



# FDNY BUREAU OF HEALTH SERVICES

## CANDIDATE MEDICAL DISCLOSURE - BHS FORM 1A

NAME: \_\_\_\_\_ CIVIL SERVICE TITLE: \_\_\_\_\_  
 EXAM NO: \_\_\_\_\_ LIST NO: \_\_\_\_\_

### INSTRUCTIONS

Carefully read all items listed below. Check "Yes" if you have *ever had* the condition, illness, medical procedure, or status for each item listed below. Check "No" if, to the best of your knowledge, you have *never had* the condition, illness, medical procedure or status for each item listed below. Where you have checked "Yes" to an item, indicate the number of the item on page 3 of this form, and provide an explanation. Where an item contains an asterisk (\*), an additional explanation has been provided. Neatly print your name at the bottom of each page, where indicated.

| No.                                       | ITEM                                | YES | NO |
|---|-------------------------------------|-----|----|
| <b>Head and Neck</b>                      |                                     |     |    |
| 1   | Neck Impairment                     |     |    |
| 2   | Skull Deformity                     |     |    |
| 3   | Other Head or Skull Condition       |     |    |
| 4   | Other Neck Condition                |     |    |
| <b>Eyes and Vision</b>                    |                                     |     |    |
| 5   | Color Blindness                     |     |    |
| 6   | Eye Glasses/Contact Lenses          |     |    |
| 7   | Other Eye/Vision Condition          |     |    |
| <b>Ears and Hearing</b>                   |                                     |     |    |
| 8   | Chronic Vertigo or Impaired Balance |     |    |
| 9   | Hearing Impairment                  |     |    |
| 10  | Recurrent Ear Infection             |     |    |
| 11  | Ruptured Eardrum                    |     |    |
| 12  | Other Ear or Hearing Condition      |     |    |
| <b>Dental</b>                             |                                     |     |    |
| 13  | Dental Disease                      |     |    |
| 14  | Dental Insert                       |     |    |
| 15  | Other Dental Condition              |     |    |
| <b>Nose, Throat, Esophagus and Larynx</b> |                                     |     |    |
| 16  | Muteness or Speech Impairment       |     |    |
| 17  | Nasal Illness                       |     |    |
| 18  | Nose Bleeding                       |     |    |
| 19  | Sinusitis*                          |     |    |
| 20  | Other Nasal or Vocal Condition      |     |    |
| 21  | Other Sinus Condition               |     |    |
| <b>Lungs and Chest</b>                    |                                     |     |    |
| 22  | Asthma - Childhood or Adult         |     |    |
| 23  | Bleeding in Lungs or Windpipe       |     |    |
| 24  | Chronic Bronchitis                  |     |    |
| 25  | Hayfever/Seasonal Allergies         |     |    |
| 26  | Pleurisy*                           |     |    |
| 27  | Pneumonia*                          |     |    |
| 28  | Tracheostomy*                       |     |    |
| 29  | Tuberculosis*                       |     |    |
| 30  | Other Lung or Breathing Condition   |     |    |

| No.   | ITEM                                    | YES | NO |
|---|---|-----|----|
| <b>Heart and Vascular System</b>                    |   |     |    |
| 31  | Blood Pressure Abnormality              |     |    |
| 32  | Cardiac Pacemaker                       |     |    |
| 33  | Cardiomyopathy*                         |     |    |
| 34  | Coronary Artery Disease                 |     |    |
| 35  | Heart Murmur                            |     |    |
| 36  | Varicose Veins                          |     |    |
| 37  | Other Heart or Circulatory Condition    |     |    |
| <b>Abdominal Organs and Gastrointestinal System</b> |   |     |    |
| 38  | Abdominal Hernia                        |     |    |
| 39  | Abdominal Ulcers                        |     |    |
| 40  | Blood in Stool                          |     |    |
| 41  | Gallbladder condition                   |     |    |
| 42  | Gastroesophageal Reflux Disease (GERD)* |     |    |
| 43  | Gastrointestinal Bleeding               |     |    |
| 44  | Hemorrhoids                             |     |    |
| 45  | Other Abdominal or Intestinal Condition |     |    |
| <b>Reproductive System</b>                          |   |     |    |
| 46  | Pregnancy (for women)                   |     |    |
| 47  | Sexually Transmitted Disease            |     |    |
| 48  | Testicular Disease (for men)            |     |    |
| 49  | Undescended Testicle* (for men)         |     |    |
| 50  | Other Genital or Reproductive Condition |     |    |
| <b>Urinary System</b>                               |   |     |    |
| 51  | Abnormal Levels of Albumin*             |     |    |
| 52  | Blood in Urine                          |     |    |
| 53  | Dialysis                                |     |    |
| 54  | Nocturnal Urination/Bedwetting          |     |    |
| 55  | Sugar in Urine                          |     |    |
| 56  | Other Urinary or Kidney Condition       |     |    |
| <b>Spine and Axial Skeleton</b>                     |   |     |    |
| 57  | Back Pain                               |     |    |

CANDIDATE NAME: \_\_\_\_\_

| No.                                   | ITEM  | YES | NO |
|---------------------------------------|---|-----|----|
| 58                                    | Bone Hardware such as metal plate or rods   |     |    |
| 59                                    | Broken Bone(s)  |     |    |
| 60                                    | Scoliosis*  |     |    |
| 61                                    | Surgery Involving Fusion of Vertebrae   |     |    |
| 62                                    | Other Spinal or Bone Condition  |     |    |
| <b>Extremities</b>                    |   |     |    |
| 63                                    | Amputation  |     |    |
| 64                                    | Arthritis/Bursitis*   |     |    |
| 65                                    | Cartilage* Condition  |     |    |
| 66                                    | Condition in hips, legs, feet, arms or hands                                      |     |    |
| 67                                    | Flat Feet   |     |    |
| 68                                    | Joint Surgery   |     |    |
| 69                                    | Joint Replacement   |     |    |
| 70                                    | Restless Leg Syndrome   |     |    |
| 71                                    | Other Joint Condition   |     |    |
| <b>Neurological Disorders</b>         |   |     |    |
| 72                                    | Amyotrophic lateral sclerosis* (ALS)  |     |    |
| 73                                    | Epilepsy/Seizures   |     |    |
| 74                                    | Fainting, Blackouts or Loss of Consciousness                                      |     |    |
| 75                                    | Head Injury   |     |    |
| 76                                    | Lack of muscle control  |     |    |
| 77                                    | Muscle Spasms   |     |    |
| 78                                    | Muscular Dystrophy or other Muscular Disorder                                     |     |    |
| 79                                    | Numbness  |     |    |
| 80                                    | Paralysis   |     |    |
| 81                                    | Poliomyelitis* (Polio)  |     |    |
| 82                                    | Repeated Headaches  |     |    |
| 83                                    | Sleepwalking  |     |    |
| 84                                    | Stroke  |     |    |
| 85                                    | Other Neuromuscular Condition, such as Parkinson's Disease or Multiple Sclerosis* |     |    |
| 86                                    | Other Neurologic or Nervous System Condition                                      |     |    |
| <b>Skin</b>                           |   |     |    |
| 87                                    | Any Skin Condition  |     |    |
| <b>Blood and Blood Forming Organs</b> |   |     |    |
| 88                                    | Anemia  |     |    |
| 89                                    | Any Liver Condition, including Hepatitis or Jaundice                              |     |    |
| 90                                    | Bleeding disorders  |     |    |
| 91                                    | Blood clotting disorders  |     |    |
| 92                                    | Cirrhosis*  |     |    |
| 93                                    | Enlarged Spleen   |     |    |

| No.   | ITEM  | YES | NO |
|---|---|-----|----|
| 94  | Sickle Cell Disease   |     |    |
| 95  | Other blood conditions  |     |    |
| <b>Endocrine and Metabolic Disorders</b>          |   |     |    |
| 96  | Diabetes  |     |    |
| 97  | Thyroid Condition   |     |    |
| 98  | Other Metabolic condition   |     |    |
| <b>Systemic and Miscellaneous Conditions</b>      |   |     |    |
| 99  | Dermatomyositis*  |     |    |
| 100   | Scleroderma   |     |    |
| 101   | Systemic lupus erythematosus  |     |    |
| <b>Tumors and Malignant Diseases</b>              |   |     |    |
| 102   | Cancer  |     |    |
| 103   | Cysts   |     |    |
| 104   | Malignant Diseases  |     |    |
| 105   | Tumors  |     |    |
| <b>Psychiatric Conditions</b>                     |   |     |    |
| 106   | Nervousness   |     |    |
| 107   | Prior Psychiatric Evaluation  |     |    |
| 108   | Other Psychiatric condition   |     |    |
| <b>Alcohol, Chemicals, Drugs and Medications</b>  |   |     |    |
| 109   | Alcohol Use   |     |    |
| 110   | Medication(s)   |     |    |
| 111   | Narcotic Substance  |     |    |
| 112   | Substance Addiction   |     |    |
| 113   | Tobacco Use   |     |    |
| <b>Other</b>                                      |   |     |    |
| 114   | Allergies   |     |    |
| 115   | Any Surgery   |     |    |
| 116   | Hospitalization for any reason  |     |    |
| 117   | Malaria   |     |    |
| 118   | Rheumatic Fever*  |     |    |
| 119   | Sleep Disorder  |     |    |
| 120   | Other (Describe Below)  |     |    |
| <b>Prior Claim or Determination of Disability</b> |   |     |    |
| 121   | Certified by the US Veteran's Administration as Disabled                        |     |    |
| 122   | Commenced Litigation in Which a Disability was Claimed                          |     |    |
| 123   | Disqualified from any other Employment due to a medical or psychological reason |     |    |
| 124   | Disqualified from Military Service for any medical or psychological reason      |     |    |
| 125   | Recipient of Any Benefit, Pension or Monetary Award Due Claimed Disability      |     |    |

#### Additional Explanation

(The following is not intended to be medical advice. Candidates are encouraged to consult with their primary care providers.)

**Albumin** is a protein made by the liver. Abnormal amounts of may be a sign of liver disease.

**Amyotrophic lateral sclerosis (ALS)**, is a disease of the nerve cells in the brain and spinal cord that control voluntary muscle movement.

**Arthritis/Bursitis** are medical conditions that can cause joint pain, among other symptoms.

**Cardiomyopathy** is the measurable deterioration of the function of the myocardium (the heart muscle) for any reason, usually leading to heart failure; common symptoms are dyspnea (breathlessness) and peripheral edema (swelling of the legs).

**Cartilage** is tissue that is generally found in the joint area of the body and assist with flexibility.

**Additional Explanation (continued)**

**Cirrhosis** is scarring of the liver and poor liver function.

**Dermatomyositis** is a muscle disease characterized by inflammation and a skin rash.

**Gastroesophageal reflux disease (GERD)** is a condition in which the stomach contents (food or liquid) leak backwards from the stomach into the esophagus (the tube from the mouth to the stomach).

**Hiatal hernia** is a condition in which part of the stomach sticks upward into the chest, through an opening in the diaphragm.

**Multiple sclerosis** is an autoimmune disease that affects the brain and spinal cord (central nervous system).

**Pleurisy** is inflammation of the lining of the lungs and chest (the pleura) that leads to chest pain (usually sharp) when you take a breath or cough.

**Pneumonia** is an inflammation of the lungs caused by infection.

**Polioomyelitis** is a viral disease that can affect nerves and can lead to partial or full paralysis.

**Rheumatic fever** is an inflammatory disease that may develop after an infection with group A *Streptococcus* bacteria (such as strep throat or scarlet fever). The disease can affect the heart, joints, skin, and brain.

**Scleroderma** is a group of rare, progressive diseases that involve the hardening and tightening of the skin and connective tissues — the fibers that provide the framework and support for your body.

**Scoliosis** is an abnormal curving of the spine.

**Sinusitis** is inflammation of the sinuses that occurs with an infection from a virus, bacteria, or fungus.

**Systemic lupus erythematosus (SLE)** is a long-term autoimmune disorder that may affect the skin, joints, kidneys, brain, and other organs.

**Tracheostomy** a surgical procedure to create an opening through the neck into the trachea (windpipe). A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. This tube is called a tracheostomy tube or trach tube.

**Tuberculosis (TB)**, a contagious bacterial infection that involves the lungs, but may spread to other organs. TB is a treatable disease that can be diagnosed with a skin test, called a PPD test.

**Undescended testicle** occurs when one or both testicles fail to move into the scrotum before birth.

For any Item to which you have checked "Yes," please provide an explanation below, including treatment details. Additional documentation, including diagnostic and surgical reports, and reports of consultations shall be made available for review by the Bureau of Health Services on the date of your scheduled medical evaluation. If you require additional pages, please attach them to this form, and clearly print your name at the bottom of each page.

| Item No. | Date(s) | Explanation (Including Treatment) |
|----------|---------|-----------------------------------|
|          |         |                                   |
|          |         |                                   |
|          |         |                                   |
|          |         |                                   |
|          |         |                                   |
|          |         |                                   |

**CANDIDATE DECLARATION**

I declare under penalty of perjury and other penalties provided by law, that I have fully completed this Candidate Medical Disclosure form, and that the statements contained therein are, to the best of my knowledge, true, correct and complete, and that I have not knowingly or willfully made a false statement regarding my physical, mental or medical condition in connection with my application for employment with the NYC Fire Department. I acknowledge that any material misrepresentation of fact, or omission of material fact, or other false statement in completing this form or made during a medical examination in connection with my application for employment with the NYC Fire Department will result in my disqualification or in revocation of my appointment.

I understand that appointment to the NYC Fire Department is subject to my successfully passing a medical evaluation and such other qualifications as may be required pursuant to the provisions of the NYS Civil Service Law, the Personnel Rules and Regulations of the City of New York, and the Notice of Examination for the position. I acknowledge that my failure to fulfill such qualifications will result in my disqualification or in revocation of my appointment.

SIGNATURE: \_\_\_\_\_

NOTARY: \_\_\_\_\_

DATE: \_\_\_\_\_

CANDIDATE NAME: \_\_\_\_\_