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**UPUTA za operatore aerodroma:  
zdravstvena procjena spasilačko-  
vatrogasnog osoblja (ADR.OPS.B.010  
(a)(4))**

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MED-UPUTE-010

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Broj izmjene: 2, Datum izmjene: 01.09.2026.

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## UVOD

Ova uputa namijenjena je operatorima aerodroma i njihovim ugovorenim specijalistima medicine rada. Sadrži propisane zahtjeve i obveze u vezi sa zdravstvenom procjenom spasilačko-vatrogasnog osoblja na aerodromima.

Odredbom ADR.OPS.B.010 Uredbe Komisije (EU) br. 139/2014 o utvrđivanju zahtjeva i upravnih postupaka u vezi s aerodromima, kako je izmijenjena i dopunjena (u daljnjem tekstu: Uredba (EU) 139/2014), a koja se odnosi na spasilačko-vatrogasno osoblje, propisano je da operator aerodroma mora osigurati da spasilačko-vatrogasno osoblje koje je potencijalno potrebno za djelovanje u hitnim slučajevima u zrakoplovstvu pokaže svoju zdravstvenu sposobnost za obavljanje svojih funkcija na zadovoljavajući način, uzimajući u obzir vrstu aktivnosti. Agencija Europske unije za sigurnost zračnog prometa (u daljnjem tekstu: EASA), kao organizacija zadužena za sigurnost zračnog prometa u Europskoj Uniji i izradu nacrt propisa iz djelokruga zračnog prometa izdala je i objavila Prihvatljive načine usklađivanja (*Acceptable means of compliance*, u daljnjem tekstu: AMC) i detaljne upute (*Guidance material*, u daljnjem tekstu: GM) kojima se detaljno pojašnjava zahtjevi za implementaciju odredbi propisanih Uredbom (EU) 139/2014. Ova uputa sadrži prijepis prihvatljivih načina usklađivanja i uputa, te primjer implementacijskih obrazaca.

Operatori aerodroma dužni su upoznati se i upoznati svoje ugovorene specijaliste medicine rada s propisanim zahtjevima, točnije kriterijima zdravstvene i fizičke sposobnosti spasilačko-vatrogasnog osoblja, izrađenih temeljem najbolje medicinske prakse, uzimajući u obzir operativne zadaće spasilačko-vatrogasnog osoblja i ulogu spasilačko-vatrogasnog osoblja u osiguravanju brze evakuacije osoba u zrakoplovu nakon nesreće, čime se ublažavaju posljedice nesreće. Operatori aerodroma dužni su slijediti propisano u najvećoj mogućoj mjeri. Spasilačko-vatrogasno osoblje kada reagira na nesreću mora biti sposobno izdržati fizički agresivne uvjete i pritom biti učinkovito. Osim fizičke spremnosti, upravljanje situacijama opasnim po život koje ugrožavaju sigurnost putnika u zrakoplovu zahtijeva i mentalnu sposobnost, čime se osigurava da donošenje odluka i upravljanje stresom nisu upitni. Implementacija ovdje navedenih smjernica podložna je nadzoru Hrvatske agencije za civilno zrakoplovstvo.

EASA GM ne daje informacije u vezi sa zahtjevima za zapošljavanje niti uvjetuje vrijednosti fizičke sposobnosti spasilačko-vatrogasnog osoblja. Svrha GM-a je podržati operatore aerodroma u strukturiranju programa fizičke spremnosti za održavanje ili poboljšanje fizičkih uvjeta spasilačko-vatrogasnog osoblja. Za program fizičke spremnosti ne postoji osnovni scenarij, ali se temelji na učinku pojedinačne osobe. Rezultati nisu usporedni sa standardnim vrijednostima ili s drugim osobama, već se uglavnom koriste za održavanje ili poboljšanje kondicije svake osobe. EASA smatra da bi se već uspostavljene prakse mogle nastaviti primjenjivati uz poboljšanje. Očekuje se da operatori aerodroma razmotre prijelazno razdoblje, u kojem će se revidirati zahtjevi zdravstvene i fizičke sposobnosti. Stoga se preporuča da prvi korak bude mjerenje bez ljestvice ocjene sposobnosti ili nesposobnosti. Nakon što se dobije raspon rezultata, u koordinaciji s nadležnim nacionalnim tijelima mogu se utvrditi kriteriji sposobnosti ili nesposobnosti. EASA-ina namjera je podržati operatore aerodroma u razvoju i primjeni medicinskog i fitnes programa za spasilačko-vatrogasno osoblje. U nekom budućem razdoblju EASA bi mogla razviti konačne zahtjeve sa standardima.

## PRIMJENJIVI PROPISI/SMJERNICE

UREDBA KOMISIJE (EU) br. 139/2014 o utvrđivanju zahtjeva i upravnih postupaka u vezi s aerodromima

<https://www.easa.europa.eu/en/document-library/easy-access-rules/easy-access-rules-aerodromes-regulation-eu-no-1392014>

## INFORMACIJE I KONTAKTI

U slučaju nejasnoća ili pitanja kontaktirajte HACZ – Odjel aerodroma ili Odsjek zrakoplovne medicine (Odjel licenciranja):

**Telefon/E-mail:** 01-2369-300 / [ccaa@ccaa.hr](mailto:ccaa@ccaa.hr) , [aeromedical@ccaa.hr](mailto:aeromedical@ccaa.hr)

