

**Coconino Community College
Firefighter I & II FSC 180
Pre-Class Information and Check-Off Sheet**

Students who are enrolling in FSC 180 (Firefighter I and II) need to complete the following items that are included in the enrolment packet. Packets may be downloaded from the college's Fire Science Program Information Webpage. All students are required to complete the packet, along with required copies of certifications, and meet with the Fire Science Program Coordinator at the 4th Street Campus. Fire Science Program Coordinator will review packet with you for final approval and provide signed add slip for registration.

First night of class will start at 5:00pm (only first day).

SCBA fit testing is scheduled for first Wednesday of week. Students must be fit tested and have no facial hair to be enrolled in the program. Fit testing times may be adjusted outside of the normal class hours depending on the number of students enrolled and fit testing availability

✓ Check box when completed

✓	Hazardous Materials First Responder Awareness/Operations 24 Hours. _____ a. Must be IFSAC or ProBoard Accredited Course.
✓	EMT Completion: Arizona EMT card, National Registry card (can be expired) or course completion certificate _____
✓	Current CPR Card / BLS Provider, American Red Cross (can not be expired). No on-line classes accepted. _____
✓	Student Contact Information form completed. _____
✓	Insurance Waiver filled out and signed _____
✓	Medical Questionnaire fill out and signed _____
✓	Coconino Community College ID Card _____
✓	Please give student copy of this document and submit a copy with packet. _____
✓	Add/Drop form signed. _____

If you have any questions, please use the following contact information...

Torsten Palm/Lead Instructor

Joel Barnett/Fire Science Program Coordinator

Cell # 928-853-8210

Office # 928-526-7645

torsten.palm@coconino.edu

joel.barnett@coconino.edu

Coconino Community College
Fire Fighter I and II/FSC 180
Student Contact Information

Please Print

Full Name: _____

Cell Phone#: _____

Personal E-Mail Address: _____

Student CCC ID Number: _____

Fire Fighter I and II/FSC 180

EMERGENCY NOTIFICATION/INFORMATION FORM

Emergency Contact Information:

In case of emergency, notify:

Name of primary person to be notified

(____) _____
Home telephone

(____) _____
Cell telephone

Address City, State

Name of secondary person to be notified

(____) _____
Home telephone

(____) _____
Cell telephone

Address City, State

Health Insurance Information:

Insurance Company: _____

Policy holder's Member ID: _____

Policy holder's Group Number: _____

Insurance contact number: _____

Primary care physician: _____

Telephone number: _____

Fire Fighter I and II/FSC 180

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Student Name (Print): _____ **Date:** _____

- The answers to the questions in this questionnaire do not, necessarily, require a mandatory medical examination. Students may be required to conduct follow-up interviews with the evaluator and/or receive medical clearance from a physician, at their own expense.

To the student:

- Can you read (circle one) Yes No

If you have any questions about this questionnaire, please contact only the Lead Instructor for the class or Fire Science Program Coordinator Marc Goldberg, To maintain your confidentiality, you should turn this questionnaire over to: 1) Lead Instructor, 2) Fire Science Program Coordinator (Marc Goldberg). The Lead Instructor or Fire Science Program Coordinator will review your questionnaire with you.

Part A (Section 1) MANDATORY

- 1) Today's date: _____ / _____ / _____
- 2) Your name: _____
- 3) Your age: _____ (nearest year)
- 4) Sex: (circle one) Male / Female
- 5) Your height: _____ ft _____ inches
- 6) Your weight: _____ lbs
- 7) Your job title: Fire Fighter Student
- 8) Telephone number instructors can contact you at: (____) _____
- 9) Best time to contact you at the above number: _____

- 10) Have you written down the contact information for Lead Instructor and/or Program Coordinator from "Pre Class Information / Check Off Form"? Yes No

- 11) What type of respirator will you use?
Positive Pressure Self Contained Breathing Apparatus
Full Face Respirator
Supplied Air Respirator

