

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

MEDICAL EXAMINATION FOR TELECOMMUNICATORS AND EMERGENCY MEDICAL DISPATCHERS

DPSST FORMS F-2T & F-2TA

~ EFFECTIVE AS OF: April 1, 2016 ~



This medical examination form is derived partially from the National Emergency Number Association (NENA) Hearing Standards for Public Safety Telecommunicators, the 2015 DPSST Job Task Analysis for Telecommunicators, and the National Highway Traffic Safety Administration Emergency Medical Dispatcher (EMD) National Standards Curriculum. It meets the *Americans with Disabilities Act* (ADA) criteria to identify the essential functions/tasks of the position. A physician developed the medical standards based upon the essential tasks.

INSTRUCTIONS – F-2T & F-2TA:

- Oregon Administrative Rule (OAR) 259-008-0011 requires all telecommunicators, emergency medical dispatchers (EMD) and applicants demonstrate the physical abilities to perform the critical and essential (C&E) tasks of a telecommunicator or EMD. The critical and essential tasks have been determined by the 2015 DPSST Job Task Analysis for Telecommunicators and the 1995 National Highway Traffic Safety Administration Emergency Medical Dispatcher National Standards Curriculum.
- Telecommunicators, emergency medical dispatchers and applicants must be examined by a **licensed health professional** to ensure they meet the required minimum physical standards as established by the Board on Public Safety Standards and Training.
 - ✓ The licensed health professional must be provided with a current DPSST Medical Examination Report (Form F-2T) for completion at the time of the examination.
 - ✓ The medical examination must conform to applicable standards of the Americans with Disabilities Act (ADA) Title 42 USC 1210.
 - ✓ The medical examination must be completed within **180** days prior to the start of employment as a telecommunicator or EMD.

FOLLOWING THE EXAMINATION:

- ✓ The examining licensed health professional must sign the **Evaluation Report Form F-2Ta** (Section 2; page 9 of this form) attesting that the telecommunicator, EMD or applicant has met or has not met the physical requirements.
- ✓ **The Form F-2TA ONLY is to be submitted to DPSST no later than 90 days after the start of employment.**

Dept. of Public Safety Standards and Training
 ATTN: Standards and Certification
 4190 Aumsville Hwy SE
 Salem, OR 97317
 PHONE: (503) 378-2100 FAX: (503) 378-4600

Telecommunicators and EMD will not be admitted into a basic training course until DPSST receives a Form F-2TA!

PHYSICAL STANDARD WAIVERS:

Pursuant to OAR 259-008-0011(9), an individual or department head may request a waiver of any physical standard by submitting a request to DPSST in writing and providing documentation or pertinent testimony that supports the physical standards waiver request.

OFFICER/APPLICANT INFORMATION

(Applicant completes this section)

Name: (Last, First Middle)		Date of Birth: (Mo./Day/Year)	DPSST No.:
Agency Requesting Exam:	Position: <input type="checkbox"/> Telecommunicator <input type="checkbox"/> Emergency Med. Dispatcher		Evaluation Date
Height: _____ ft. _____ in.		Weight: _____ lbs. / _____ kg.	

EXAMINATION

1. Eyes and Vision

1.1 Eye Exam (EOM, Pupils, etc.)

Normal: Yes No

1.2 Visual Acuity

- Corrected vision must be at least 20/30 (Snellen) when tested using both eyes together.

	Right	Left	Both
Uncorrected	R20 /	L20 /	B20 /
Corrected	R20 /	L20 /	B20 /

Qualify: Yes No

1.3 Color Vision

- Officers/Applicants must be able to distinguish red, green, blue, and yellow, as determined by the HRR Test, 4th Edition.
- Red or green deficiencies may be acceptable, providing the applicant can read at least nine of the first 13 plates of the Ishihara Test.
- Officers/Applicants who fail to meet the color vision standard may meet this standard by demonstrating they can correctly discriminate colors via a field test as approved by the examining licensed health professional.

HRR Test, 4 th Ed.:	Ishihara (if applicable):	Field Test (if applicable):
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Qualify: Yes No

Eye Exam Comments: _____

2. Ears and Hearing

2.1 Ear Exam (External Canal, Tympanic Membrane, etc.) Normal: Yes No

2.2 Hearing Acuity

- Telecommunicators, emergency medical dispatchers or applicants must meet the National Emergency Number Association (NENA) hearing standard NENA-STA-007.2-2014 (June 14, 2014).
- Audiometric testing shall assess hearing thresholds in each ear, determined using pure tone stimuli via air conduction with test frequencies including 500, 1000, 2000, 3000, 4000, and 6000 Hz.

Applicants Hearing Score:

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	Other
Right							
Left							

- Hearing thresholds at any evaluated frequency shall not exceed 25 dB HL in either ear. If hearing thresholds exceed 25 dB HL at any evaluated frequency, binaural speech discrimination testing in quiet and noise shall be completed in the sound field.
- The minimum acceptable standard of speech discrimination in quiet shall be a score no poorer than 90% correct. The minimum acceptable standard of speech discrimination in noise shall be a score no poorer than 70% correct.
- Use of hearing aids, cochlear implants or enhanced listening devices to achieve the speech discrimination standards is permitted.