**Adresa:** Hrvatska agencija za civilno zrakoplovstvo, Buzinski krči 5, Buzin, 10010 Zagreb

## ZDRAVSTVENI ZAHTJEVI ZA PREGLEDE I PROCJENE

RFFS = rescue and firefighting services

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| AMC1 ADR.OPS.B.010(a)(4) Spasilačko-vatrogasno osoblje / Rescue and firefighting services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>MEDICINSKI STANDARDI ZA SPASILAČKO-VATROGASNO OSOBLJE</b></p> <p>Operator aerodroma treba osigurati da spasilačko-vatrogasno osoblje ispunjava odgovarajuće medicinske standarde.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>MEDICAL STANDARDS FOR RFFS PERSONNEL</b></p> <p>The aerodrome operator should ensure that appropriate medical standards are met by RFFS personnel.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| GM1 ADR.OPS.B.010(a)(4) Spasilačko-vatrogasno osoblje / Rescue and firefighting services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>LIJEČNIČKA PROCJENA</b></p> <p><b>1. Općenito</b></p> <p>Spasilačko-vatrogasno osoblje, kada reagira na nesreću, mora biti sposobno izdržati fizički zahtjevne uvjete dok istovremeno djeluje učinkovito. Osim toga, upravljanje situacijama opasnim po život a koje ugrožavaju sigurnost putnika u zrakoplovu zahtijeva i mentalnu spremnost. Iz tog razloga, donošenje odluka i upravljanje stresom ne bi trebali biti narušeni.</p> <p>Ključne komponente sposobnosti za spasilačko-vatrogasno osoblje su aerobna sposobnost, anaerobna sposobnost, fleksibilnost i medicinska sposobnost. Optimalna tjelesna i zdravstvena spremnost značila bi da je vatrogasac sposoban sigurno, uspješno i bez neopravdanog zamora provoditi aktivnosti spašavanja i gašenja požara.</p> <p>Kako bismo bolje razumjeli ključne komponente sposobnosti, možda će biti potrebno razmotriti sljedeće aspekte:</p> | <p><b>MEDICAL ASSESSMENT</b></p> <p><b>1. General</b></p> <p>Rescue and firefighting personnel, when responding to an accident, need to be capable of withstanding physically aggressive conditions whilst performing efficiently. Additionally, managing life-threatening situations which put at risk aircraft occupants' safety requires also mental fitness. For this reason, decision-making and stress management should not be impaired. The key fitness components for rescue and firefighting personnel are aerobic fitness, anaerobic fitness, flexibility and medical fitness. Optimum physical and medical fitness would mean that a firefighter is able to carry out rescue and firefighting activities safely, successfully and without unjustified fatigue.</p> <p>In order to understand better the key fitness components, the following aspects may have to be considered:</p> <p><b>Aerobic fitness</b> refers to the ability to continue to exercise for prolonged periods of time at low to moderate or high intensity. This depends upon the</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>Aerobna sposobnost</b> odnosi se na sposobnost nastavka vježbanja tijekom duljeg vremenskog razdoblja niskim do umjerenim ili visokim intenzitetom. To ovisi o kapacitetu srca, pluća te krvi da dopreme kisik do mišića (VO<sub>2</sub>) čime se osigurava energija za održavanje dugotrajnog vježbanja.</p> <p><b>Anaerobna sposobnost</b> funkcionira drugačije od aerobne sposobnosti. To je aktivnost koja zahtijeva visoku razinu snage i izvodi se u vrlo kratkom vremenu uz visoku razinu intenziteta. Anaerobna sposobnost može se definirati kao viša razina mišićne snage, brzine i snage.</p> <p><b>Fleksibilnost</b> se odnosi na sposobnost pomicanja udova i zglobova u određene položaje u krajnjem opsegu njihovog normalnog pokreta. Fleksibilnost je važna jer će omogućiti tijelu da radi u skučenim položajima bez pretjeranog opterećenja mišića, tetiva i ligamenata i može smanjiti rizik od ozljeda.</p> | <p>capacity of the body's heart, lungs and blood to get the oxygen to the muscles (VO<sub>2</sub>) providing the sustained energy to maintain prolonged exercise. Anaerobic fitness works differently to aerobic fitness. It is an activity that requires high levels of strength and is done for only a very short period of time at a high level of intensity.</p> <p><b>Anaerobic fitness</b> may be defined as higher levels of muscular strength, speed and power. Flexibility refers to the ability to move the limbs and joints into specific positions at the extreme of their normal range of movement.</p> <p><b>Flexibility</b> is important as it will allow the body to work in cramped positions without unduly stressing the muscles, tendons and ligaments and may reduce the risk of injury.</p>     |
| <p><b>2. Definicije</b></p> <p>Za potrebe ove upute mogu se uzeti u obzir sljedeće definicije:</p> <p>„<b>Procjena</b>” se odnosi na zaključak o zdravstvenoj sposobnosti osobe na temelju procjene anamneze podnositelja zahtjeva, medicinskih pregleda i medicinskih testova koji su obavljeni.</p> <p>„<b>Medicinsko osoblje</b>” odnosi se na liječnike opće prakse (GMP) i liječnike medicine rada (OHMP) koji imaju odgovarajuće kvalifikacije i/ili iskustvo u području prakse medicine rada ili zrakoplovno-medicinske ispitivače (AME) ili zrakoplovno-medicinske centre (AeMC).</p> <p>„<b>Značajno</b>” se odnosi na stupanj zdravstvenog stanja čiji bi učinak spriječio sigurno obavljanje dužnosti povezanih sa spašavanjem i gašenjem požara.</p>                                                                                                                                                                        | <p><b>2. Definitions</b></p> <p>For the purpose of this guidance, the following definitions can be considered:</p> <p>‘<b>Assessment</b>’ refers to the conclusion on the medical fitness of a person based on the evaluation of the applicant's medical history, medical examinations and medical tests which are performed.</p> <p>‘<b>Medical staff</b>’ refers to general medical practitioners (GMPs) and occupational health medical practitioners (OHMPs) who have appropriate qualifications and/or experience in the field of occupational medicine practice or aeromedical examiners (AMEs) or aeromedical centres (AeMCs).</p> <p>‘<b>Significant</b>’ refers to a degree of a medical condition, the effect of which would prevent the safe performance of duties related to rescue and firefighting.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>3. Medicinska povjerljivost</b></p> <p>Sve osobe uključene u medicinske preglede i procjene osiguravaju poštivanje medicinske povjerljivosti u svakom trenutku. Iz tog razloga, sva izvješća i zapise treba čuvati na sigurnom mjestu uz ograničenje pristupa samo ovlaštenim osobama.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>3. Medical confidentiality</b></p> <p>All persons involved in medical examinations and assessments ensure that medical confidentiality is respected at all times. For this reason, all reports and records are to be securely held with accessibility restricted only to authorised personnel.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>4. Smanjenje zdravstvene sposobnosti</b></p> <p>Spasilačko-vatrogasno osoblje mora biti oprezno i ne izvršavati svoje dužnosti kada je svjesno bilo kakvog smanjenja njihove zdravstvene sposobnosti u mjeri u kojoj bi ih to stanje moglo učiniti nesposobnim za obavljanje svojih dužnosti. Nadalje, bez nepotrebnog odgađanja, potreban je liječnički savjet kada:</p> <ul style="list-style-type: none"> <li>(a) su bili podvrgnuti kirurškoj operaciji ili invazivnom postupku;</li> <li>(b) su započeli redovitu upotrebu bilo kojeg lijeka;</li> <li>(c) su pretrpjeli bilo kakvu značajnu ozljedu;</li> <li>(d) su bolovali od bilo koje značajne bolesti;</li> <li>(e) su trudni; i</li> <li>(f) su primljeni u bolnicu ili medicinsku kliniku.</li> </ul> <p>U tim slučajevima zdravstvenu sposobnost osobe procjenjuje medicinsko osoblje kako bi odlučilo je li osoba sposobna ponovno preuzeti dužnosti. Dodatno, nakon oporavka od značajne bolesti ili ozljede, može biti potrebno, nakon preporuke medicinskog osoblja, proći sve relevantne testove fizičke spremnosti prije povratka na operativnu dužnost.</p> | <p><b>4. Decrease in medical fitness</b></p> <p>Rescue and firefighting personnel need to exercise a duty of care and not to perform their duties when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to perform their duties. Furthermore, without undue delay, medical advice is needed when they:</p> <ul style="list-style-type: none"> <li>(a) have undergone a surgical operation or invasive procedure;</li> <li>(b) have commenced the regular use of any medication;</li> <li>(c) have suffered any significant personal injury;</li> <li>(d) have been suffering from any significant illness;</li> <li>(e) are pregnant; and</li> <li>(f) have been admitted to hospital or medical clinic.</li> </ul> <p>In these cases, the medical fitness of the person is assessed by medical staff in order to decide whether the person is fit to resume duties. Additionally, following recovery from significant illness or injury, it may be necessary, after recommendation of the medical staff, to undergo any relevant physical fitness tests prior to a return to operational duty.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>5. Medicinsko osoblje</b></p> <p>(a) Medicinske preglede i/ili procjene provodi medicinsko osoblje koje ima znanje o radnom opterećenju i čimbenicima rizika spasilačko-vatrogasnog osoblja.</p> <p>(b) Prilikom provođenja medicinskih pregleda i/ili procjena, član medicinskog osoblja:</p> <ul style="list-style-type: none"> <li>(1) osigurava da se komunikacija s osobom može uspostaviti bez jezičnih barijera; i</li> <li>(2) upoznaje osobu s posljedicama davanja nepotpunih, netočnih ili lažnih izjava o svojoj povijesti bolesti.</li> </ul> <p>(c) Nakon završetka liječničkih pregleda i/ili procjena, član medicinskog osoblja:</p> <ul style="list-style-type: none"> <li>(1) obavještava osobu je li ocijenjena sposobnom ili nesposobnom;</li> <li>(2) obavještava osobu o svim ograničenjima operativne dužnosti;</li> <li>(3) popunjava liječničko izvješće;</li> <li>(4) upoznaje osobu s njezinim obvezama u slučaju smanjenja zdravstvene sposobnosti; i</li> <li>(5) ako je osoba ocijenjena nesposobnom, obavještava je o pravu na preispitivanje ocjene zdravstvene sposobnosti.</li> </ul> | <p><b>5. Medical staff</b></p> <p>(a) Medical examinations and/or assessments are conducted by medical staff who have knowledge of the rescue and firefighting personnel's workloads and risk factors.</p> <p>(b) When conducting medical examinations and/or assessments, the medical staff member:</p> <ul style="list-style-type: none"> <li>(1) ensures that communication with the person can be established without language barriers; and</li> <li>(2) makes the person aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.</li> </ul> <p>(c) After completion of the medical examinations and/or assessments, the medical staff member:</p> <ul style="list-style-type: none"> <li>(1) advises the person whether they have been assessed as fit or unfit;</li> <li>(2) informs the person of any limitation(s) to operational duty;</li> <li>(3) completes a medical report</li> <li>(4) informs the person of their responsibilities in the case of decrease in medical fitness; and</li> <li>(5) if the person has been assessed as unfit, informs them of their right of a secondary review.</li> </ul> |
| <b>6. Program medicinske procjene</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6. Medical assessment programme</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>Program medicinske procjene je alat za promicanje i omogućavanje da spasilačko-vatrogasno osoblje nema nikakve fizičke ili psihičke bolesti koje bi mogle dovesti do onesposobljenosti ili nesposobnosti za obavljanje dodijeljenih dužnosti i odgovornosti.</p> <p>Program uključuje početnu procjenu prije zapošljavanja i ponovne ispite u redovitim intervalima. Učestalost ponovnih pregleda može uzeti u obzir dob osobe, povijest bolesti itd.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>A medical assessment programme is a tool to promote and facilitate that rescue and firefighting personnel are free of any physical or mental illness, which might lead to incapacitation or inability to perform their assigned duties and responsibilities.</p> <p>The programme includes an initial assessment prior to employment and re-examinations at regular intervals. The frequency of the re-examinations may take into account the age of the person, the medical history, etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>7. Medicinska procjena</b></p> <p>(a) Cilj medicinske procjene je procijeniti fizičku i mentalnu sposobnost spasilačko-vatrogasnog osoblja da:</p> <ul style="list-style-type: none"> <li>(1) prođu obuku koja je neophodna za stjecanje i održavanje sposobnosti u izvršavanju njihovih zadaća vezanih uz spašavanje i gašenje požara, kao što je rad u okruženju visoke temperature, korištenje zaštitne opreme za disanje u simuliranom okruženju ispunjenom dimom, pomoć zarobljenima ili ozlijeđenim putnicima da pobjegnu iz zrakoplova, itd.; i</li> <li>(2) obavljaju svoje dužnosti u psihički zahtjevnim okolnostima.</li> </ul> <p>(b) Sposobno spasilačko-vatrogasno osoblje neće imati:</p> <ul style="list-style-type: none"> <li>(1) abnormalnost, urođenu ili stečenu;</li> <li>(2) aktivnu, latentnu, akutnu ili kroničnu bolest ili invaliditet;</li> <li>(3) ranu, ozljedu ili posljedicu operacije;</li> <li>(4) imati učinak ili nuspojavu bilo kojeg propisanog ili nepropisanog terapijskog, dijagnostičkog ili preventivnog lijeka koji se uzima, uključujući i određeni stupanj funkcionalne nesposobnosti koji bi</li> </ul> | <p><b>7. Medical assessment</b></p> <p>(a) The objective of a medical assessment is to assess the physical and mental ability of the rescue and firefighting personnel to:</p> <ul style="list-style-type: none"> <li>(1) undergo the training which is necessary to acquire and maintain competence in the execution of their tasks related to rescue and firefighting, such as working in a hightemperature environment, using protective breathing equipment in a simulated smokefilled environment, assisting trapped or injured passengers to escape the aircraft, etc.; and</li> <li>(2) perform their duties in psychologically demanding circumstances.</li> </ul> <p>(b) Fit rescue and firefighting personnel will be free from any:</p> <ul style="list-style-type: none"> <li>(1) abnormality, congenital or acquired;</li> <li>(2) active, latent, acute or chronic disease or disability;</li> <li>(3) wound, injury or sequel from an operation;</li> <li>(4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken, which entails a degree of functional incapacity that is likely to interfere with the performance of their</li> </ul> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>mogao ometati obavljanje njihovih dužnosti ili bi mogao dovesti do toga da iznenada postanu nesposobni obavljati svoje dužnosti.</p> <p>(c) Početna medicinska procjena uključuje najmanje:</p> <ul style="list-style-type: none"> <li>(1) procjenu povijesti bolesti; i</li> <li>(2) klinički pregled sljedećeg: <ul style="list-style-type: none"> <li>(i) kardiovaskularni sustav;</li> <li>(ii) dišni sustav;</li> <li>(iii) mišićno-koštani sustav;</li> <li>(iv) otorinolaringologija (ENT); i</li> <li>(v) vidni sustav.</li> </ul> </li> </ul> <p>(d) Svaka sljedeća medicinska procjena uključuje:</p> <ul style="list-style-type: none"> <li>(1) procjenu povijesti bolesti; i</li> <li>(2) klinički pregled (ako se smatra potrebnim) u skladu s najboljom medicinskom praksom.</li> </ul> <p>Unatoč tome, ako tijekom bilo koje medicinske procjene postoji sumnja ili ako je klinički indicirano, dodatni medicinski pregledi, testovi ili istraživanja također se mogu provesti ako medicinsko osoblje smatra potrebnim.</p> | <p>duties or could render them likely to become suddenly unable to perform their duties.</p> <p>(c) The initial medical assessment includes at least:</p> <ul style="list-style-type: none"> <li>(1) an assessment of the medical history; and</li> <li>(2) a clinical examination of the following: <ul style="list-style-type: none"> <li>(i) cardiovascular system;</li> <li>(ii) respiratory system;</li> <li>(iii) musculoskeletal system;</li> <li>(iv) otorhinolaryngology (ENT); and</li> <li>(v) visual system.</li> </ul> </li> </ul> <p>(d) Each subsequent medical assessment includes:</p> <ul style="list-style-type: none"> <li>(1) an assessment of the medical history; and</li> <li>(2) a clinical examination (if deemed necessary) in accordance with best medical practices.</li> </ul> <p>Nevertheless, if during any medical assessment there is a doubt or if clinically indicated, additional medical examinations, tests or investigations may also be conducted if considered necessary by the medical staff.</p> |
| <p><b>KLINIČKI PREGLED I ISPITIVANJE</b></p> <p>Klinički pregled može uključivati sljedeće:</p> <p>(a) Kardiovaskularni sustav</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>CLINICAL EXAMINATION AND INVESTIGATION</b></p> <p>Clinical examination may include the following:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| <p>(1) mjerenje krvnog tlaka; i</p> <p>(2) standardni 12-kanalni EKG u mirovanju i izvješće. Proširena kardiovaskularna procjena (uključujući EKG pod opterećenjem) je potrebna kada je klinički indicirano.</p> <p>(b) Dišni sustav</p> <p>(1) testovi plućne funkcije; i</p> <p>(2) RTG prsnog koša na kliničku indikaciju.</p> <p>(c) Mišićno-koštani sustav</p> <p>(d) ORL</p> <p>(1) rutinski pregled ušiju, nosa i grla;</p> <p>(2) konverzijski test sluha tijekom kojeg je osoba sposobna pravilno razumjeti konverzijski govor kada se testira sa svakim uhom na udaljenosti od 2 metra od medicinskog osoblja i leđima okrenuta prema njemu; i</p> <p>(3) na kliničkoj indikaciji, audiometrija čistog tona mjerena na 500, 1 000, 2 000, 3 000 i 4 000 Hz.</p> <p>(e) Vizualni sustav korištenjem standardnih tehnika</p> <p>(1) vid na daljinu;</p> <p>(2) vid na blizinu;</p> <p>(3) vidna polja, prema kliničkoj indikaciji;</p> <p>(4) vid u boji (samo u početku ili prema kliničkoj indikaciji);</p> | <p>(a) Cardiovascular system</p> <p>(1) blood pressure measurement; and</p> <p>(2) a standard 12-lead resting ECG and report. An extended cardiovascular assessment (including an exercise ECG) is required when clinically indicated.</p> <p>(b) Respiratory system</p> <p>(1) pulmonary function tests; and</p> <p>(2) chest X-ray on clinical indication.</p> <p>(c) Musculoskeletal system</p> <p>(d) ENT</p> <p>(1) a routine inspection of ears, nose and throat;</p> <p>(2) a conversational hearing test during which the person is able to understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with their back turned towards the medical staff; and</p> <p>(3) on clinical indication, pure tone audiometry measured at 500, 1 000, 2 000, 3 000, and 4 000 Hz.</p> <p>(e) Visual system using standard techniques</p> <p>(1) distance vision;</p> <p>(2) near vision;</p> <p>(3) visual fields, on clinical indication;</p> |

