



## Mine Rescue Team Member Physicians Examination Form

(To be used in determining the physical condition of a person to wear oxygen breathing apparatus)

22A-1-35 Mine Rescue Teams.

(h) An applicant for initial mine rescue training shall pass, on at least as annual basis, a physical examination by a licensed physician certifying his or her fitness to perform mine rescue work. A record that such examination was taken, together with pertinent data relating thereto, shall be kept on file by the operator and a copy shall be furnished to the director.

In order that wearers of self-contained oxygen breathing apparatus may have their safety assured and that they may work efficiently, they should be examined by a physician. They should be sound in body, normal in mind, and physically fit. The following information is the minimum that should be obtained by such an examination.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

<b>General Questions</b> <i>(Must be answered by the patient)</i>	<b>Yes</b>	<b>No</b>
Have you ever passed out or nearly passed out during or after work or exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during work or exercise?		
Does your heart ever race or skip beats (irregular beats) during work or exercise?		
Has a doctor ever told you that you have any heart problems? <i>If so, check all that apply:</i> <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Other: _____		
Has a doctor ever ordered a test for your heart? <i>(For example, ECG/EKG, echocardiogram)</i>		
Do you get lightheaded or feel more short of breath than expected during work or exercise?		
Do you cough, wheeze, or have difficulty breathing during or after work or exercise?		
Have you ever been treated for diabetes?		
Do you have a history of seizure disorder?		
Do you wear glasses or contact lenses?		
Is there any reason that you could not perform the duties of being on the mine rescue team? (If yes, explain) _____		

## Examination *(Must be completed by a licensed physician)*

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

\*Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

\*Repeated blood pressure (controlled or uncontrolled by medication) reading which exceeds 160 systolic, or 100 diastolic, or which is less than 105 systolic, or 60 diastolic.

\*\* Pulse Rate: Standing \_\_\_\_\_ After Exercise \_\_\_\_\_ After two (2) minutes rest \_\_\_\_\_

\*\*The pulse rate should be taken for a full minute as follows: (a) While the applicant is standing; (b) While the applicant is standing after making a step test (18 in. high, 15 times in 30 seconds); (c) After the applicant has been sitting down two (2) minutes following the step test. If the third pulse rate exceeds by two beats per minute the first pulse rate, the applicant is not physically fit to wear breathing apparatus.

**Nose:** Normal Abnormal

**Throat:** Normal Abnormal

**Abdomen:** Normal Abnormal

**Heart:** Normal Abnormal

**Chest:** Normal Abnormal

**Hernia:** Yes No

**Eyes:** (*Distant visual acuity without glasses*) Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

**Hearing Loss:** Hearing loss without a hearing aid greater than 40 decibels at 400, 1,000 and 2, 000 Hz

Right ear \_\_\_\_\_ decibels

Left ear \_\_\_\_\_ decibels

	Yes	No
Does patient have any history of seizure disorder?		
Does patient have heart disease?		
Does patient have heart disease as shown by an EKG?		
Does patient have any missing limbs or hands?		
Does patient have a perforated eardrum?		
Does patient have any condition which is relevant to whether he or she is fit for mine rescue team service? ( <i>If yes, Describe</i> ) _____		

I certify that I have examined the Individual listed above, and determined that he/she is physically fit to perform mine rescue and recovery work for prolonged periods under strenuous conditions.

\_\_\_\_\_  
**Physician's Name (please type or print)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Physician's Signature** MD DO

\_\_\_\_\_  
**Date**