Speech discrimination in quiet (if applicable): _____

Speech discrimination in noise (if applicable): _____

Qualify: Yes No

Ear Exam Comments: _____

OFFICER/APPLICANT MEDICAL HISTORY

(Applicant completes this section)

Name (Last, First Middle)	Date of Birth (Month/Day/Year)	Evaluation Date
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1. Do you have any current medical conditions? Yes No
 If so, please list: _____

2. Have you had any prior medical conditions that required treatment? Yes No
 If so, please list: _____

3. Have you ever had surgery? Yes No
 If so, please list (include year of surgery): _____

4. Are you currently taking any medications? (prescribed or over the counter) Yes No
 If so, please list: _____

Have you Ever (Had)...?	Yes	No	Health Professional Comments
Headaches requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Concussion or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Other neurological conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness / balance problems	<input type="checkbox"/>	<input type="checkbox"/>	
Memory problems	<input type="checkbox"/>	<input type="checkbox"/>	
Depression / anxiety or other psychological conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>	
Currently wear glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	
Eye surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty driving or seeing at night	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing loss / use of hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
Ringling in the ears	<input type="checkbox"/>	<input type="checkbox"/>	
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	

Have you Ever (Had)...?	Yes	No	Health Professional Comments
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Irregular / abnormal heart beats	<input type="checkbox"/>	<input type="checkbox"/>	
Heart murmurs	<input type="checkbox"/>	<input type="checkbox"/>	
Unusual shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	
Persistent diarrhea or constipation	<input type="checkbox"/>	<input type="checkbox"/>	
Blood in your stool	<input type="checkbox"/>	<input type="checkbox"/>	
Blood in your urine	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	
Liver problems	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney or bladder problems	<input type="checkbox"/>	<input type="checkbox"/>	
Unusual vaginal bleeding (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent bloody noses	<input type="checkbox"/>	<input type="checkbox"/>	
Easy bruising	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Unexplained weight changes	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic fatigue	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Back or neck pain / injuries	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle / ligament / joint injuries	<input type="checkbox"/>	<input type="checkbox"/>	
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Illegal drug use	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	
Conviction(s) of driving under the influence	<input type="checkbox"/>	<input type="checkbox"/>	
Attended drug or alcohol rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2. EVALUATION REPORT (Form F-2TA)

***** PLEASE DO NOT INCLUDE ANY SPECIFIC MEDICAL INFORMATION ON THIS PAGE *****

Officer's/Applicant's Name: _____ **DOB:** _____

Agency Name: _____

I completed a pre-employment medical screening evaluation on the above-named telecommunicator/emergency medical dispatcher/applicant, in accordance with OAR 259-008-0011, on the following date: _____(mm/dd/yy).

I verify that the officer/applicant meets the following standards:

	Yes	No
Visual Acuity: <ul style="list-style-type: none"> Corrected vision must be at least 20/30 (Snellen) when tested using both eyes together. 	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision: <ul style="list-style-type: none"> The ability to distinguish red, green, blue and yellow as determined by the HRR Test, 4th Ed; If red or green deficiencies, the ability to read at least nine of the first 13 plates of the Ishihara Test; or Field test as approved by the examining licensed health professional. 	<input type="checkbox"/>	<input type="checkbox"/>
Hearing: <ul style="list-style-type: none"> No average hearing loss greater than 25 decibels (db) at the 500, 1000, 2000, 3000, 4000, and 6000 Hertz levels in either ear; or Sound Field Testing (Speech Discrimination); quiet test will be a score no poorer than 90% correct; noise test will be a score no poorer than 70% correct. 	<input type="checkbox"/>	<input type="checkbox"/>
Medications: <ul style="list-style-type: none"> No prescribed medications with side effects which would interfere with the ability to perform the critical and essential tasks of the job. 	<input type="checkbox"/>	<input type="checkbox"/>

1. Does the officer/applicant have any physical condition or limitation that may disqualify employment as a telecommunicator or emergency medical dispatcher? Yes No

2. Is further evaluation, testing or treatment necessary in order for the officer/applicant to qualify? Yes No

3. Does the officer/applicant have any physical condition that requires further medical testing or treatment, but does not disqualify employment as a telecommunicator or emergency medical dispatcher? Yes No

I certify that the officer/applicant is medically suitable to perform the critical and essential tasks as defined and provided by the Department of Public Safety Standards and Training either without any accommodations, or provided that the specified work restrictions, limitations, or reasonable accommodations can be implemented.

I cannot certify that the officer/applicant is medically suitable to perform critical and essential tasks as defined and provided by the Department of Public Safety Standards and Training.

Health Professional's Signature ► _____

Printed Name ► _____ License Number: _____

Health Professionals Contact information:

**TELECOMMUNICATORS AND
EMERGENCY MEDICAL DISPATCHERS**

Critical & Essential Tasks**Physical Tasks**

- Type accurately and rapidly on keyboard
- Communicate verbally using the telephone and dispatch equipment
- Direct or transfer the caller to the appropriate agency
- Re-boot CAD and other computers as needed
- Read information on computer screen or display
- Read and comprehend written materials
- Sit for extended periods of time
- Hear and comprehend communication from multiple sources at the same time (e.g. radio, tones, telephone, co-worker, etc.)
- Speak clearly using a calm voice
- Distinguish sounds, soft voices and words over background noise, etc.
- Perform a variety of tasks simultaneously (e.g. listen and type, talk and type, etc.)
- Operate all required equipment common to a dispatch console