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| <p>(5) pokreti očiju; i</p> <p>(6) očni pregled.</p> <p>(f) Pretrage urina na krv, bjelančevine i šećer</p> <p>(g) Krvne pretrage</p> <p>Osobe će biti podvrgnute krvnom testu, uzimajući u obzir povijest bolesti i nakon fizičkog pregleda:</p> <p>(1) puna krvna slika;</p> <p>(2) funkcija jetre;</p> <p>(3) rad bubrega;</p> <p>(4) šećer u krvi; i</p> <p>(5) lipidi u serumu, uključujući kolesterol.</p>                                                                   | <p>(4) colour vision (initial only or on clinical indication);</p> <p>(5) eye movements; and</p> <p>(6) ocular inspection.</p> <p>(f) Urine tests for blood, protein and sugar</p> <p>(g) Blood tests</p> <p>Persons will undergo a blood test, taking into account the medical history and following the physical examination of:</p> <p>(1) full blood count;</p> <p>(2) liver function;</p> <p>(3) kidney function;</p> <p>(4) blood sugar; and</p> <p>(5) serum lipids, including cholesterol.</p>                                         |
| <p><b>8. Medicinski izvještaj</b></p> <p>Nakon završetka svake medicinske procjene, medicinsko osoblje dostavit će pisano medicinsko izvješće dotičnoj osobi, kao i organizaciji koja ih zapošljava.</p> <p>Izvješće navodi datum liječničke procjene, je li osoba ocijenjena sposobnom ili nesposobnom, datum sljedeće liječničke procjene i, ako je primjenjivo, sva ograničenja. Svi ostali elementi podliježu medicinskoj povjerljivosti; stoga nisu uključeni u izvješće.</p> | <p><b>8. Medical report</b></p> <p>After the completion of each medical assessment, a written medical report will be provided by the medical staff to the person concerned, as well as to the organisation employing them.</p> <p>The report indicates the date of the medical assessment, whether the person has been assessed as fit or unfit, the date of the next medical assessment and, if applicable, any limitation(s). All other elements are subject to medical confidentiality; therefore, they are not included in the report.</p> |
| <p><b>9. Ograničenja</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>9. Limitations</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| <p>Ako neka osoba ne zadovoljava u potpunosti utvrđene medicinske kriterije, može joj se dopustiti da obavlja svoje zadatke uz određena ograničenja. Ograničenja će detaljno opisati medicinsko osoblje i navedena u medicinskom izvješću.</p> <p>Uklanjanje ograničenja obično se odvija nakon ponovne procjene od strane medicinskog osoblja.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>If any person does not fully satisfy the established medical criteria, they may be allowed to exercise their tasks with some limitations. The limitations will be detailed by the medical staff and listed in the medical report.</p> <p>Removal of the limitations is normally taking place following a re-assessment by the medical staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>PRIMJERI OGRANIČENJA</b></p> <p>Ovisno o slučaju, mogu se nametnuti operativna ograničenja i/ili uporaba pomagala, kako slijedi (popis nije konačan i temelji se na procjeni sposobnosti i operativnim zahtjevima):</p> <ul style="list-style-type: none"> <li>(a) Nošenje korekcijskih leća;</li> <li>(b) Nošenje slušnih pomagala;</li> <li>(c) Smanjenje intervala između uzastopnih liječničkih pregleda ili procjena. U tom će slučaju dotične osobe doći na ponovni pregled nakon savjetovanja i slijediti sve medicinske preporuke;</li> <li>(d) Operativna ograničenja kao što su: <ul style="list-style-type: none"> <li>(1) korištenje aparata za disanje;</li> <li>(2) rad u skućenim prostorima;</li> <li>(3) penjanje po ljestvama;</li> <li>(4) rad na visini;</li> <li>(5) vožnja;</li> <li>(6) upravljanje ili nošenje teške opreme; i</li> </ul> </li> </ul> | <p><b>EXAMPLES OF LIMITATIONS</b></p> <p>Depending on the case, operational limitations and/or use of aids may be imposed, as follows (list not exhaustive and based on the fit assessment and operational requirements):</p> <ul style="list-style-type: none"> <li>(a) Wearing of corrective lenses;</li> <li>(b) Wearing of hearing aids;</li> <li>(c) Reduction of the interval between consecutive medical examinations or assessments. In this case, the persons concerned will present themselves for re-examination when advised and follow any medical recommendations;</li> <li>(d) Operational restrictions such as: <ul style="list-style-type: none"> <li>(1) use of breathing apparatus;</li> <li>(2) work in confined spaces;</li> <li>(3) ladder climbing;</li> <li>(4) working at heights;</li> <li>(5) driving;</li> </ul> </li> </ul> |

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| (7) spuštanje niz motku; i<br>(e) Rad samo u određenim razdobljima dana (npr. samo dnevne smjene).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (6) operating or carrying heavy equipment; and<br>(7) descending the pole; and<br>(e) Working only in specific periods of the day (e.g. day shifts only).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>MEDICINSKI KRITERIJI ZA RFSS OSOBLJE</b><br><b>1. KARDIOVASKULARNI SUSTAV</b><br>(a) Općenito<br>(1) Spasilačko-vatrogasno osoblje s bilo kojim od sljedećih stanja ocjenjuje se nesposobnim:<br>(i) aneurizma torakalne ili suprarenalne abdominalne aorte, prije ili poslije operacije;<br>(ii) značajna funkcionalna abnormalnost bilo kojeg od srčanih zalistaka;<br>(iii) transplantacija srca ili srca/pluća;<br>(iv) simptomatska sinoatrijalna bolest;<br>(v) potpuni atrioventrikularni blok;<br>(vi) subendokardijalni pacemaker;<br>(vii) simptomatske kanalopatije uključujući produljenje QT intervala i Brugada sindrom;<br>(viii) automatski implantabilni defibrilacijski sustav;<br>(ix) ventrikularni pacemaker protiv tahikardije; i | <b>MEDICAL CRITERIA FOR RFSS PERSONNEL</b><br><b>1. CARDIOVASCULAR SYSTEM</b><br>(a) General<br>(1) Rescue and firefighting personnel with any of the following conditions are assessed as unfit:<br>(i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after a surgery;<br>(ii) significant functional abnormality of any of the heart valves;<br>(iii) heart or heart/lung transplantation;<br>(iv) symptomatic sinoatrial disease;<br>(v) complete atrioventricular block;<br>(vi) a sub-endocardial pacemaker;<br>(vii) symptomatic channelopathies including QT prolongation and Brugada syndrome;<br>(viii) an automatic (vii) implantable defibrillating system;<br>(ix) (2) a ventricular anti-tachycardia pacemaker; and |

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| <p>(x) plućna hipertenzija.</p> <p>(2) Spasilačko-vatrogasno osoblje sa sumnjom ili utvrđenom dijagnozom bilo kojeg od sljedećih stanja ocjenjuje se nesposobnim. Nakon zadovoljavajućeg liječenja i specijalističkog pregleda, može se razmotriti procjena sposobnosti.</p> <ul style="list-style-type: none"> <li>(i) Koronarna arterijska bolest prije ili poslije intervencije;</li> <li>(ii) Periferna arterijska bolest prije ili poslije operacije;</li> <li>(iii) Aneurizma infrarenalne abdominalne aorte, prije ili poslije operacije;</li> <li>(iv) Funkcionalno beznačajne abnormalnosti srčanih zalistaka;</li> <li>(v) Nakon operacije srčanih zalistaka;</li> <li>(vi) Značajan poremećaj srčanog ritma, uključujući pacemakere i ablacijsku terapiju;</li> <li>(vii) Abnormalnost perikarda, miokarda ili endokarda;</li> <li>(viii) Kongenitalne abnormalnosti srca, prije ili nakon korektivne operacije;</li> <li>(ix) Rekurentna vazovagalna sinkopa;</li> <li>(x) arterijska ili venska tromboza;</li> <li>(xi) plućna embolija; i</li> <li>(xii) Kardiovaskularno stanje koje zahtijeva sustavnu antikoagulantnu terapiju.</li> </ul> <p>(b) Bolest perifernih arterija</p> | <p>(x) pulmonary hypertension.</p> <p>(2) Rescue and firefighting personnel with a suspected or established diagnosis of any of the following conditions are assessed as unfit. Following satisfactory treatment and specialist review, a fit assessment can be considered.</p> <ul style="list-style-type: none"> <li>(i) Coronary arterial disease before or after intervention;</li> <li>(ii) Peripheral arterial disease before or after a surgery;</li> <li>(iii) Aneurysm of the infra-renal abdominal aorta, before or after a surgery;</li> <li>(iv) Functionally insignificant cardiac valvular abnormalities;</li> <li>(v) After a cardiac valve surgery;</li> <li>(vi) Significant disorder of cardiac rhythm, including pacemakers and ablation therapy;</li> <li>(vii) Abnormality of the pericardium, myocardium or endocardium;</li> <li>(viii) Congenital abnormality of the heart, before or after a corrective surgery;</li> <li>(ix) Recurrent vasovagal syncope;</li> <li>(x) Arterial or venous thrombosis;</li> <li>(xi) Pulmonary embolism; and</li> <li>(xii) Cardiovascular condition that requires systemic anticoagulant therapy.</li> </ul> <p>(b) Peripheral arterial disease</p> |

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| <p>Spasilačko-vatrogasno osoblje s perifernom arterijskom bolešću, prije ili nakon operacije, podvrgava se zadovoljavajućoj kardiološkoj procjeni uključujući ergometriju. Mogu biti potrebne dodatne pretrage koje ne bi trebale pokazati nikakve znake ishemijske miokarda ili značajne stenoze koronarne arterije. Procjena sposobnosti može se smatrati pod uvjetom da:</p> <ul style="list-style-type: none"> <li>(1) Doppler ehokardiografija zahvaćenog područja je zadovoljavajuća; i</li> <li>(2) nema znakova značajne bolesti koronarne arterije ili dokaza značajnog ateroma na drugom mjestu, niti funkcionalnog oštećenja opskrbljenog krajnjeg organa.</li> </ul> <p>(c) Aneurizma aorte</p> <p>Spasilačko-vatrogasno osoblje:</p> <ul style="list-style-type: none"> <li>(1) s aneurizmom infrarenalne abdominalne aorte ocjenjuju se nesposobnima;</li> <li>(2) mogu se ocijeniti sposobnima nakon operacije aneurizme infrarenalne aorte bez komplikacija i pod uvjetom da nemaju bolesti karotidne i koronarne cirkulacije.</li> </ul> <p>(d) Anomalije srčanih zalistaka</p> <p>Spasilačko-vatrogasno osoblje:</p> <ul style="list-style-type: none"> <li>(1) s prethodno neprepoznatim srčanim šumovima bit će podvrgnuti kardiološkoj procjeni. Ako se šum smatra značajnim, mogu biti potrebne daljnje pretrage prema preporuci kardiologa;</li> <li>(2) s manjim abnormalnostima srčanih zalistaka mogu se ocijeniti sposobnima. Potrebna je redovita kardiološka kontrola, uključujući najmanje 2D Doppler ehokardiografiju, prema odluci kardiologa;</li> </ul> | <p>Rescue and firefighting personnel with peripheral arterial disease, before or after a surgery, undergo a satisfactory cardiological evaluation including an exercise ECG. Further tests may be required which should show no evidence of myocardial ischaemia or significant coronary artery stenosis. A fit assessment may be considered provided that:</p> <ul style="list-style-type: none"> <li>(1) a Doppler echocardiography of the affected area is satisfactory; and</li> <li>(2) there is no sign of significant coronary artery disease or evidence of significant atheroma elsewhere, and no functional impairment of the end organ supplied.</li> </ul> <p>(c) Aortic aneurysm</p> <p>Rescue and firefighting personnel:</p> <ul style="list-style-type: none"> <li>(1) with an aneurysm of the infra-renal abdominal aorta are assessed as unfit;</li> <li>(2) may be assessed as fit after a surgery for an infra-renal aortic aneurysm without complications and subject to being free of disease of the carotid and coronary circulation.</li> </ul> <p>(d) Cardiac valvular abnormalities</p> <p>Rescue and firefighting personnel:</p> <ul style="list-style-type: none"> <li>(1) with previously unrecognised cardiac murmurs will undergo a cardiological evaluation. If considered significant, further investigation may be required subject to the recommendation of the cardiologist;</li> <li>(2) with minor cardiac valvular abnormalities may be assessed as fit. Regular cardiological follow-up, including at least a 2D Doppler echocardiography, as determined by the cardiologist is required;</li> </ul> |

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| <p>(3) sa značajnom abnormalnošću bilo kojeg od srčanih zalistaka ocjenjuju se kao nesposobni.</p> <p>(4) s bikuspidalnim aortnim zaliskom mogu se ocijeniti sposobnima ako se ne pokaže nikakva druga srčana ili aortalna abnormalnost i ako to ne utječe negativno na njihovu sposobnost u naporu. Potrebno je redovito kardiološko praćenje, uključujući 2D Doppler ehokardiografiju;</p> <p>(5) s blagom aortnom stenozom mogu se ocijeniti sposobnima ako to ne utječe negativno na njihovu sposobnost u naporu. Potrebno je godišnje kardiološko praćenje koje uključuje 2D Doppler ehokardiografiju;</p> <p>(6) s aortnom regurgitacijom mogu se ocijeniti sposobnima samo ako je regurgitacija mala i nema dokaza o volumnom preopterećenju. Neće biti dokazane abnormalnosti uzlazne aorte na 2D Doppler ehokardiografiji. Potrebno je kardiološko praćenje uključujući 2D Doppler ehokardiografiju;</p> <p>(7) s reumatskom mitralnom stenozom može se ocijeniti sposobnim samo u povoljnim slučajevima nakon kardiološke procjene uključujući 2D Doppler ehokardiografiju;</p> <p>(8) s nekomplikiranom manjom regurgitacijom mitralnog zaliska mogu se ocijeniti sposobnima ako to ne utječe negativno na njihovu sposobnost u naporu. Potrebno je redovito kardiološko praćenje uključujući 2D Doppler ehokardiografiju;</p> | <p>(3) with significant abnormality of any of the heart valves are assessed as unfit.</p> <p>(4) with bicuspid aortic valve may be assessed as fit if no other cardiac or aortic abnormality is demonstrated and if their effort capacity is not adversely affected. Regular cardiological follow-up, including a 2D Doppler echocardiography, is required;</p> <p>(5) with mild aortic stenosis may be assessed as fit if their effort capacity is not adversely affected. Annual cardiological follow-up is required which includes a 2D Doppler echocardiography;</p> <p>(6) with aortic regurgitation may be assessed as fit only if regurgitation is minor and there is no evidence of volume overload. There will be no demonstrable abnormality of the ascending aorta on a 2D Doppler echocardiography. Cardiological follow-up including a 2D Doppler echocardiography is required;</p> <p>(7) with rheumatic mitral stenosis may only be assessed as fit in favourable cases after a cardiological evaluation including a 2D Doppler echocardiography;</p> <p>(8) with uncomplicated minor mitral valve regurgitation may be assessed as fit if their effort capacity is not adversely affected. Regular cardiological follow-up including a 2D Doppler echocardiography is required;</p> <p>(9) with mitral valve prolapse and mild mitral regurgitation may be assessed as fit if their effort capacity is not adversely affected;</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>(9) s prolapsom mitralnog zaliska i blagom mitralnom regurgitacijom mogu se ocijeniti sposobnima ako to ne utječe negativno na njihovu sposobnost u naporu;</p> <p>(10) s dokazom volumnog preopterećenja lijeve klijetke s posljedičnim povećanim krajnjim dijastoličkim promjerom lijeve klijetke ocjenjuju se kao nesposobni;</p> <p>(11) sa zamjenom/popravkom srčanog zaliska ocjenjuju se nesposobnima. Nakon zadovoljavajuće kardiološke procjene, može se razmotriti procjena sposobnosti; i</p> <p>(12) nakon valvularne operacije bez ikakvih simptoma može se ocijeniti sposobnim nakon 6 mjeseci ukoliko:</p> <ul style="list-style-type: none"> <li>(i) je normalna valvularna i ventrikularna funkcija procijenjena 2D Doppler ehokardiografijom;</li> <li>(ii) je ergometrija, ili ekvivalentna pretraga, uredna</li> <li>(iii) dokazana odsutnost koronarne arterijske bolesti osim ako je ona zadovoljavajuće liječena revaskularizacijom;</li> <li>(iv) nisu potrebni kardioaktivni lijekovi;</li> <li>(v) godišnje kardiološko praćenje koje uključuje ergometriju i 2D Doppler ehokardiografiju. Duža razdoblja mogu biti prihvatljiva nakon što je stabilno stanje potvrđeno kardiološkim procjenama; i</li> </ul> <p>(13) s ugrađenim mehaničkim zaliscima ocjenjuju se nesposobnima. Osobe s implantiranim biološkim zaliscima mogu se ocijeniti</p> | <p>(10) with evidence of volume overloading of the left ventricle demonstrated by increased left ventricular end-diastolic diameter are assessed as unfit;</p> <p>(11) with cardiac valve replacement/repair are assessed as unfit. After a satisfactory cardiological evaluation, a fit assessment may be considered; and</p> <p>(12) after a valvular surgery without any symptom may be assessed as fit after 6 months subject to:</p> <ul style="list-style-type: none"> <li>(i) normal valvular and ventricular function as judged by a 2D Doppler echocardiography;</li> <li>(ii) satisfactory symptom-limited exercise ECG or equivalent;</li> <li>(iii) demonstrated absence of coronary artery disease unless this has been satisfactorily treated by re-vascularisation;</li> <li>(iv) no cardioactive medication being required;</li> <li>(v) annual cardiological follow-up to include an exercise ECG and a 2D Doppler echocardiography. Longer periods may be acceptable once a stable condition has been confirmed by cardiological evaluations; and</li> </ul> <p>(13) with implanted mechanical valves are assessed as unfit. Persons with implanted biological valves may be assessed as fit subject to documented exemplary compliance with their anti-platelet therapy. Age factors are part of the risk assessment.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>sposobnima podložno dokumentiranom uzornom pridržavanju antitrombocitne terapije. Čimbenici dobi dio su procjene rizika.</p> <p>(e) Tromboembolijski poremećaji</p> <p>Spasilačko- vatrogasno osoblje s arterijskom ili venskom trombozom ili plućnom embolijom ocjenjuje se nesposobnim tijekom provođenja antikoagulantne terapije. Također, spasilačko-vatrogasno osoblje s plućnom embolijom će biti pregledano od strane kardiologa. Nakon prestanka antikoagulantne terapije, propisane za bilo koju indikaciju, moraju proći ponovnu procjenu prije povratka na dužnost.</p> <p>(f) Ostali srčani poremećaji. Spasilačko-vatrogasno osoblje:</p> <p>(1) s abnormalnošću perikarda, miokarda ili endokarda ocjenjuju se nesposobnima. Ponovna procjena sposobnosti može se razmotriti nakon potpunog rješavanja i zadovoljavajuće kardiološke procjene koja može uključivati 2D Doppler ehokardiografiju, ergometriju, 24-satni ambulantni EKG i/ili perfuzijsku scintigrafiju miokarda ili ekvivalentni test. Može biti indicirana koronarna angiografija ili ekvivalentna pretraga. Može biti potrebno redovito kardiološko praćenje; i</p> <p>(2) s prirođenom anomalijom srca, uključujući i one koji su podvrgnuti kirurškoj korekciji, ocjenjuju se nesposobnima. Spasilačko i vatrogasno osoblje s manjim abnormalnostima koje su funkcionalno relevantne i ne utječu negativno na njihovu sposobnost u naporu može se ocijeniti sposobnim nakon kardiološke procjene. Nikakvi kardioaktivni lijekovi nisu prihvatljivi. Pretrage mogu uključivati 2D Doppler ehokardiografiju, ergometriju i 24-satni ambulantni EKG. Možda će biti potrebno redovito kardiološko praćenje.</p> <p>(g) Sinkopa</p> | <p>(e) Thromboembolic disorders</p> <p>Rescue and firefighting personnel with arterial or venous thrombosis or pulmonary embolism are assessed as unfit during anticoagulation. Rescue and firefighting personnel with pulmonary embolism will also be evaluated by a cardiologist. Following cessation of anticoagulant therapy, for any indication, they need to undergo a re-assessment before returning to duty.</p> <p>(f) Other cardiac disorders</p> <p>Rescue and firefighting personnel:</p> <p>(1) with an abnormality of the pericardium, myocardium or endocardium are assessed as unfit. A fit assessment may be considered following a complete resolution and a satisfactory cardiological evaluation which may include a 2D Doppler echocardiography, an exercise ECG, a 24-hour ambulatory ECG, and/or a myocardial perfusion scan or an equivalent test. Coronary angiography or an equivalent test may be indicated. Regular cardiological follow-up may be required; and</p> <p>(2) with a congenital abnormality of the heart, including those who have undergone surgical correction, are assessed as unfit. Rescue and firefighting personnel with minor abnormalities that are functionally relevant and do not adversely affect their effort capacity may be assessed as fit following a cardiological assessment. No cardioactive medication is acceptable. Investigations may include a 2D Doppler echocardiography, an exercise ECG and a 24-hour ambulatory ECG. Regular cardiological follow-up may be required.</p> <p>(g) Syncope</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>(1) Spasilačko-vatrogasno osoblje s poviješću ponovljenih epizoda sinkope ocjenjuje se nesposobnim. Ponovna procjena sposobnosti može se razmotriti nakon dovoljnog vremenskog razdoblja bez recidiva pod uvjetom da je kardiološka procjena zadovoljavajuća.</p> <p>(2) Kardiološka procjena nakon jedne epizode sinkope uključuje najmanje:</p> <ul style="list-style-type: none"> <li>(i) zadovoljavajuću ergometriju. Ako je ergometrija abnormalna, potrebno je perfuzijska scintigrafija miokarda ili ekvivalentan test;</li> <li>(ii) 2D Doppler ehokardiogram koji ne pokazuje niti značajno selektivno proširenje komore niti strukturnu ili funkcionalnu abnormalnost srca, zalistaka ili miokarda;</li> <li>(iii) 24-satni ambulantni EKG zapis koji ne pokazuje poremećaje provođenja, složene ili dugotrajne poremećaje ritma ili dokaze ishemije miokarda; i</li> <li>(iv) tilt test proveden prema standardnom protokolu koji ne pokazuje znakove vazomotorne nestabilnosti.</li> </ul> <p>(3) Može biti potreban neurološki pregled.</p> <p>(h) Krvni tlak</p> <p>(1) Krvni tlak bit će u granicama normale.</p> <p>(2) Spasilačko-vatrogasno osoblje:</p> <ul style="list-style-type: none"> <li>(i) sa simptomatskom hipotenzijom; ili</li> <li>(ii) čiji krvni tlak pri pregledu stalno prelazi 140 mmHg sistolički i/ili 90 mmHg dijastolički, sa ili bez liječenja; ili</li> <li>(iii) koji su počeli uzimati lijekove za kontrolu krvnog tlaka,</li> </ul> | <p>(1) Rescue and firefighting personnel with a history of recurrent episodes of syncope are assessed as unfit. A fit assessment may be considered after a sufficient period of time without recurrence provided that a cardiological evaluation is satisfactory.</p> <p>(2) A cardiological evaluation following a single episode of syncope includes at least:</p> <ul style="list-style-type: none"> <li>(i) a satisfactory symptom-limited exercise ECG. If the exercise ECG is abnormal, a myocardial perfusion scan or an equivalent test is required;</li> <li>(ii) a 2D Doppler echocardiogram showing neither significant selective chamber enlargement nor structural or functional abnormality of the heart, valves or myocardium;</li> <li>(iii) a 24-hour ambulatory ECG recording showing no conduction disturbance, complex or sustained rhythm disturbance or evidence of myocardial ischaemia;</li> <li>(iv) and a tilt test carried out to a standard protocol showing no evidence of vasomotor instability.</li> </ul> <p>(3) Neurological review may be required.</p> <p>(h) Blood pressure</p> <p>(1) Blood pressure will be within normal limits.</p> <p>(2) Rescue and firefighting personnel:</p> <ul style="list-style-type: none"> <li>(i) with symptomatic hypotension; or</li> <li>(ii) whose blood pressure at examination consistently exceeds 140 mmHg systolic and/or 90 mmHg diastolic, with or without treatment; or</li> </ul> |

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| <p>zahtijevat će razdoblje suspenzije s dužnosti kako bi se procijenila ozbiljnost stanja, odredilo ili promijenilo liječenje i/ili utvrdilo nepostojanje značajnih nuspojava.</p> <p>(3) Ispitivanje moguće hipertenzije i potvrda odgovarajuće kontrole uzimanja lijekova uključuje 24-satno praćenje krvnog tlaka.</p> <p>(4) Antihipertenzivni lijekovi mogu uključivati:</p> <ul style="list-style-type: none"> <li>(i) diuretike, osim diuretika Henleove petlje</li> <li>(ii) inhibitore angiotenzin konvertirajućeg enzima (ACE)</li> <li>(iii) antagonisti receptora angiotenzina II;</li> <li>(iv) dugodjelujući spori blokatori kalcijevih kanala; i</li> <li>(v) određeni (općenito hidrofilni) beta-blokatori.</li> </ul> <p>(5) Nakon početka primjene lijekova za kontrolu krvnog tlaka, osoblje za spašavanje i gašenje požara ponovno se procjenjuje kako bi se potvrdilo da je liječenje kompatibilno sa sigurnim obavljanjem njihovih dužnosti.</p> <p>(i) Bolest koronarnih arterija</p> <p>(1) Spasilačko-vatrogasno osoblje s bolovima u prsima bit će podvrgnuto potpunoj istrazi prije nego što se može razmotriti procjena sposobnosti. Spasilačko i vatrogasno osoblje s anginom pectoris ocjenjuje se nesposobnim, bez obzira na to je li ona kontrolirana lijekovima ili ne.</p> <p>(2) Spasilačko-vatrogasno osoblje sa sumnjom na asimptomatsku bolest koronarne arterije podvrgava se kardiološkoj procjeni uključujući ergometriju. Mogu biti potrebne daljnje pretrage (perfuzijska scintigrafija miokarda, stres ehokardiografija, koronarna angiografija ili ekvivalent), koje ne bi smjele</p> | <p>(iii) who have initiated a medication for the control of blood pressure, will require a period of suspension from the duties in order to assess the severity of the condition, impose or change the treatment and/or to establish the absence of significant side effects.</p> <p>(3) The investigation of possible hypertension and confirmation of adequate control on medication includes a 24-hour blood pressure monitoring.</p> <p>(4) Anti-hypertensive medication may include:</p> <ul style="list-style-type: none"> <li>(i) non-loop diuretic agents;</li> <li>(ii) angiotensin converting enzyme (ACE) inhibitors;</li> <li>(iii) angiotensin II receptor blocking agents;</li> <li>(iv) long-acting slow channel calcium blocking agents; and</li> <li>(v) certain (generally hydrophilic) beta-blocking agents.</li> </ul> <p>(5) Following initiation of medication for the control of blood pressure, rescue and firefighting personnel are re-assessed to verify that the treatment is compatible with the safe exercise of their duties.</p> <p>(i) Coronary artery disease</p> <p>(1) Rescue and firefighting personnel with chest pain will undergo a full investigation before a fit assessment may be considered. Rescue and firefighting personnel with angina pectoris are assessed as unfit, whether or not it is abolished by medication.</p> <p>(2) Rescue and firefighting personnel with suspected asymptomatic coronary artery disease undergo a cardiological evaluation including an exercise ECG. Further tests (myocardial perfusion scanning, stress echocardiography,</p> |