- 12) Have you ever worn a respirator? (circle one) YES NO

If yes, what type? _____

Part A (Section 2) MANDATORY

- | | | |
|--|---|---|
| 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: | Y | N |
| 2. Have you ever had any of the following conditions? | | |
| Seizures: | Y | N |
| Diabetes: | Y | N |
| Allergic reactions that interfere with your breathing: | Y | N |
| Claustrophobia: | Y | N |
| Trouble smelling odors: | Y | N |
| 3. Have you ever had any of the following pulmonary or lung problems? | | |
| Asbestosis: | Y | N |
| Asthma: | Y | N |
| Chronic bronchitis: | Y | N |
| Emphysema: | Y | N |
| Pneumonia: | Y | N |
| Tuberculosis: | Y | N |
| Silicosis: | Y | N |
| Pneumothorax: | Y | N |
| Lung Cancer: | Y | N |
| Broken Ribs: | Y | N |
| Any chest injuries or surgeries: | Y | N |
| Any other lung problem that you have been told about: | Y | N |
| 4. Do you currently have any of the following symptoms of pulmonary lung disease? | | |
| Shortness of breath: | Y | N |
| Shortness of breath when walking on level ground or walking up a slight hill or incline: | Y | N |
| Shortness of breath when walking with other people at an ordinary pace on level ground: | Y | N |
| Have to stop for breath when walking at your own pace on level ground: | Y | N |
| Shortness of breath when washing or dressing yourself: | Y | N |
| Coughing that produces thick phlegm: | Y | N |
| Coughing that wakes you up early in the morning: | Y | N |
| Coughing that occurs mostly when you are lying down: | Y | N |
| Coughing up blood in the last month: | Y | N |
| Wheezing: | Y | N |
| Wheezing that interferes with your job: | Y | N |
| Chest pain when you breathe deeply: | Y | N |
| Any other symptoms that you feel may be related to lung problems: | Y | N |

5. Have you ever had any of the following cardiovascular or heart problems?
- | | | |
|---|---|---|
| Heart Attack: | Y | N |
| Angina: | Y | N |
| Heart Failure: | Y | N |
| Swelling in your legs and feet: (Not caused by walking) | Y | N |
| Heart arrhythmia: | Y | N |
| High blood pressure: | Y | N |
| Any other heart problems that you have been told about: | Y | N |

Explain: _____

6. Have you ever had any of the following cardiovascular or heart symptoms?
- | | | |
|--|---|---|
| Frequent pain or tightness in your chest: | Y | N |
| Pain or tightness in your chest during physical activity: | Y | N |
| Pain or tightness in your chest that interferes with your job: | Y | N |
| In the past two years have you noticed your heart skipping or missing a beat: | Y | N |
| Heartburn or indigestion that is not related to eating: | Y | N |
| Any other symptoms that you think may be related to heart or circulation problems: | Y | N |

Explain: _____

7. Do you currently take medicine for any of the following problems?
- | | | |
|-----------------------------|---|---|
| Breathing or lung problems: | Y | N |
| Heart trouble: | Y | N |
| Blood pressure: | Y | N |
| Seizures: | Y | N |

8. If you have used a respirator, have you ever had any of the following problems?
(If you have never used a respirator circle "NO Respirator Use")
- | | NO Respirator Use | Use |
|--|-------------------|-----|
| Eye irritation: | Y | N |
| Skin allergies or rashes: | Y | N |
| Anxiety: | Y | N |
| General weakness or fatigue: | Y | N |
| Any other problems that might interfere with your use of a respirator: | Y | N |

Explain: _____

9. Have you ever lost vision in either eye (temporally or permanently)
- | | | |
|--|---|---|
| | Y | N |
|--|---|---|

10. Do you currently have any of the following vision problems?
- | | | |
|-------------------------------------|---|---|
| Wear contacts: | Y | N |
| Wear glasses: | Y | N |
| Color blind: | Y | N |
| Any other eye or vision problem(s): | Y | N |

Explain: _____

11. Have you ever had an injury to your ears, including a broken ear drum? Y N

12. Do you currently have any of the following hearing problems?

Difficulty hearing: Y N

Wear a hearing aid: Y N

Any other hearing or ear problem: Y N

Explain: _____

13. Have you ever had a back injury? Y N

Explain: _____

14. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet: Y N

Back pain: Y N

Difficulty in fully moving your arms and legs: Y N

Pain or stiffness when you lean forward or backward at the waist: Y N

Difficulty in moving your head up and down: Y N

Difficulty bending at the knees: Y N

Difficulty squatting to the ground: Y N

Climbing a flight of stairs or a ladder carrying more than 25 pounds: Y N

Any other muscle or skeletal problems that may interfere with using a respirator: Y N

Explain: _____

Student Signature: _____

Print Signature: _____

Date: _____

Reviewed by:

Lead Instructor/Program Coordinator: _____

Print Signature: _____



COCONINO COMMUNITY COLLEGE
2800 S. Lone Tree Rd.
Flagstaff, AZ 86005

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

The Coconino County Community College District is a public educational institution. References to Coconino County Community College ("College") includes its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ FSC 180 FF I and II (henceforth referred to as the "Class"). In consideration of my participation in this Class, I agree as follows:

RISKS INVOLVED IN CLASS: (Specific dangers endemic in this Class's activity.)

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Class. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Class, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the College and me. I release the College, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Class, as well as any medical treatment decision or recommendation made by an employee or agent of the College. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Class, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Class.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Class. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Class Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date

Instructor _____

Date

Any vehicle left on the campus after business hours, during the field trip must be listed below

VEHICLE MAKE:	VEHICLE MODEL:	VEHICLE COLOR:
LICENSE PLATE #:	STATE:	CCC PERMIT#: