



County of Fauquier

Department of Fire, Rescue and Emergency Management

78 W. Lee St., Suite 101
Warrenton, VA. 20186
Phone (540) 347-6995 Fax (540) 347-6999



Thomas Billington
Fire Rescue Chief
thomas_billington@fauquiercounty.gov

Darren L. Stevens
Asst. Chief/Deputy Fire Marshal
darren.stevens@fauquiercounty.gov

MEDICAL SERVICES, CONTRACT #09-06C

Please contact Christa Brown or Lynne Clegg at 540-347-6995 with any questions regarding scheduling, invoicing or related questions for the Department of Fire, Rescue & Emergency Management Physicals.

Physicians:

Countryside Family Practice, 364-1581, Account # _____
8255 East Main Street, P.O. Box 337, Marshall, VA 20116

The undersigned individual is being sent to your office for the medical service indicated.

Please provide services solely based on the forms attached: any deviation from services, or testing/services provided above and beyond what the form specifically requires, will not be paid for unless prior authorization is received from the billing department listed above.

Invoices for services rendered must be based on the contract prices on file, and sent directly to the department listed above for payment, which will occur within forty-five (45) days from date of service or receipt of accurate invoice, whichever occurs later. **The attached Physician's Certification is due within twenty-four hours of services rendered to the Department and address listed above. The test results are to be sent to the Patient's attention in a separate sealed envelope also to the Department and address listed above.**

Type of Service Provided: _____ Pre-Employment Physical _____ Annual Physical
(Check one)

Patient's Name: _____

Date/Time of Appointment: _____

As the Department/Agency listed above is paying for these services, completed forms are not to be sent out with the patient. Any and all invoices and correspondence relating to this service should be sent to the agency specified on the letterhead that appears above. Thank you for your assistance and cooperation.

PHYSICIAN'S CERTIFICATION

TO: Department of Fire, Rescue and Emergency Management

FROM: _____
Physician's Name

SUBJECT: _____
Applicant's/Employee's Name

SS#: _____

POSITION TITLE: _____

I certify that I have examined the above named applicant/employee, and after reviewing all the results of the physical; examination, and lab and/or drug tests, _____ (name of applicant/employee) is able _____ not able _____ to participate in the duties of the position noted above with/without restrictions.

Comments:

Signature of Physician

Date

FAUQUIER COUNTY DEPARTMENT OF FIRE, RESCUE AND EMERGENCY MANAGEMENT
 PRE-EMPLOYMENT MEDICAL SCREENING
 AND PHYSICAL EXAMINATION FORM

SECTION II-PHYSICAL EXAM (Phase I)

Name: _____ Social Security: _____
 Dept/Position _____ Date of Birth: _____

Height: _____ Weight: _____ Waist Measurement: _____
 Blood Pressure: _____/_____ Pulse: _____

Vision: Without Glasses	With Glasses	Hearing
Right _____	_____	_____
Left _____	_____	_____

Body Fat Composition: _____ Risko-Points: _____ Category: _____

* Anterior Chest X-Ray completed: _____ Spirometry completed: _____

Laboratory Work Completed: CBC _____ Urinalysis _____
 Lipid Profile _____ Blood Chem. Analysis _____
 Drug Screen _____ HIV _____

**12-Lead EKG/Stress Test: _____ TB Skin Test (PPD) _____

	Normal	Abnormal		Normal	Abnormal
Skin/Scars			Vessels		
Head/Neck			Abdomen		
Nose/Sinuses			Joints		
Teeth/Gums			Extremities		
Mouth/Throat			Neurological		
Glands			Genito-Urinary		
Thyroids			Hernia		
Eyes			Varicosities		
Ears			Spine		
Chest			Rectal		
Lungs			Pelvic		
Heart					

Details of Abnormal Findings:

*Chest X-Ray, if normal previous year, every third year or at Physician's discretion.

**Stress test, if normal previous year, every third year or at Physician's discretion.

FAUQUIER COUNTY DEPARTMENT OF FIRE, RESCUE AND EMERGENCY MANAGEMENT
PRE-EMPLOYMENT MEDICAL SCREENING
AND PHYSICAL EXAMINATION FORM

SECTION III-PHYSICAL EXAM (Phase II) –To be completed by Physician only.

This individual has been advised of the findings of this examination and he/she has _____/has not _____ been advised to consult his/her physician concerning:

Date: _____

Signature of Examining Physician

Name of Employee/Applicant

**FAUQUIER COUNTY DEPARTMENT OF FIRE, RESCUE AND EMERGENCY MANAGEMENT
PRE-ENROLLMENT MEDICAL SCREENING
AND PHYSICAL EXAMINATION FORM**

NAME: _____

STATION: _____

BIRTHDATE ____/____/____

SS#: _____

Section I-Past Medical History

Check the appropriate box for each question and compare the responses with notes below.

QUESTIONS	YES	NO
1. Have you ever or do you smoke cigarettes, cigars or a pipe? If yes, how long? _____ How much? _____		
2. Have you ever or do you now use snuff or chew tobacco? If yes, how long? _____ How much? _____		
3. Have you ever been told you have high blood pressure?		
4. Has your blood pressure ever been elevated? If yes, have you ever taken blood pressure medication or followed a low sodium diet?		
5. Do you know your blood cholesterol level? If so, has it ever been greater than 230 mg/dl? _____		
6. Have you ever been treated for an elevated cholesterol level with medication or dietary changes?		
7. Have you ever been told that your blood sugar was elevated? If yes, do you take medication or follow a special diet?		
8. Do you have diabetes mellitus?		
9. Has any first degree (father, mother, brother, or sister) ever been diagnosed with coronary artery disease, angina or heart attack prior to age 60?		
10. Have you ever or do you currently use alcohol? If yes, how often and in what quantity?		
11. Have you ever been advised by a medical professional to reduce your alcohol consumption?		
12. Have you ever worked in a shipyard as a brake mechanic or nickel/uranium miner?		
13. Has a dentist ever told you that you have leukoplakia or a pre-cancerous mouth/gum lesion?		
14. Have you ever had leukemia?		
15. Have you ever been exposed to benzene?		
16. Have you ever had radiation or exposure?		
17. Do you have a history of ulcerative colitis?		
18. Do you have a history of crohn's disease?		
19. Have you ever had cancer?		
20. Do you have a family history of leukemia?		
21. Have you ever been anemic?		
22. Have you ever had polycythemia vera?		
23. Have you ever had colonic polyps removed? What type? _____		
24. Is there a family history of colo-rectal cancer under the age of 35?		

25. Have you ever had bright red blood in the stool?		
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Exhibit 2

RISKO: Heart Disease Risk Profile

RISKO is a heart disease risk profile that has been shown as a valid predictor of the likelihood of cardiovascular disease. The purpose of this process is to provide an estimate of the chances of an individual suffering from a heart attack. Certain pre-existing conditions (that are detected by the pre-enrollment medical screening) prohibit strenuous exercise. Precaution should be taken to ensure that only healthy, well-fit individuals are involved in the duties relates with these positions.

The RISKO analysis can be determined by use of the RISKO chart. The left hand column of squares represent RISKO FACTORS. The rows from left to right represent the increase in each risk factor. These are medical conditions and habits associated with an increased danger of heart attack. To determine the risk, study each RISK FACTOR and its row. Find the box applicable to the individual and circle the large number in it. For example, if the candidate is 37, circle the number in the box labeled 31-40. After completing all of the rows, add the circled numbers. This total is an estimate of the risk.

HEREDITY-Count parents, grandparents and siblings who have had heart attacks and/or strokes.

TOBACCO SMOKING-If you smoke a cigarette and inhale deeply, add one to your classification. Do not subtract because you think you do not inhale or smoke only one half of a cigarette.

EXERCISE-Lower you score one point if you exercise regularly and frequently.

- If your score is:
- 6-11 Risk well below average
 - 12-17 Risk below average
 - 18-24 Risk generally average

 - 25-31 Risk above average
 - 32-40 Risk dangerous
 - 41-62 Risk very dangerous

*If a candidate scores 25 or higher they present an elevated risk for heart attack.