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| <p>pokazati nikakve znake miokardijalne ishemije ili značajne stenozе koronarne arterije.</p> <p>(3) Nakon ishemijskog srčanog događaja, uključujući revaskularizaciju (PTCI/stent i CABG), spasilačko-vatrogasno osoblje bez simptoma mora smanjiti sve vaskularne čimbenike rizika na odgovarajuću razinu. Lijekovi, kada se koriste za kontrolu srčanih simptoma, nisu prihvatljivi. Svo spasilačko-vatrogasno osoblje bit će na prihvatljivom tretmanu sekundarne prevencije.</p> <p>(i) Koronarni angiogram ili ekvivalent dobiven u vrijeme ili tijekom ishemijskog miokardijalnog događaja te potpuno, detaljno kliničko izvješće o ishemijskom događaju i svim operativnim postupcima.</p> <p>(A) Ne postoji stenoza veća od 50 % u bilo kojoj većoj neliječenoj žili, u bilo kojoj venskoj ili arterijskoj presadnici ili na mjestu angioplastike/stenta, osim u žili povezanoj s infarktom miokarda. Više od dvije stenozе između 30 % i 50 % unutar vaskularnog stabla nisu prihvatljive.</p> <p>(B) Cijelo koronarno vaskularno stablo kardiolog ocjenjuje kao zadovoljavajuće, a posebna pozornost se obraća na višestruke stenozе i/ili višestruke revaskularizacije.</p> <p>(C) Neliječena stenoza veća od 30 % u lijevoj glavnoj ili proksimalnoj lijevoj prednjoj silaznoj koronarnoj arteriji nije prihvatljiva.</p> <p>(ii) Najmanje 6 mjeseci od ishemijskog miokardijalnog događaja, uključujući revaskularizaciju, potrebno je dovršiti sljedeće pretrage:</p> <p>(A) Ergometrija koja ne pokazuje niti znake miokardijalne ishemije niti poremećaj ritma ili provođenja;</p> | <p>coronary angiography or equivalent) may be required, which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.</p> <p>(3) After an ischaemic cardiac event, including revascularisation (PTCI/stent and CABG), rescue and firefighting personnel without symptoms need to have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All rescue and firefighting personnel will be on acceptable secondary prevention treatment.</p> <p>(i) A coronary angiogram or equivalent obtained around the time of, or during, the ischaemic myocardial event, and a complete, detailed clinical report of the ischaemic event and of any operative procedures is available.</p> <p>(A) There is no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree are not acceptable.</p> <p>(B) The whole coronary vascular tree is assessed as satisfactory by a cardiologist, and particular attention is paid to multiple stenoses and/or multiple revascularisations.</p> <p>(C) An untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery is not acceptable.</p> <p>(ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations need to be completed:</p> <p>(A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm or conduction disturbance;</p> <p>(B) an echocardiogram or an equivalent test showing satisfactory left ventricular function with no important abnormality of wall motion (such</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>(B) ehokardiogram ili ekvivalentni test koji pokazuje zadovoljavajuću funkciju lijeve klijetke bez važnih abnormalnosti pomicanja stijenke (kao što je diskinezija ili akinezija) i ejekcijskom frakcijom lijeve klijetke od 50 % ili više;</p> <p>(C) u slučajevima angioplastike/stentiranja, perfuzijska scintigrafija miokarda ili ekvivalentni test, koji ne pokazuje dokaze o reverzibilnoj ishemiji miokarda. Ako postoji bilo kakva sumnja na perfuziju miokarda, u drugim slučajevima (infarkt ili premosnica), također je potreban pregled perfuzijskom scintigrafijom miokarda; i</p> <p>(D) daljnje pretrage, kao što je 24-satni EKG, mogu biti potrebne za procjenu rizika od bilo kakvog značajnog poremećaja ritma.</p> <p>(iii) Praćenje se provodi jednom godišnje (ili češće, ako je potrebno) kako bi se osiguralo da nema pogoršanja kardiovaskularnog statusa. Uključuje kardiološku procjenu, ergometriju i procjenu kardiovaskularnog rizika. Mogu biti potrebne dodatne pretrage.</p> <p>(iv) Nakon koronarne venske premosnice, perfuzijska scintigrafija miokarda ili ekvivalentan test se izvodi prema kliničkim indikacijama, a u svim slučajevima unutar 5 godina od postupka.</p> <p>(v) U svim slučajevima, koronarna angiografija ili ekvivalentni test se razmatra u bilo kojem trenutku ako simptomi, znakovi ili neinvazivni testovi ukazuju na ishemiju miokarda.</p> <p>(vi) Spasilačko- vatrogasno osoblje može se ocijeniti sposobnim za podvrgavanje testovima fizičke sposobnosti nakon uspješnog završetka 6-mjesečnog ili kasnijeg pregleda.</p> <p>(j) Poremećaji ritma i provođenja</p> | <p>as dyskinesia or akinesia) and a left ventricular ejection fraction of 50 % or more;</p> <p>(C) in cases of angioplasty/stenting, a myocardial perfusion scan or equivalent test, which shows no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion, in other cases (infarction or bypass grafting), a perfusion scan is also required; and</p> <p>(D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.</p> <p>(iii) Follow-up is conducted annually (or more frequently, if necessary) to ensure that there is no deterioration of the cardiovascular status. It includes a cardiological evaluation, an exercise ECG and a cardiovascular risk assessment. Additional investigations may be required.</p> <p>(iv) After coronary artery vein bypass grafting, a myocardial perfusion scan or an equivalent test is performed on clinical indication, and in all cases within 5 years from the procedure.</p> <p>(v) In all cases, coronary angiography, or an equivalent test, is considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.</p> <p>(vi) Rescue and firefighting personnel may be assessed as fit to undergo the physical fitness tests after successful completion of the 6-month or later review.</p> <p>(j) Rhythm and conduction disturbances</p> |

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| <p>(1) Spasilačko-vatrogasno osoblje s bilo kojim značajnim poremećajem ritma ili provođenja može se ocijeniti sposobnim nakon kardiološke procjene i uz odgovarajuće praćenje. Takva procjena uključuje:</p> <p>(i) ergometrija koja ne pokazuje značajnu abnormalnost ritma ili provođenja i nema dokaza ishemijske miokarda. Potrebno je prekinuti uzimanje kardioaktivnih lijekova prije testa;</p> <p>(ii) 24-satni ambulantni EKG kako bi se pokazalo da nema značajnih poremećaja ritma ili provođenja; i</p> <p>(iii) 2D Doppler ehokardiogram koji ne pokazuje značajno selektivno proširenje komore ili značajnu strukturnu ili funkcionalnu abnormalnost, te ejezionijsku frakciju lijeve klijetke od najmanje 50 %.</p> <p>Daljnja procjena može uključivati:</p> <p>(iv) 24-satno snimanje EKG-a koje se ponavlja po potrebi;</p> <p>(v) elektrofiziološka studija (EPS);</p> <p>(vi) perfuzijska scintigrafija miokarda ili ekvivalentni test;</p> <p>(vii) magnetska rezonancija srca (MRI) ili ekvivalentni test; i</p> <p>(viii) koronarni angiogram ili ekvivalentni test.</p> <p>(2) Spasilačko-vatrogasnom osoblju sa supraventrikularnim ili ventrikularnim ektopičnim kompleksima na EKG-u u mirovanju možda neće biti potrebna daljnja procjena, pod uvjetom da se može pokazati da učestalost nije veća od jedne u minuti; na primjer, na produženoj EKG traci. Spasilačko-vatrogasno osoblje s asimptomatskim izoliranim uniformnim ventrikularnim ektopičnim kompleksima može se ocijeniti sposobnim, ali česti ili složeni oblici zahtijevaju punu kardiološku procjenu.</p> | <p>(1) Rescue and firefighting personnel with any significant rhythm or conduction disturbance may be assessed as fit after a cardiological evaluation and with appropriate follow-up. Such an evaluation includes</p> <p>(i) an exercise ECG to show no significant abnormality of rhythm or conduction, and no evidence of myocardial ischaemia. Withdrawal of cardioactive medication prior to the test is required;</p> <p>(ii) a 24-hour ambulatory ECG to demonstrate no significant rhythm or conduction disturbance; and</p> <p>(iii) a 2D Doppler echocardiogram to show no significant selective chamber enlargement or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50 %.</p> <p>Further evaluation may include:</p> <p>(iv) 24-hour ECG recording repeated as necessary;</p> <p>(v) electrophysiological study (EPS);</p> <p>(vi) myocardial perfusion imaging or equivalent test;</p> <p>(vii) cardiac magnetic resonance imaging (MRI) or equivalent test; and</p> <p>(viii) coronary angiogram or equivalent test.</p> <p>(2) Rescue and firefighting personnel with supraventricular or ventricular ectopic complexes on a resting ECG may require no further evaluation, provided that the frequency can be shown to be no greater than one per minute; for example, on an extended ECG strip. Rescue and firefighting personnel with asymptomatic isolated uniform ventricular ectopic complexes may be assessed as fit but frequent or complex forms require a full cardiological evaluation.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>(3) Ablacija</p> <p>(i) Spasilačko vatrogasno osoblje koje je podvrgnuto ablacijskoj terapiji ocjenjuje se nesposobnim za minimalno razdoblje od 2 mjeseca.</p> <p>(ii) Ocjena sposoban može se razmotriti nakon uspješne ablacije kateterom pod uvjetom da EPS pokazuje da je postignuta zadovoljavajuća kontrola.</p> <p>(iii) Gdje se EPS ne provodi, potrebno je razmotriti duža razdoblja nesposobnosti i kardiološko praćenje.</p> <p>(iv) Praćenje uključuje kardiološku procjenu.</p> <p>(4) Supraventrikularne aritmije</p> <p>Spasilačko-vatrogasno osoblje sa značajnim poremećajem supraventrikularnog ritma, uključujući sinoatrijalnu disfunkciju, bilo povremeno ili stalno, ocjenjuje se nesposobnim. Ocjena sposoban može se razmotriti ako je kardiološka procjena, uključujući mogući rizik od moždanog udara, zadovoljavajuća. Antikoagulacijska terapija je diskvalificirajuća.</p> <p>(i) Za procjenu prije zapošljavanja, za spasilačko-vatrogasno osoblje s atrijskom fibrilacijom/flutterom, procjena sposobnosti ograničena je na one s jednom epizodom aritmije za koju se smatra da je malo vjerojatno da će se ponoviti.</p> <p>(ii) Spasilačko-vatrogasno osoblje s asimptomatskim sinusnim pauzama do 2,5 sekunde na EKG-u u mirovanju može se ocijeniti sposobnim nakon zadovoljavajuće kardiološke procjene. Kardiološka procjena uključuje najmanje sljedeće: ergometriju, 2D Doppler ehokardiografiju i 24-satni ambulantni EKG.</p> | <p>(3) Ablation</p> <p>(i) Rescue and firefighting personnel who have undergone ablation therapy are assessed as unfit for a minimum period of 2 months.</p> <p>(ii) A fit assessment may be considered following successful catheter ablation provided that an EPS demonstrates satisfactory control has been achieved.</p> <p>(iii) Where EPS is not performed, longer periods of unfitness and cardiological followup needs to be considered.</p> <p>(iv) Follow-up includes a cardiological assessment.</p> <p>(4) Supraventricular arrhythmias</p> <p>Rescue and firefighting personnel with significant disturbance of supraventricular rhythm, including sinoatrial dysfunction, whether intermittent or established, are assessed as unfit. A fit assessment may be considered if a cardiological evaluation, including the prospective risk of stroke, is satisfactory. Anticoagulation therapy is disqualifying.</p> <p>(i) For pre-employment assessments, for rescue and firefighting personnel with atrial fibrillation/flutter, a fit assessment is limited to those with a single episode of arrhythmia which is considered to be unlikely to recur.</p> <p>(ii) Rescue and firefighting personnel with asymptomatic sinus pauses up to 2.5 seconds on a resting ECG may be assessed as fit following a satisfactory cardiological evaluation. The cardiological evaluation includes at least the following: an exercise ECG, a 2D Doppler echocardiography and a 24-hour ambulatory ECG.</p> |

