vascular Disorders.	
9.5.1	Implement as written
9.5.2	Implement as written
9.6*	Implement as written
9.7* Lung, Chest Wall, and Respiratory Disorders.	
9.7.1	
9.7.2	Implement as written
9.8 Infectious Diseases.	
9.8.1	Implement as written
9.8.2	Implement as written
9.9* Spine Disorders.	Implement as written
9.9.1	Implement as written
9.9.2	Implement as written
9.10* Orthopedic Disorders.	Implement as written
9.10.1	Implement as written
9.10.2	Implement as written
9.11 Disorders Involving Gastrointestinal Tract and Abdominal Viscera.	Implement as written
9.11.1	Implement as written
9.11.2	Implement as written
9.12 Medical Conditions Involving Head, Eyes, Ears, Nose, Neck, or Throat.	Implement as written
9.12.1*	Implement as written
9.13* Neurologic Disorders.	Implement as written
9.14* Psychiatric and Psychologic Disorders.	Implement as written
9.14.1	Implement as written
9.14.2	Implement as written
9.15* Substance Abuse.	Implement as written
9.15.1	Implement as written
9.16 Medications. Physician Guidance:	Implement as written
9.16.1	Implement as written
9.16.2	Implement as written
9.17 Tumors — Malignant or Benign.	
9.17.1	Implement as written
9.17.2	Implement as written

Fire Department Personnel Medical Questionnaire

MEDICAL QUESTIONNAIRE

NFPA 1582 MEDICAL QUESTIONNAIRE

Job Position: _____

Name: _____ **D.O.B:** _____ **Age:** _____ **Sex:** **M** **F**

Date of Exam: _____ **Physician:** _____

Head and Neck

1. Any skull deformities that may prevent the following:					
Proper wear of a helmet leaving head unprotected			yes	no	
Leading to improper respiratory mask seal			yes	no	
2. Any neck condition(s) that may result in the inability to					
perform essential job tasks.			yes	no	
3. Chronic neck pain			yes	no	
4. Minimal range of motion			yes	no	

Eyes and Vision

5. Any vision problems that may result in the inability to					
perform essential job tasks.			yes	no	
6. Do you wear contact lenses and/or spectacles			yes	no	
7. Eye diseases:					
Retinal detachment			yes	no	
Progressive retinopathy			yes	no	
Optic neuritis			yes	no	
8. Ophthalmological procedures:					
Radial keratotomy			yes	no	
Lasik procedure			yes	no	
Repair of retinal detachment			yes	no	
9. Affected peripheral vision			yes	no	

Ears and Hearing

10. Chronic vertigo or impaired balance			yes	no	
11. Hearing loss or damage			yes	no	
12. Chronic ear ringing			yes	no	
13. Do you wear protective hearing devices in					
noisy environments?			yes	no	

Dental

14. Do you wear any orthodontic appliances			yes	no	
15. Any mandible or maxilla deformities that may					
prevent proper wear of protective equipment			yes	no	

Fire Department Personnel Medical Questionnaire

Nose, Oropharynx, Trachea, Esophagus, and Larynx							
16. Recurrent nose bleeds					yes	no	
17. Recurrent sinusitis					yes	no	
18. Any nasal, oropharyngeal, tracheal, esophageal or laryngeal condition that may result in not being able to safely perform essential job tasks					yes	no	
19. Difficulty smelling					yes	no	
20. Difficulty speaking					yes	no	
Lungs and Chest Wall							
21. Recurring Vomiting of Blood					yes	no	
22. Pulmonary Hypertension					yes	no	
23. Exposure to or Active tuberculosis					yes	no	
24. Any illnesses or diseases of the respiratory system such as but not limited to: COPD, Hypoxemia, Asthma, Cystic Fibrosis, Pneumonia or Embolisms					yes	no	
25. Any other pulmonary condition that may prevent you from being able to safely perform as a firefighter					yes	no	
Cardiovascular System							
26. Recurrent syncope (fainting)					yes	no	
27. Any conditions requiring the use of an implantable cardiac defibrillator or pacemaker					yes	no	
28. Any cardiac dysrhythmias such as but not limited to: SVT, PVC, Flutters, Fibrillations, AV Blocks, and Tachycardias					yes	no	
29. Congestive Heart Failure					yes	no	
30. Congenital abnormalities					yes	no	
31. Hypertension					yes	no	
32. Recurrent Chest Pain					yes	no	
33. Myocardial Infarctions (Heart Attacks)					yes	no	
34. Thoracic or abdominal aortic aneurysm					yes	no	
35. Any other cardiovascular conditions that would result in the inability to perform essential job tasks					yes	no	
Abdominal Organs and Gastrointestinal System							
36. Any gastrointestinal condition that may result in you not being able to safely perform essential job tasks such as but not limited to: Cholecystitis, Gastritis, GI bleeding Acute hepatitis, Hernia(s), Irritable bowel syndrome, Pancreatitis Diverticulitis, GI surgery, Ulcer(s), Asplenia, Cirrhosis, and/or Chronic active hepatitis					yes	no	