Exhibit 2

RISKO CHART

AGE	10 TO 20	21 TO 30	31 TO 40	41 TO 50	51 TO 60	61 TO 70 AND OVER
HEREDITY	No known history of heart diseases	1 relative with cardiovascular disease over 60	2 relatives with cardiovascular disease over 60	1 relative with cardiovascular disease under 60	2 relatives with cardiovascular disease under 60	3 relatives with cardiovascular disease under 60
WEIGHT	More than 5 lbs. below standard weight	-5 to +6 lbs. standard weight	6-20 lbs. overweight	21-35 lbs. overweight	36-50 lbs. overweight	36-50 lbs. overweight
TOBACCO SMOKING	Non-User	Cigar and/or pipe	10 cigarettes or less a day	20 cigarettes a day	30 cigarettes a day	40 cigarettes or more a day
EXERCISE	Intensive occupational and recreational exertion	Moderate occupational and recreational exertion	Sedentary and intense recreational exertion	Sedentary work and moderate recreational exertion	Sedentary and light recreational exertion	Complete lack of all exertion
CHOLESTEROL OR FAT % IN DIET	Cholesterol below 180 mg. % Diet contains no animal or solid fats	Cholesterol 181-205 mg. % Diet contains 10 % animal or solid fats	Cholesterol 206-230 mg. % Diet contains 20 % animal or solid fats	Cholesterol 231-255 mg. % Diet contains 30 % animal or solid fats	Cholesterol 256-280 mg. % Diet contains 40 % animal or solid fats	Cholesterol 281-300 mg % Diet contains 50 % animal or solid fats
BLOOD PRESSURE	100 upper reading	120 upper reading	140 upper reading	160 upper reading	180 upper reading	200 or higher upper reading
SEX	Female under 40	Female 40-50	Female over 50	Male	Stocky Male	Bald, stocky male

Exhibit 3**Ideal Weight Span****MALE**

HEIGHT	AGE GROUPS					
No Shoes	21-24	25-29	30-39	40-49	50-59	60-63
5'5"	137-158	143-166	149-173	153-177	154-178	151-169
5'6"	141-162	147-170	153-177	157-181	158-182	155-173
5'7"	145-166	151-174	157-181	161-185	162-186	159-177
5'8"	149-171	155-178	161-185	165-190	166-191	163-187
5'9"	153-176	159-183	165-190	163-194	170-196	168-193
5'10"	157-181	163-187	170-196	174-200	174-201	173-199
5'11"	161-185	167-193	174-200	178-205	180-207	178-205
6'0"	166-191	172-198	179-206	183-210	185-213	183-210
6'1"	170-196	177-204	182-210	187-215	189-217	188-216
6'2"	174-200	182-209	188-216	192-221	194-223	193-222
6'3"	178-205	186-214	193-222	197-227	199-229	198-228
6'4"	181-208	190-219	199-229	203-233	205-236	204-235
6'5"	214	224	235	235	242	241
6'6"	222	229	241	245	248	247
6'7"	228	234	247	251	254	253
6'8"	234	239	253	257	260	259
6'9"	240	244	259	263	266	265

FEMALE

HEIGHT	AGE GROUPS					
No Shoes	21-24	25-29	30-39	40-49	50-59	60-63
5'2"	115-132	119-137	126-145	133-153	136-156	137-158
5'3"	118-136	122-140	129-148	136-156	140-161	141-162
5'4"	121-139	125-144	132-152	140-161	144-166	145-167
5'5"	125-144	129-148	135-155	143-164	148-170	149-171
5'6"	129-148	133-153	139-160	147-169	152-175	153-176
5'7"	132-152	136-156	142-163	151-174	156-179	157-181
5'8"	136-156	140-161	146-168	155-178	160-184	161-185
5'9"	140-161	144-166	150-173	159-183	164-189	165-190
5'10"	144-166	148-170	154-177	164-189	169-194	169-194
5'11"	149-171	153-176	159-183	169-194	174-200	173-198
6'0"	154-177	158-182	164-189	174-200	180-207	177-205
6'1"	158-181	162-186	168-193	178-204	187-210	184-211
6'2"	162-185	166-190	170-201	180-280	180-210	180-212

6'3"	164-189	170-194	174-205	185-213	185-214	184-213
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Exhibit 4, Table 1

