



Annual Check-up Tip Sheet

✓ Family Doctor Checkup:

There is no such thing as a single routine physical examination for individuals who are symptom free. Proper examination involves risk factor analysis that incorporates the individual's personal & family history, age, sex and physical findings.

Physical Exam- Frequency:

Given the nature of a firefighter's job, it is suggested that a complete physical examination be done annually.

(See Family Doctor Tip Sheet for Fire Fighters)

✓ Annual Fitness Check-up:

Book an appointment with a Peer Fitness Trainer (PFT) to set a new fitness goal to keep your body and mind strong.

✓ Audiology Assessment:

Get an audiology exam after age 50 or earlier if there is concern about noise exposure or hearing loss.

✓ Dental Checkup:

Go to the dentist once or twice every year for an exam and cleaning. Your dentist will evaluate if you have a need for more frequent visits.

✓ Eye Checkup:

Get an eye exam every year until 20 years of age, and at least every 2 years between 20 and 40 unless advised by your physician or eye doctor to go more frequently; after age 40, get an exam every year.

✓ Annual Psychological Check-up:

Do you have a psychologist or social worker? Find one (that meets criteria of your benefits coverage) and do an annual check-up, even if you are well. This way, you won't have to look for one when you are unwell. The work required to do this when you are unwell, may cause you to delay getting the help you really need. Also, finding a "good fit" with a counsellor is important to treatment success. Discussion topics may include:

- What's on your mind...
- Relationships
- Life and work stressors
- Coping and life strategies
- Resiliency and mindfulness

If you worry about being mentally unwell, complete a [CIPSRT Self-assessment Screening Tool](#) and bring the results to your doctor.



Family



Doctor Tip Sheet for Firefighters

Physical Exam- Frequency:

Given the nature of a firefighter's job, it is suggested that a complete physical examination be done annually. Through Provincial Regulation, many types of cancers have been identified as presumed to be work-related, provided in the firefighter has a minimum number of years of service. See table below (the number refers to the years of service):

Cancer/Illness				
Brain cancer (10 years)	Bladder cancer (15 years)	Skin cancer (15 years)	Colorectal cancer (10 years)	Cervical cancer (10 years)
Penile cancer (15 years)	Kidney cancer (20 years)	Esophageal cancer (25 years)	Breast cancer (10 years)	Lung cancer (15 years)
Testicular cancer (10 years)	Prostate cancer (15 years)	Leukemia (certain types – 15 years)	Multiple myeloma (15 years)	Ovarian cancer (10 years)
Post-traumatic stress disorder (PTSD)		Non-Hodgkin's lymphoma (20 years)		Ureter cancer (15 years)

Screening should be considered as part of your physical. Firefighters have increased risk to certain diseases and suggested screening may be more investigative and frequent than indicated for the general population.

Routine Laboratory Testing:

- Hepatitis A and B titers annually or at the discretion of the family physician
- Cholesterol Testing: recommended every 1 to 3 years, or annually if elevated or there are significant cardiac risk factors.
- Thyroid Function testing: annually, in those over 60 years of age & those with a family history of thyroid disease.
- Blood Count: annually, or periodically in menstruating females.
- Liver function tests annually or at the discretion of the family physician □ Renal function tests annually or at the discretion of the family physician.
- Blood glucose and hemoglobinA1C every 1 to 3 years.
- Dipstick urine and/or urine microscopy every 1 to 3 years.

Screening for Specific Diseases

Testing of doubtful value in individuals with no symptoms:

- Routine Chest X-ray
- Routine EKG unless diver □ Blood type & Rh factor



- Pap smears after a hysterectomy done for non-malignant disease & where the cervix has been removed □
Routine Back x-rays
- Heavy metal screening unless there are exposure concerns

Osteoporosis Screening:

Densitometry is of value in all men and women 65 years or older or post-menopausal women with risk factors for fracture or younger men or women (under 50) with a disease associated with low bone mass. Recommended frequency depends upon results of screening.

Coronary Artery Disease Screening:

Routine graded exercise stress test (XGT) is generally not recommended. In some situations screening of asymptomatic individuals may be appropriate. (Where there is high risk of heart disease because of a significant family history or multiple risk factors such as diabetes, high blood pressure, obesity and high cholesterol.) This should be left to the discretion of the family physician.

Cancer Screening:

Cancer	Recommendations
Lung	Chest x-ray every 5 years
Skin	Annual examination
Breast	Mammography annually at age 40 and every 2 years after age 50
Cervical	Every 3 years starting at age 25
Testicular	Annual examination
Prostrate	Annual after age 50 or earlier if family history or African descent. Discuss pros and cons of PSA testing
Colorectal	Fecal Occult Blood annually after age 40.. Colonoscopy should be considered 10 years before first degree relative developed colorectal cancer. Consider Colonoscopy every 5 years after age 50.
Oral	Dental examinations every 6 months.
Thyroid	Annual examination
Ovarian	No screening recommended
Uterine	No screening recommended
Brain	No screening recommended

Immunization:

- Adacel vaccine: every 10 years as a routine. Adacel is a vaccine indicated for active booster immunization against tetanus, diphtheria and pertussis.
- Influenza vaccine: annually
- Pneumococcal vaccine: recommended after age 65.



- MMR- Measles, Mumps, Rubella (German measles): included as part of childhood vaccine protocol. Also recommended for persons entering college, travelers to foreign countries and adults born after 1956 without documentation of immunization on or after their first birthday and a second dose between ages 4 to 6. Blood test may be required to confirm anti-body presence.
- Varicella (chicken-pox): included as part of childhood vaccine protocol. Also recommended for persons without a history of varicella or vaccination or who have not confirmed positive response via blood test. Shigrix vaccine (shingles vaccine) recommended after age 50.
- Hepatitis A and B: once only a life time, requires 3 doses, should confirm positive response via blood test.