

**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 picked up at the CCC 4<sup>th</sup> Street campus or on the Fire Science Webpage under FAQs. All students are required to complete the packet, including obtaining a signature from an Instructor or the Fire Science Program Coordinator, and return it to the 4<sup>th</sup> Street Campus for final approval and registration.

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

**SCBA fit testing is scheduled for the first Wednesday of the semester. 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

✓	MAU200 1.1 Hazardous Materials First Responder Operations 24 Hours. _____	
	a. Pro Board certificate will be accepted.	
	b. If outside of CCC Haz-mat class needs to be evaluated.	
✓	EMT Certification, Arizona EMT card, and National Registry card (can be expired) _____	
	a. Examples CCC EMS 131/transcript will be accepted or any of the above).	
✓	Current CPR Card / Health Care Provider, American Red Cross (can not be expired). No on-line classes accepted. _____	
✓	Enrolled in the DEMA Training Portal Account. Need account number. _____	
	a. Examples if student completed Haz-mat at CCC they are registered in DEMA Training Portal Account. If the student is not enrolled, they need to enroll online. (see flyer)	
✓	Student Contact Info form completed with DEMA number. _____	
✓	Emergency Notification form _____	
✓	Medical Questionnaire fill out and signed _____	
✓	Waiver of Legal Rights form _____	
✓	Coconino Community College ID Card _____	
✓	Please give student copy of this document and submit a copy with packet. _____	
✓	Add/Drop form signed (if needed) _____	

If you have any questions please call.

Michael A. Duran/Lead Instructor

Marc Goldberg/Fire Science Program Coordinator

Cell # 928-600-9042

Cell # 928-699-3849

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

**Please Print**

Full Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

DEMA Number: \_\_\_\_\_

**Fire Fighter I and II/FSC 180**

**EMERGENCY NOTIFICATION**  
**INTERNSHIP/SERVICE LEARNING**

**Emergency Contact Information:**

1. In case of emergency, name of primary person to be notified

\_\_\_\_\_

Home telephone (\_\_\_\_\_)\_\_\_\_\_ Cell telephone (\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Address City, State

2. 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 if, if you so desire, by answering “Yes” to Part A, Section #2, Questions #9.

#### **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

Every student who has been selected to any type of respirator must answer questions 1-15 (please clearly circle a “yes” or “no” for each question).

- |  |   |   |
|--|---|---|
| 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. Would you like to talk to the Lead Instructor or Fire Science Program Coordinator to review this questionnaire about your answers?
- |  |   |   |
|--|---|---|
|  | Y | N |
|--|---|---|
10. Have you ever lost vision in either eye (temporally or permanently)
- |  |   |   |
|--|---|---|
|  | Y | N |
|--|---|---|
11. 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: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| 12. Have you ever had an injury to your ears, including a broken ear drum?        | Y | N |
| 13. 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: _____  |   |   |
| 14. Have you ever had a back injury?  | Y | N |
| Explain: _____  |   |   |
| 15. 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: \_\_\_\_\_



Fire Fighter I and II/FSC 180  
Fire Science Contract  
Waiver of Legal Rights

Notice: This release form is a contract with legal consequences. Please read it carefully before signing.

PERIOD OF INTERNSHIP: \_\_\_\_\_ / \_\_\_\_\_  
Semester Academic Year

I hereby waive, release, and discharge myself, heirs, executors, administrators, legal representatives assigns, and successors in interest, of any and all rights and claims which I might have or accrue against Coconino Community College, its supervisors, officers, employees, and the suppliers of equipment, materials, and services (collectively known as C.C.C.) as well as those individuals, governments, and or corporations working with Coconino Community College in the service learning or internship programs, (collectively known as placements), for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation or association with the class, service learning, field trip, internship, or travel related to any of the aforementioned activities or events. I release Coconino Community College from liability from any and all claims of negligence I have or assert against them individually or collectively, with the exception of willful and wanton negligence. I understand that I am responsible for any medical charges relating to my injury received, as a result of this activity, and it is suggested that I have adequate health insurance coverage prior to starting this activity. I have read and full understand the above statement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date