BODY COMPOSITION TABLE

		WAIST (INCHES)																		
		26.0	26.5	27.0	27.5	28.0	28.5	29.0	29.5	30.0	30.5	31.0	31.5	32.0	32.5	33.0	33.5	34.0	34.5	35.0
HEIGHT (INCHES)	77	1.6	2.4	3.2	3.9	4.7	5.5	6.2	7.0	7.8	8.5	9.3	10.1	10.8	11.6	12.4	13.1	13.9	14.7	15.5
	76	1.9	2.7	3.5	4.2	5.0	5.8	6.5	7.3	8.1	8.8	9.6	10.4	11.1	11.9	12.7	13.4	14.2	15.0	15.8
	75	2.2	3.0	3.8	4.5	5.3	6.1	6.8	7.6	8.4	9.1	9.9	10.7	11.4	12.2	13.0	13.8	14.5	15.3	16.1
	74	2.5	3.3	4.1	4.8	5.6	6.4	7.1	7.9	8.7	9.4	10.2	11.0	11.7	12.5	13.3	14.1	14.8	15.6	16.4
	73	2.8	3.6	4.4	5.1	5.9	6.7	7.4	8.2	9.0	9.7	10.5	11.3	12.1	12.8	13.6	14.4	15.1	15.9	16.7
	72	3.1	3.9	4.7	5.4	6.2	7.0	7.7	8.5	9.3	10.0	10.8	11.6	12.4	13.1	13.9	14.7	15.4	16.2	17.0
	71	3.4	4.2	5.0	5.7	6.5	7.3	8.0	8.8	9.6	10.4	11.1	11.9	12.7	13.4	14.2	15.0	15.7	16.5	17.3
	70	3.7	4.5	5.3	6.0	6.8	7.6	8.3	9.1	9.9	10.7	11.4	12.2	13.0	13.7	14.5	15.3	16.0	16.8	17.6
	69	4.0	4.8	5.6	6.3	7.1	7.9	8.7	9.4	10.2	11.0	11.7	12.5	13.3	14.0	14.8	15.6	16.3	17.1	17.9
	68	4.3	5.1	5.9	6.6	7.4	8.2	9.0	9.7	10.5	11.3	12.0	12.8	13.6	14.3	15.1	15.9	16.6	17.4	18.2
	67	4.6	5.4	6.2	6.9	7.7	8.5	9.3	10.0	10.8	11.6	12.3	13.1	13.9	14.6	15.4	16.2	16.9	17.7	18.5
	66	4.9	5.7	6.5	7.3	8.0	8.8	9.6	10.3	11.1	11.9	12.6	13.4	14.2	14.9	15.7	16.5	17.2	18.0	18.8
	65	5.2	6.0	6.8	7.6	8.3	9.1	9.9	10.6	11.4	12.2	12.9	13.7	14.5	15.2	16.0	16.8	17.5	18.3	19.1
	64	5.6	6.3	7.1	7.9	8.6	9.4	10.2	10.9	11.7	12.5	13.2	14.0	14.8	15.5	16.3	17.1	17.8	18.6	19.4
	63	5.9	6.6	7.4	8.2	8.9	9.7	10.5	11.2	12.0	12.8	13.5	14.3	15.1	15.8	16.6	17.4	18.1	18.9	19.7
	62	6.2	6.9	7.7	8.5	9.2	10.0	10.8	11.5	12.3	13.1	13.8	14.6	15.4	16.1	16.9	17.7	18.4	19.2	20.0
	61	6.5	7.2	8.0	8.8	9.5	10.3	11.1	11.8	12.6	13.4	14.1	14.9	15.7	16.4	17.2	18.0	18.8	19.5	20.3
	60	6.8	7.5	8.3	9.1	9.8	10.6	11.4	12.1	12.9	13.7	14.4	15.2	16.0	16.7	17.5	18.3	19.1	19.8	20.6
	59	7.1	7.8	8.6	9.4	10.1	10.9	11.7	12.4	13.2	14.0	14.7	15.5	16.3	17.1	17.8	18.6	19.4	20.1	20.9
	58	7.4	8.1	8.9	9.7	10.4	11.2	12.0	12.7	13.5	14.3	15.0	15.8	16.6	17.4	18.1	18.9	19.7	20.4	21.2
57	7.7	8.4	9.2	10.0	10.7	11.5	12.3	13.0	13.8	14.6	15.4	16.1	16.9	17.7	18.4	19.2	20.0	20.7	21.3	
56	8.0	8.7	9.5	10.3	11.0	11.8	12.6	13.3	14.1	14.9	15.7	16.4	17.2	18.0	18.7	19.3	20.3	21.0	21.8	
55	8.3	9.0	9.8	10.6	11.3	12.1	12.9	13.7	14.4	15.2	16.0	16.7	17.5	18.3	19.0	19.8	20.6	21.3	22.1	
54	8.6	9.3	10.1	10.9	11.6	12.4	13.2	14.0	14.7	15.5	16.3	17.0	17.8	18.6	19.3	20.1	20.9	21.6	22.4	
53	8.9	9.6	10.4	11.2	11.9	12.7	13.5	14.3	15.0	15.8	16.6	17.3	18.1	18.9	19.6	20.4	21.2	21.9	22.7	
52	9.2	9.9	10.7	11.5	12.3	13.0	13.8	14.6	15.3	16.1	16.9	17.6	18.4	19.2	19.9	20.7	21.5	22.2	23.0	
51	9.5	10.2	11.0	11.8	12.6	13.3	14.1	14.9	15.6	16.4	17.2	17.9	18.7	19.5	20.2	21.0	21.8	22.5	23.3	
50	9.8	10.6	11.3	12.1	12.9	13.6	14.4	15.2	15.9	16.7	17.5	18.2	19.0	19.8	20.5	21.3	22.1	22.8	23.6	
49	10.1	10.9	11.6	12.4	13.2	13.9	14.7	15.5	16.2	17.0	17.8	18.5	19.3	20.1	20.8	21.6	22.4	23.1	23.9	
48	10.4	11.2	11.9	12.7	13.5	14.2	15.0	15.8	16.5	17.3	18.1	18.8	19.6	20.4	21.1	21.9	22.7	23.4	24.2	

