



FDNY BUREAU OF HEALTH SERVICES

CANDIDATE MEDICAL ASSESSMENT – BHS FORM 1B

CANDIDATE CONTACT INFORMATION

Name (Last, First):		Last Four Digits of Social Security:	Date of Birth (MM/DD/YYYY):
Address(House/Apt./Street):	City:	State:	Zip Code:
Mobile Number:		Land Telephone Line Number:	

CANDIDATE MEDICAL DISCLOSURE

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
Head and Neck			
1	Neck Impairment		
2	Skull Deformity		
3	Other Head or Skull Condition		
4	Other Neck Condition		
Eyes and Vision			
5	Color Blindness		
6	Eye Glasses/Contact Lenses		
7	Other Eye of Vision Condition		
Ears and Hearing			
8	Chronic Vertigo or Impaired Balance		
9	Hearing Impairment		
10	Recurrent Ear Infection		
11	Ruptured Eardrum		
12	Other Ear or Hearing Condition		
Dental			
13	Dental Disease		
14	Dental Insert		
15	Other Dental Condition		
Nose, Throat, Esophagus and Larynx			
16	Muteness or Speech Impairment		
17	Nasal Illness		
18	Nose Bleeding		
19	Sinusitis*		
20	Other Nasal or Vocal Condition		
21	Other Sinus Condition		
Lungs and Chest			

No.	ITEM	YES	NO
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		
Heart and Vascular System			
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		
Abdominal Organs and Gastrointestinal System			
38	Abdominal Hernia		
39	Abdominal Ulcers		
40	Blood in Stool		
41	Gallbladder condition		
42	Gastroesophageal Reflux Disease (GERD)*		
43	Gastrointestinal Bleeding		
44	Hemorrhoids		

No.	ITEM	YES	NO
45	Other Abdominal or Intestinal Condition		
Reproductive System			
46	Pregnancy (for women)		
47	Sexually Transmitted Disease		
48	Testicular Disease (for men)		
49	Undescended Testicle* (for men)		
50	Other Genital or Reproductive Condition		
Urinary System			
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		
Spine and Axial Skeleton			
57	Back Pain		
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		
Extremities			
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		
Neurological Disorders			
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		

No.	ITEM	YES	NO
85	Other neuromuscular Condition, such as Parkinson's Disease or Multiple Sclerosis*		
86	Other Neurologic or Nervous System Condition		
Skin			
87	Any Skin Condition		
Blood and Blood Forming Organs			
88	Anemia		
89	Any Liver Condition, including Hepatitis or Jaundice		
90	Bleeding disorders		
91	Blood clotting disorders		
92	Cirrhosis*		
93	Enlarged Spleen		
94	Sickle Cell Disease		
95	Other blood conditions		
Endocrine and Metabolic Disorders			
96	Diabetes		
97	Thyroid		
98	Other Metabolic condition		
Systemic and Miscellaneous Conditions			
99	Dermatomyositis*		
100	Scleroderma		
101	Systemic lupus erythematosus		
Tumors and Malignant Diseases			
102	Cancer		
103	Cysts		
104	Malignant Diseases		
105	Tumors		
Psychiatric Conditions			
106	Nervousness		
107	Prior Psychiatric Evaluation		
108	Other Psychiatric condition		
Alcohol, Chemicals, Drugs and Medications			
109	Alcohol Use		
110	Medication(s)		
111	Narcotic Substance		
112	Substance Addiction		
113	Tobacco Use		
Other			
114	Allergies		
115	Any Surgery		
116	Hospitalization for any reason		
117	Malaria		
118	Rheumatic Fever*		
119	Sleep Disorder		
120	Other (Describe Below)		
Prior Claim or Determination of Disability			
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		

No.	ITEM	YES	NO
	psychological reason		
124	Disqualified from Military Service for any medical or psychological reason		
125	Recipient of Any Benefit, Pension or Monetary Award Due Claimed		

No.	ITEM	YES	NO
	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.

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.

Poliomyelitis 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)

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CANDIDATE DECLARATION

I declare under penalty of perjury and other penalties provided by law, that I have fully completed this Candidate Medical Assessment, 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: _____

DATE: _____

SAMPLE

CANDIDATE NAME: _____