Fire Department Personnel Medical Questionnaire

Reproductive System						
37. Any genital condition the may result in you not being able to perform essential job tasks					yes	no
38. Pregnancy, for its duration					yes	no
39. Difficult and painful menstruation					yes	no
40. Endometriosis, ovarian cysts, or other gynecologic conditions					yes	no
41. Testicular or epididymal mass					yes	no
Urinary System						
42. Any kidney diseases, renal failure, or insufficiency requiring continuous peritoneal dialysis or hemodialysis					yes	no
43. Any diseases of the ureter, bladder, prostate, or other conditions that may result in the inability to safely perform essential job tasks					yes	no
Spine and Axial Skeleton						
44. History of spinal surgeries or spinal surgery involving fusion of more than 2 vertebrae					yes	no
45. Any spinal or skeletal condition producing sensory or motor deficit(s), pain and or nerve compression					yes	no
46. Any spinal or skeletal condition that may result in the inability to safely perform essential job tasks					yes	no
Extremities						
47. Any type of hardware utilized metal plates or rods supporting bone during healing					yes	no
48. Amputation or congenital absence of any part of the upper or lower extremities					yes	no
49. History of joint surgery or total replacement					yes	no
50. Any history of extremity problems that may result in the inability to safely perform essential job tasks					yes	no
Neurological Disorders						
51. Any partial or full paralysis of a limb(s)					yes	no
52. History of Cerebrovascular Accidents or Transient Ischaemic Attacks					yes	no
53. History of seizures due to epilepsy to include: Simple partial, complex partial, generalized, and psychomotor seizure disorders					yes	no
54. Any neurological condition that may result in the inability to safely perform essential job tasks					yes	no

Fire Department Personnel Medical Questionnaire

Skin

55. Any type of skin conditions of a chronic or recurrent nature that cause skin openings or inflammation or irritation of the skin surface					yes	no	
56. Any dermatologic condition that may result in the inability to safely perform essential job tasks					yes	no	

Blood and Blood-Forming Organs

57. Sickle cell disease					yes	no	
58. Clotting disorders					yes	no	
59. Any other hematological condition that may result in the inability to safely perform essential job tasks					yes	no	

Tumors and Malignant Diseases

60. Any tumor or similar conditions that may result in the inability to safely perform essential job tasks					yes	no	
61. Benign Tumors					yes	no	

Psychiatric Conditions

62. History of psychiatric condition or substance abuse					yes	no	
63. Requirement for medications for a psychiatric condition that may result in the inability to safely perform essential job tasks					yes	no	

Chemicals, Drugs, and Medications

Do you take:

64. Narcotics, including Methadone					yes	no	
65. Sedatives-Hypnotics					yes	no	
66. Beta-adrenergic blocking agents					yes	no	
67. Heart medication(s) to include (HTN) high blood pressure					yes	no	
68. Stimulants, Psychoactive agents, corticosteroids, Antihistamines, and Muscle relaxants					yes	no	

Endocrine and Metabolic Disorders

Do you have a history of or currently being treated for:

