Physician's Evaluation of Pregnant Firefighter

I hereby grant Dr._____, who is my attending physician for this pregnancy, permission to furnish the information requested below.

I am_____ or am not_____ a member of the Hazardous Materials Response Team.

_____ _____

Firefighter's signature: Date:

TO THE FIREFIGHTER: It is the policy of the XXX Fire Department to encourage pregnant fighters to continue their work as long as it is medically safe to do so. The XXX Fire Department may provide you with temporary reassignment with the Fire Department to non-firefighting functions through the end of your pregnancy with no loss of base salary or benefits, when the physician attending the firefighter's pregnancy determines that it is no longer medically safe for you to continue firefighting duties or you are no longer physically able to perform those duties. This evaluation must be completed by your attending physician for this pregnancy each time you visit your physician for pre-natal care, but no less frequently than monthly.

TO THE PHYSICIAN: Your patient is a firefighter. She works an average of 56 hours per week on 24-hour shifts. Here are examples of the work conditions typically encountered in firefighting work:

- An opportunity for (but no guarantee of) up to eight hours' sleep during nighttime on duty standby for alarms, with arousal from sleep and response expected within one and one-half minutes.
- Extremes of heat and cold (depending on the season and the nature of the emergency), as well as the potential for increased core body temperature during routine training and emergencies.
- Physical and emotional stress while working at fires, rescues, and medical emergencies
- Physical demands during emergencies that include crawling, climbing, reaching, pulling, pushing, lifting, bending, carrying, and that involved weights in the 50-pound range frequently and the 100-pound range occasionally
- A "protective equipment load" in fire emergencies of approximately 50-pounds (boots, turnout coat and bunker pants, helmet, gloves, protective hood and other safety equipment, including self-contained breathing apparatus worn on the firefighter's back and weighing approximately 35 pounds).
- Work in the presence of smoke, toxic fumes and other unknown hazardous materials with pulmonary and/or transdermal properties, while wearing protective breathing equipment and firefighter protective clothing. [Special note: If this firefighter is member of the XXX Fire

Department Hazardous Materials Response Team, she may respond more frequently to hazardous materials emergencies; on such calls, she is protected when required by "moon suit" type full body encapsulating suits with independent air supply.

It is the policy of the XXX Fire Department to encourage pregnant firefighters to continue their work as long as it is medically safe to do so. When it is no longer medically safe for a pregnant firefighter to continue firefighting work, the XXX Fire Department has a variety of options available, which may include temporary alternative duty assignment as available.

Please evaluate this pregnant firefighter and determine whether, as of the time of this evaluation, it is medically safe for her to continue firefighting work. Note that, as of the time of the initiation of this pregnancy, this firefighter was otherwise considered to be in appropriate physical condition (physically able) to do firefighting work.

Physician will check the appropriate statement and sign the form at the bottom where indicated.

_____ It is medically safe for this pregnant firefighter to continue firefighting work. I will review this finding at the firefighter's next medical examination on _____ (date).

_____ It is not medically safe for this pregnant firefighter to continue firefighting work. I recommend reassignment for this firefighter to temporary non-firefighting work to the end of this pregnancy, subject to the following physical limitations:

_____ _____

Attending physician's signature: Date: