



Virginia Department of Fire Programs
Live Burn Medical Accountability Form
DO NOT SUBMIT TO VDFP, FOR AGENCY RECORDS ONLY

INDIVIDUAL NAME: _____ DEPARTMENT: _____

LOCATION: BLACKSBURG, VA SESSION #: TRUCK CO. OPS 2024

DATE: 1/27/2024 LIVE BURN TYPE: CLASS A

EMERGENCY CONTACT NAME/PHONE: _____

ALLERGIES: _____

MEDICATIONS: _____

MEDICAL INFORMATION:

CONDITION	YES	NO	If YES Explain Here
Abdominal/Digestive Problems			
Asthma			Date of last attack:
Behavioral/Neurological Disorders			
Bleeding Disorders			
Corrective Lenses			
Diabetes			Insulin Pump: YES or NO
Ear/Sinus Problems			
Excessive Fatigue or Shortness of Breath with Exercise			
Fainting Spells			
Heart Disease/Heart Attack/Heart Murmur			
Kidney Disease			
Lung/Respiratory Disease			
Menstrual Problems (Females Only)			
Muscular/Skeletal Condition			
Pregnant (Females Only)			Weeks:
Psychiatric/Psychological & Emotional Difficulties			
Seizures			Last Seizure:
Serious Injury (i.e., Amputation, Bone Fracture, Significant Burns)			
Sickle Cell Disease (SCD)			
Sleep Disorders (i.e., Sleep Apnea)			
Stroke/Transient Ischemic Attack (TIA)			
Surgery			Last Surgery:
Thyroid Disease			
Other:			
Other:			
Other:			

INDIVIDUAL NAME: _____ DEPARTMENT: _____

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NOTE: Keep participants well hydrated during their time in staging or rehab.

Participant will not take their own vitals.

VITALS	B/P	RESP.	PULSE	TEMP	SKIN	TAKEN BY
BASE LINE						
POST ENTRY 1						
POST ENTRY 2						
POST ENTRY 3						
POST ENTRY 4						
POST ENTRY 5						
POST ENTRY 6						
POST ENTRY 7						

Live Fire Training Recommended Medical Parameters

The information listed below is intended for use as a guideline for the evaluation of firefighters during Baseline and Post Entry physical evaluations. The final decision on allowing a person to begin or continue training must be based on the best judgement of the on-site medical personnel according to all the information available in each individual situation. Participants should not be allowed to begin or continue training against medical advice. The Lead Instructor shall ensure that medical advice is followed and **NOT OVERRIDE** that advice.

1. Blood Pressure: Diastolic greater than 105mm Hg or a resting blood pressure greater than 160/100mm Hg.
2. Pulse: Greater than 70% of the maximum heart rate (220 - Age).
3. Respiratory Rate: Greater than 24 per minute.
4. Temperature: Greater than 99.5 deg F (oral), greater than 100.5 deg F (core), or less than 98.0 deg F (core).
5. Mental Status: Altered status such as slurred speech, clumsiness, or weakness.
6. Skin: Temperature, color, or injuries.

A participant who does not meet these guidelines should be allowed to extend their stay in rehab. If after a reasonable time, in the opinion of the EMS Officer, these guidelines cannot be met, the participant should be removed from further participation for the remainder of the day and the lead instructor should be notified.

Nothing in this guideline is to replace the judgment of the on-site medical personnel that would indicate that a participant is in medical distress and in need of immediate transport to the nearest medical facility for the appropriate treatment needed.

I understand that the personal health information being provided on this form follows NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments: Current Edition, as referenced in the NFPA 1403: Standard on Live Fire Training Evolutions: Current Edition. All personal information gathered on this form will be used for the sole purpose of evaluation for continued participation during Live Fire Training Evolutions. Furthermore, I give the Lead Emergency Medical Service Agency and Commonwealth of Virginia licensed Emergency Medical provider the authority to use my personal information listed on this form, if I become incapacitated and the need for medical transport is required for continuation of care at an approved medical facility. I understand, I have the right to revoke the authority at any time. I understand that if I revoke this authority, I must do so in writing and present my written revocation to VDFFP. The information contained on this form will be held confidential for a designated period set by the Agency Having Jurisdiction and will not be shared with anyone other than the individual(s) having interest in my immediate medical care. I understand the revocation will not apply to information that has already been released in response to this authority. This authorization has an expiration date of 30 days from the date signed below. In accordance with The Health Insurance Portability & Accountability Act of 1996 (HIPAA), I understand that any disclosure of information carries with the potential for an unauthorized redisclosure, and the information may not be protected by Federal Confidentiality Rules.

Date of Live Fire Training Evolution(s): _____

Printed Name: _____ Signature: _____