69. Diabetes mellitus, which is treated with insulin					yes	no	
70. Diabetes mellitus that is controlled on diet, exercise, and/or oral hypoglycemic agents					yes	no	
71. Diseases of the adrenal gland, pituitary gland, or thyroid gland of clinical significance					yes	no	
72. Any endocrine or metabolic condition that may result in the inability to perform essential job tasks					yes	no	

Fire Department Personnel Medical Questionnaire

Please list all medications that you are currently taking:

OTHER

73. List any other jobs you have:

74. List any chemicals you use in those jobs:

75. Is there loud noise involved in those jobs? yes no
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76. List your hobbies:

77. List any chemicals you use in those hobbies:

78. Has your health changed since your last examination? yes no

79. Did you have any unusual or unexpected exposures at work, at another job or with your hobbies since your last examination? yes no

If you responded to any questions with YES please explain in more detail on the subject in the additional space provided.

If you have any additional concerns, questions, or comments please annotate in the additional space provided.

PHYSICAL EXAMINATION SCHEDULE FOR FIREFIGHTERS

Examination	Frequency			Rationale	
Audiogram	Baseline	Annually	Termination	Exposure to noise above 84dBA TWA; NFPA 1582	Studies at most AF Fire Stations show noise exposure > 84 dBA standard
Health History	Baseline	Annually	Termination	Optimal Surveillance tool; NFPA 1582	The health history is probably the best screening and surveillance tool available
Ht, Weight, BMI, Vital signs	Baseline	Annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	Studies by Kales, et al for NIOSH showed BMI and hypertensive status best reflected fitness for duty
Spirometry	Baseline	Annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	Studies by Kales et al, under NIOSH grant recommended annual spirometry since inhalation of products of combustion is the most like acute and chronic problem for Fire Fighters
Visual Acuity and confrontational fields	Baseline	Annually		NFPA 1582	Longstanding fitness for duty issue for Fire Fighters
Workplace Exposure Summary	Baseline	Annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	These are for fitness for duty, for medical surveillance and screening. See NFPA 1582 (2000) and NIOSH pub 85-115.
Physical Examination	Baseline	then annually	Termination	NIOSH and NFPA recommendations	Indications would include significant change in weight, change in facial structure, or report of inadequate fit of respirator
Respirator Questionnaire/exam	Baseline	If indicated		OSHA recommendations	Titres or offer of vaccination. If vaccination declined, must be in writing
Hep B vaccine/titres	Baseline			OSHA recommendations	Only if likely to be exposed to contaminated water
Hep A vaccine/titres	Baseline			OSHA recommendations	Indication: exposure to blood or similar fluids at risk for HIV
HIV	Baseline	If indicated		OSHA recommendations	
ALT	Baseline	Q 5 yr till 40 then annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	Action point for LFT's would be 1.5 times the upper limit of normal for one test and any value above the normal range for the second test
CBC	Baseline	Q 5 yr till 40 then annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	Insignificant abnormals: minor deviations of shape and size or cells or mild leukocytosis without left shift
Dipstick urine for glucose	Baseline	then annually	Termination	Evidence Based FF Examinations (Harvard School of Public Health) recommendations	Most toxins will present with proximal tubule injury - > proteinuria and glycosuria. If glycosuria, must consider DM as well
Lipid Profile	Baseline	then annually		Evidence Based FF Examinations (Harvard School of Public Health) recommendations	
ECG	Baseline	then annually	Termination	NFPA recommendations	Little value except for baseline until age 40. Not a great screening test but useful in conjunction with lipid panel, especially at age 40 and above. Firefighters are at increased risk for coronary events after age 40. Use ECG in conjunction with lipid panel to assess risk. See AHA/ACC Assessment of Cardiovasc Risk by use of Multiple Risk Factor assessment functions (J Am College of Cardio. 1993; 24:1348-53)
Td vaccination	Check status at baseline	Booster q 10 yr		OSHA recommendations	
Full Urinalysis	Baseline			NFPA recommendations	
Chest X ray	Baseline			NFPA recommendations	
Periodic Exam	Age	18-39	40+		
Frequency		Every 5 yr	Every year		