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| <p>(iii) Spasilačko-vatrogasno osoblje sa simptomatskom sinoatrijalnom bolešću ocjenjuje se nesposobnim.</p> <p>(5) Mobitz tip 2 atrio-ventrikularni blok</p> <p>Spasilačko-vatrogasno osoblje s AV blokom Mobitz tipa 2 može se ocijeniti sposobnim nakon što potpuna kardiološka procjena potvrdi odsutnost bolesti distalnog provodnog tkiva.</p> <p>(6) Potpuni blok desne grane</p> <p>Spasilačko-vatrogasno osoblje s potpunim blokom desne grane podvrgava se kardiološkoj procjeni pri prvom pregledu.</p> <p>(7) Potpuni blok lijeve grane</p> <p>Procjena sposobnosti može se uzeti u obzir kako slijedi:</p> <p>(i) Na prvoj procjeni, spasilačko-vatrogasno osoblje može se ocijeniti sposobnim nakon potpune kardiološke procjene koja ne pokazuje nikakvu patologiju. Ovisno o kliničkoj situaciji, može biti potrebno razdoblje stabilnosti.</p> <p>(ii) Spasilačko-vatrogasno osoblje, tijekom periodične procjene njihove zdravstvene sposobnosti s novonastalim blokom lijeve grane može se ocijeniti sposobnim nakon kardiološke procjene koja ne pokazuje patologiju. Može biti potrebno razdoblje stabilnosti.</p> <p>(iii) Kardiološka procjena se preporučuje nakon 12 mjeseci u svim slučajevima.</p> <p>(8) Ventrikularna preekscitacija</p> | <p>(iii) Rescue and firefighting personnel with symptomatic sino-atrial disease are assessed as unfit.</p> <p>(5) Mobitz type 2 atrio-ventricular block</p> <p>Rescue and firefighting personnel with Mobitz type 2 AV block may be assessed as fit after a full cardiological evaluation confirms the absence of distal conducting tissue disease.</p> <p>(6) Complete right bundle branch block</p> <p>Rescue and firefighting personnel with complete right bundle branch block undergo a cardiological evaluation on first presentation.</p> <p>(7) Complete left bundle branch block</p> <p>A fit assessment may be considered, as follows:</p> <p>(i) At first assessment, rescue and firefighting personnel may be assessed as fit after a full cardiological evaluation showing no pathology. Depending on the clinical situation, a period of stability may be required.</p> <p>(ii) Rescue and firefighting personnel, during a periodic assessment of their medical fitness with a de-novo left bundle branch block may be assessed as fit after a cardiological evaluation showing no pathology. A period of stability may be required.</p> <p>(iii) A cardiological evaluation is recommended after 12 months in all cases.</p> |

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| <p>Spasilačko-vatrogasno osoblje s preekscitacijom može se ocijeniti sposobnim ako je asimptomatsko, a elektrofiziološka studija, uključujući odgovarajući protokol autonomne stimulacije izazvane lijekovima, ne otkriva inducibilnu re-entry tahikardiju i isključeno je postojanje višestrukih putova. Bit će potrebno kardiološko praćenje uključujući 24-satno ambulantno EKG snimanje koje ne pokazuje sklonost simptomatskoj ili asimptomatskoj tahiaritmiji.</p> <p>(9) Produljenje QT intervala</p> <p>Spasilačko-vatrogasno osoblje s produljenjem QT intervala mora imati kardiološki pregled. Procjena sposobnosti može se razmotriti kod asimptomatskih osoba.</p>                   | <p>(8) Ventricular pre-excitation</p> <p>Rescue and firefighting personnel with pre-excitation may be assessed as fit if they are asymptomatic, and an electrophysiological study, including an adequate drug-induced autonomic stimulation protocol, reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded. Cardiological follow-up will be required including a 24-hour ambulatory ECG recording showing no tendency to symptomatic or asymptomatic tachyarrhythmia.</p> <p>(9) QT prolongation</p> <p>Rescue and firefighting personnel with QT prolongation need to have a cardiological evaluation. A fit assessment may be considered in asymptomatic persons.</p> |
| <p><b>2. DIŠNI SUSTAV</b></p> <p>(a) Spasilačko-vatrogasno osoblje sa značajnim oštećenjem plućne funkcije ocjenjuje se nesposobnim. Ocjenjivanje sposobnosti može se razmotriti nakon što se plućna funkcija oporavi i bude zadovoljavajuća.</p> <p>(b) Spasilačko-vatrogasno osoblje s bilo kakvim posljedicama bolesti ili kirurške intervencije u bilo kojem dijelu dišnog trakta koje bi mogle uzrokovati onesposobljenost, ocjenjuje se nesposobnim. Ocjenjivanje sposobnosti može se razmotriti nakon specijalističke procjene.</p> <p>(c) Nakon ozbiljne respiratorne bolesti, prije povratka na operativnu dužnost obaviti će se testovi fizičke sposobnosti.</p> <p>(d) Ispitivanje</p> | <p><b>2. RESPIRATORY SYSTEM</b></p> <p>(a) Rescue and firefighting personnel with significant impairment of pulmonary function are assessed as unfit. A fit assessment could be considered once pulmonary function has recovered and is satisfactory.</p> <p>(b) Rescue and firefighting personnel with any sequelae of disease or surgical intervention in any part of the respiratory tract likely to cause incapacitation, are assessed as unfit. A fit assessment could be considered after a specialist evaluation.</p> <p>(c) Following significant respiratory illness, physical fitness tests will be performed prior to a return to operational duty.</p> <p>(d) Examination</p>                       |

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| <p>(1) Za početni pregled potrebna je spirometrija. Omjer FEV1/FVC manji od 75 % zahtijeva procjenu specijalista za respiratorne bolesti prije nego što se može razmotriti procjena sposobnosti.</p> <p>(2) Stražnja/prednja radiografija prsnog koša može biti potrebna pri početnim pregledima, pregledima za obnovu valjanosti ili pregledima za obnovu ako je indicirano na kliničkim ili epidemiološkim razlozima.</p> <p>(e) Kronična opstruktivna bolest dišnih putova</p> <p>Spasilačko-vatrogasno osoblje s kroničnom opstruktivnom bolešću dišnih putova ocjenjuje se nesposobnim. Spasilačko-vatrogasno osoblje s manjim oštećenjem plućne funkcije može se ocijeniti sposobnim nakon specijalističke respiratorne procjene. Može biti potrebno ograničenje dužnosti. Spasilačko-vatrogasno osoblje s plućnim emfizemom može se ocijeniti sposobnim za ograničene dužnosti, isključujući korištenje aparata za disanje, nakon specijalističke procjene koja pokazuje da je stanje stabilno i da ne uzrokuje značajne simptome.</p> <p>(f) Astma</p> <p>Spasilačko-vatrogasno osoblje s astmom za koju su potrebni lijekovi može se ocijeniti sposobnim ako se astma smatra stabilnom sa zadovoljavajućim testovima plućne funkcije i lijekovi su kompatibilni sa sigurnim izvršavanjem dužnosti. Operativna ograničenja mogu biti primijenjena.</p> <p>(g) Upalna bolest</p> <p>(1) Za spasilačko-vatrogasno osoblje s aktivnom upalnom bolešću dišnog sustava, ocjena sposobnog može se smatrati nakon specijalističke evaluacije kada se stanje riješi bez posljedica i nisu potrebni lijekovi.</p> | <p>(1) A spirometry is required for initial examination. An FEV1/FVC ratio less than 75 % requires an evaluation by a specialist in respiratory disease before a fit assessment can be considered.</p> <p>(2) Posterior/anterior chest radiography may be required at initial, revalidation or renewal examinations when indicated on clinical or epidemiological grounds.</p> <p>(e) Chronic obstructive airways disease</p> <p>Rescue and firefighting personnel with chronic obstructive airways disease are assessed as unfit. Rescue and firefighting personnel with only minor impairment of their pulmonary function may be assessed as fit after a specialist respiratory evaluation. Limitation of duties may be required. Rescue and firefighting personnel with pulmonary emphysema may be assessed as fit for limited duties excluding use of breathing apparatus following a specialist evaluation showing that the condition is stable and not causing significant symptoms.</p> <p>(f) Asthma</p> <p>Rescue and firefighting personnel with asthma that requires medication may be assessed as fit if the asthma is considered stable with satisfactory pulmonary function tests and medication is compatible with the safe execution of the duties. Operational limitations may be appropriate.</p> <p>(g) Inflammatory disease</p> |