BODY COMPOSITION TABLE (CONTINUED)

		WAIST (INCHES)																		
HEIGHT (INCHES)		35.5	36.0	36.5	37.0	37.5	38.0	38.5	39.0	39.5	40.0	40.5	41.0	41.5	42.0	42.5	43.0	43.5	44.0	
	77	16.2	17.0	17.8	18.5	19.3	20.1	20.8	21.6	22.4	23.1	23.9	24.7	25.4	26.2	27.0	27.7	28.5	29.3	
	76	16.5	17.3	18.1	18.8	19.6	20.4	21.1	21.9	22.7	23.4	24.2	25.0	25.7	26.5	27.3	28.0	28.8	29.6	
	75	16.8	17.6	18.4	19.1	19.9	20.7	21.4	22.2	23.0	23.7	24.5	25.3	26.0	26.8	27.6	28.4	29.1	29.9	
	74	17.1	17.9	18.7	19.4	20.2	21.0	21.7	22.5	23.3	24.0	24.8	25.6	26.3	27.1	27.9	28.7	29.4	30.5	
	73	17.4	18.2	19.0	19.7	20.5	21.3	22.0	22.8	23.6	24.3	25.1	25.9	26.7	27.4	28.2	29.0	29.7	30.5	
	72	17.7	18.5	19.3	20.0	20.8	21.6	22.3	23.1	23.9	24.6	25.4	26.2	27.0	27.7	28.5	29.3	30.0	30.8	
	71	18.0	18.8	19.6	20.3	21.1	21.9	22.6	23.4	24.2	24.9	25.7	26.5	27.3	28.0	28.8	29.6	30.3	31.1	
	70	18.3	19.1	19.9	20.6	21.4	22.2	22.9	23.7	24.5	25.3	26.0	26.8	27.6	28.3	29.1	29.9	30.6	31.4	
	69	18.6	19.4	20.2	20.9	21.7	22.5	23.2	24.0	24.8	25.6	26.3	27.1	27.9	28.6	29.4	30.2	30.9	31.7	
	68	18.9	19.7	20.5	21.2	22.0	22.8	23.6	24.3	25.1	25.9	26.6	27.4	28.2	28.9	29.7	30.5	31.2	32.0	
	67	19.2	20.0	20.8	21.5	22.3	23.1	23.9	24.6	25.4	26.2	26.9	27.7	28.5	29.2	30.0	30.8	31.5	32.5	
	66	19.5	20.3	21.1	21.9	22.6	23.4	24.2	24.9	25.7	26.5	27.2	28.0	28.8	29.5	30.3	31.1	31.8	32.6	
	65	19.8	20.6	21.4	22.2	22.9	23.7	24.5	25.2	26.0	26.8	27.5	28.3	29.1	29.8	30.6	31.4	32.1	32.9	
	64	20.9	21.7	22.5	22.5	24.0	24.8	24.8	25.5	26.3	27.1	27.8	29.4	30.1	30.9	31.7	32.4	33.2	33.2	
	63	20.5	21.2	22.0	22.8	23.5	24.3	25.1	25.8	26.6	27.4	28.1	28.9	29.7	30.4	31.2	32.0	32.7	33.5	
	62	20.8	21.5	22.3	23.1	23.8	24.6	25.4	26.1	26.9	27.7	28.4	29.2	30.0	30.7	31.5	32.3	33.0	33.8	
	61	21.1	21.8	22.6	23.4	24.1	24.9	25.7	26.4	27.2	28.0	28.7	29.5	30.3	31.0	31.5	32.6	33.4	34.1	
	60	21.4	22.1	22.9	23.7	24.4	25.2	26.0	26.7	27.5	28.3	29.0	29.8	30.6	31.3	32.1	32.9	33.7	34.4	
	59	21.7	22.4	23.2	24.0	24.7	25.5	26.3	27.0	27.8	28.6	29.3	30.1	30.9	31.7	32.4	33.2	34.0	34.7	
	58	22.0	22.7	23.5	24.3	25.0	25.8	26.6	27.3	28.1	28.9	29.6	30.4	32.2	32.0	32.7	33.5	34.3	35.0	
	57	22.3	23.0	23.8	24.6	25.3	26.1	26.9	27.6	28.4	29.2	29.9	30.7	31.5	32.3	33.0	33.8	34.6	25.3	
	56	22.6	23.3	24.1	24.9	25.6	26.4	27.2	27.9	28.7	29.3	30.3	31.0	31.8	32.6	33.3	34.1	34.9	35.6	
	55	22.9	23.6	24.4	25.2	25.9	26.7	27.5	28.2	29.0	29.8	30.6	31.3	32.1	32.9	33.6	34.4	35.2	35.9	
54	23.2	23.9	24.7	25.5	26.2	27.0	27.8	28.6	29.3	30.1	30.9	31.6	32.4	33.2	33.9	34.7	35.5	36.2		
53	23.5	24.2	25.0	25.8	26.5	27.3	28.1	28.9	29.6	30.4	31.2	31.9	32.7	33.5	34.2	35.0	35.8	36.5		
52	23.8	24.5	25.3	26.1	26.9	27.6	28.4	29.2	29.9	30.7	31.5	32.2	33.0	33.8	34.5	35.3	36.1	36.8		
51	24.1	24.8	25.6	26.4	27.2	27.9	28.7	29.5	30.2	31.0	31.8	32.5	33.3	34.1	34.8	35.6	36.4	37.1		
50	24.4	25.2	25.9	26.7	27.5	28.2	29.0	29.8	30.5	31.3	32.1	32.8	33.6	34.4	35.1	35.9	36.7	37.4		
49	24.7	25.5	26.2	27.0	27.8	28.5	29.3	30.1	30.8	31.6	32.4	33.1	33.9	34.7	35.4	36.2	37.0	37.7		
48	25.0	25.8	26.5	27.3	28.1	28.8	29.6	30.4	31.1	31.9	32.7	33.4	34.2	35.0	35.7	36.5	37.3	38.0		

Table 2

HOW TO DETERMINE OPTIMUM BODY WEIGHT FOR MALES

- Step 1:** Consult Table 1 for your body fat percentage.
- Step 2:** Multiply your total body weight by this percentage.
Example: 175 pounds at 16% fat = 175 x 16 = 28 pounds of fat.
- Step 3:** Subtract the fat weight (pounds of fat) from the total body weight.
Example: 175 – 28 = 147 pounds of lean weight
- Step 4:** Calculate your optimum body fat ratio at 20%.
Example: lean body weight ÷ .80
147 ÷ .80 = 183

THIS IS YOUR OPTIMUM BODY WEIGHT