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| <p>(2) Spasilačko-vatrogasno osoblje s kroničnim upalnim bolestima može se ocijeniti sposobnim nakon specijalističke evaluacije koja pokazuje blagu bolest bez rizika od akutnog pogoršanja s prihvatljivim testom plućne funkcije, uključujući bronhoprovokacijski test, i lijekovima kompatibilnim sa sigurnim izvršavanjem dužnosti. Operativna ograničenja mogu biti primijenjena.</p> <p>(h) Sarkoidoza</p> <p>(1) Spasilačko-vatrogasno osoblje s aktivnom sarkoidozom ocjenjuje se nesposobnim. Poduzima se specijalistička procjena s obzirom na mogućnost sistemske, osobito srčane zahvaćenosti. Procjena sposobnosti može se razmotriti ako je potreban minimalna terapija, a bolest je ograničena na hilarnu limfadenopatiju i neaktivna.</p> <p>(2) Spasilačko-vatrogasno osoblje sa srčanim ili neurološkim sarkoidom ocjenjuje se nesposobnim.</p> <p>(i) Pneumotoraks</p> <p>Spasilačko-vatrogasno osoblje sa spontanom pneumotoraksom ocjenjuje se nesposobnim. Procjena sposobnosti može se uzeti u obzir:</p> <p>(1) 6 tjedana nakon događaja pod uvjetom da je potpuni oporavak od jednog događaja potvrđen potpunom respiratornom procjenom uključujući CT skeniranje ili ekvivalent; i</p> <p>(2) nakon kirurške intervencije u slučaju ponovnog pneumotoraksa pod uvjetom da postoji zadovoljavajući oporavak.</p> <p>(j) Torakalna kirurgija</p> | <p>(1) For rescue and firefighting personnel with active inflammatory disease of the respiratory system, a fit assessment may be considered following a specialist evaluation when the condition has resolved without sequelae and no medication is required.</p> <p>(2) Rescue and firefighting personnel with chronic inflammatory diseases may be assessed as fit following a specialist evaluation that shows mild disease with no risk of acute worsening with acceptable pulmonary function test, including bronchial challenge test, and medication compatible with the safe execution of duties. Operational limitations may be required.</p> <p>(h) Sarcoidosis</p> <p>(1) Rescue and firefighting personnel with active sarcoidosis are assessed as unfit. A specialist evaluation is undertaken with respect to the possibility of systemic, particularly cardiac, involvement. A fit assessment may be considered if minimal medication is required, and the disease is limited to hilar lymphadenopathy and inactive.</p> <p>(2) Rescue and firefighting personnel with cardiac or neurological sarcoid are assessed as unfit.</p> <p>(i) Pneumothorax</p> <p>Rescue and firefighting personnel with a spontaneous pneumothorax are assessed as unfit. A fit assessment may be considered:</p> <p>(1) 6 weeks after the event provided full recovery from a single event has been confirmed in a full respiratory evaluation including a CT scan or equivalent; and</p> |

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| <p>(1) Spasilačko-vatrogasno osoblje koje zahtijeva torakalnu operaciju ocjenjuje se nesposobnim do trenutka kada više nije vjerojatno da će učinci operacije ometati sigurno obavljanje njihovih dužnosti.</p> <p>(2) Procjena sposobnosti može se uzeti u obzir tek nakon zadovoljavajućeg oporavka i potpune respiratorne procjene uključujući CT ili ekvivalent. U procesu procjene uzima se u obzir temeljna patologija koja je zahtijevala operaciju.</p> <p>(k) Sindrom apneje u snu/poremećaj spavanja</p> <p>(1) Spasilačko-vatrogasno osoblje s nezadovoljavajuće liječenim sindromom apneje u snu i koje pati od prekomjerne dnevne pospanosti ocjenjuje se nesposobnim.</p> <p>(2) Spasilačko-vatrogasno osoblje s opstruktivnom apnejom podvrgava se kardiološkoj i pneumološkoj procjeni.</p> <p>(3) Procjena sposobnosti može se smatrati ovisno o opsegu simptoma i zadovoljavajućem liječenju.</p> | <p>(2) following surgical intervention in the case of a recurrent pneumothorax provided that there is satisfactory recovery.</p> <p>(j) Thoracic surgery</p> <p>(1) Rescue and firefighting personnel that require a thoracic surgery are assessed as unfit until such time as the effects of the operation are no longer likely to interfere with the safe exercise of their duties.</p> <p>(2) A fit assessment may only be considered after satisfactory recovery and a full respiratory evaluation including a CT scan or equivalent. The underlying pathology which necessitated the surgery is considered in the assessment process.</p> <p>(k) Sleep apnoea syndrome/sleep disorder</p> <p>(1) Rescue and firefighting personnel with unsatisfactorily treated sleep apnoea syndrome and suffering from excessive daytime sleepiness are assessed as unfit.</p> <p>(2) Rescue and firefighting personnel with obstructive sleep apnoea undergo a cardiological and pneumological evaluation.</p> <p>(3) A fit assessment may be considered subject to the extent of symptoms, and satisfactory treatment.</p> |
| <p><b>3. PROBAVNI SUSTAV</b></p> <p>(a) Spasilačko-vatrogasno osoblje s bilo kakvim posljedicama bolesti ili kirurškim zahvatom u bilo kojem dijelu probavnog trakta ili njegovim adneksima koji bi mogli uzrokovati onesposobljenost, ocjenjuje se nesposobnim. Procjena sposobnosti može se razmotriti nakon specijalističke procjene.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>3. DIGESTIVE SYSTEM</b></p> <p>(a) Rescue and firefighting personnel with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation, are assessed as unfit. A fit assessment may be considered after a specialist evaluation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| <p>(b) Varikoziteti jednjaka</p> <p>Spasilačko-vatrogasno osoblje s varikozitetima jednjaka ocjenjuje se nesposobnim.</p> <p>(c) Pankreatitis</p> <p>(1) Spasilačko-vatrogasno osoblje s pankreatitisom ocjenjuje se nesposobnim do ocjenjivanja. Ocjena sposoban može doći u obzir ako se uzrok (npr. žučni kamenac, druga opstrukcija, lijekovi) ukloni.</p> <p>(2) Alkohol može biti uzrok dispepsije i pankreatitisa. Potrebna je potpuna procjena njegove uporabe/zloupore.</p> <p>(d) Žučni kamenci</p> <p>Spasilačko-vatrogasno osoblje:</p> <p>(1) s jednim velikim žučnim kamencem može se ocijeniti sposobnim nakon procjene;</p> <p>(2) s više žučnih kamenaca mogu se ocijeniti sposobnima dok čekaju procjenu ili liječenje pod uvjetom da simptomi vjerojatno neće ometati dužnosti.</p> <p>(e) Upalna bolest crijeva</p> <p>Spasilačko-vatrogasno osoblje s utvrđenom dijagnozom ili poviješću kronične upalne bolesti crijeva može se ocijeniti sposobnim ako je bolest u utvrđenoj stabilnoj remisiji i ako se uzima minimalna terapija, ako je uopće ima. Potrebno je redovito praćenje.</p> <p>(f) Hernija</p> | <p>(b) Oesophageal varices</p> <p>Rescue and firefighting personnel with oesophageal varices are assessed as unfit.</p> <p>(c) Pancreatitis</p> <p>(1) Rescue and firefighting personnel with pancreatitis are assessed as unfit pending an assessment. A fit assessment may be considered if the cause (e.g. gallstone, other obstruction, medication) is removed.</p> <p>(2) Alcohol may be a cause of dyspepsia and pancreatitis. A full evaluation of its use/abuse is required.</p> <p>(d) Gallstones</p> <p>Rescue and firefighting personnel:</p> <p>(1) with a single large gallstone may be assessed as fit after an evaluation;</p> <p>(2) with multiple gallstones may be assessed as fit while awaiting assessment or treatment provided that the symptoms are unlikely to interfere with duties.</p> <p>(e) Inflammatory bowel disease</p> <p>Rescue and firefighting personnel with an established diagnosis or history of chronic inflammatory bowel disease may be assessed as fit if the disease is in established stable remission, and only minimal, if any, medication is being taken. Regular follow-up is required.</p> <p>(f) Hernia</p> <p>Rescue and firefighting personnel will be free of hernia. A fit assessment may be considered subject to the extent of symptoms, satisfactory treatment and</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>Spasilačko-vatrogasno osoblje neće imati kile. Procjena sposobnosti može se razmatrati ovisno o opsegu simptoma, zadovoljavajućem liječenju i nakon specijalističke procjene. Rizik od sekundarnih komplikacija ili pogoršanja trebao bi biti minimalan, a spasioci i vatrogasci bit će podvrgnuti redovitom praćenju.</p> <p>(g) Dispepsija</p> <p>Spasilačko-vatrogasno osoblje s rekurentnom dispepsijom koja zahtijeva lijekove treba ispitati internim pregledom, uključujući radiološki ili endoskopski pregled. Laboratorijska pretraga uključuje procjenu hemoglobina. Svaka dokazana ulceracija ili značajna upala zahtijevaju dokaz oporavka prije nego što se može razmotriti procjena sposobnosti.</p> <p>(h) Abdominalna kirurgija</p> <p>Spasilačko-vatrogasno osoblje koje je podvrgnuto kirurškom zahvatu probavnog trakta ili njegovih adneksa, uključujući potpunu ili djelomičnu eksciziju bilo kojeg od ovih organa, ocjenjuje se nesposobnim. Procjena sposobnosti može se razmotriti nakon potpunog oporavka, podnositelj zahtjeva je asimptomatski, a rizik od sekundarnih komplikacija ili recidiva je minimalan.</p> | <p>after a specialist evaluation. The risk of secondary complications or worsening should be minimal and the rescue and firefighter will be subject to regular follow-up.</p> <p>(g) Dyspepsia</p> <p>Rescue and firefighting personnel with recurrent dyspepsia that requires medication needs to be investigated by internal examination including radiologic or endoscopic examination. Laboratory testing includes a haemoglobin assessment. Any demonstrated ulceration or significant inflammation requires evidence of recovery before a fit assessment may be considered.</p> <p>(h) Abdominal surgery</p> <p>Rescue and firefighting personnel who have undergone a surgical operation on the digestive tract or its adnexa, including a total or partial excision or a diversion of any of these organs, are assessed as unfit. A fit assessment may be considered after full recovery, the applicant is asymptomatic, and the risk of secondary complications or recurrence is minimal.</p> |
| <p><b>4. METABOLIČKI I ENDOKRINI SUSTAV</b></p> <p>(a) Spasilačko-vatrogasno osoblje s metaboličkom, prehrambenom ili endokrinom disfunkcijom može se ocijeniti sposobnim ako je stanje asimptomatsko, klinički kompenzirano i stabilno sa ili bez nadomjesne terapije, te redovito pregledava odgovarajući specijalist.</p> <p>(b) Pretilost</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>4. METABOLIC AND ENDOCRINE SYSTEMS</b></p> <p>(a) Rescue and firefighting personnel with metabolic, nutritional or endocrine dysfunction may be assessed as fit if the condition is asymptomatic, clinically compensated and stable with or without replacement therapy, and regularly reviewed by an appropriate specialist.</p> <p>(b) Obesity</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>(1) Preti lo spasilačko-vatrogasno osoblje (npr. s indeksom tjelesne mase (BMI) <math>\geq 35</math>) može se ocijeniti sposobnim samo ako višak kilograma vjerojatno neće ometati sigurno obavljanje dužnosti. Potrebno je razmotriti pregled čimbenika kardiovaskularnog rizika i pregled specijaliste pneumologa. Potrebno je isključiti prisutnost sindroma apneje u snu.</p> <p>(2) Funkcionalno testiranje u radnom okruženju može biti potrebno prije razmatranja ocjene sposobnosti.</p> <p>(c) Disfunkcija štitnjače</p> <p>Spasilačko-vatrogasno osoblje s hipertireozom ili hipotireozom treba postići stabilno stanje eutireoze prije nego što se može razmotriti procjena sposobnosti. Praćenje uključuje periodične krvne pretrage funkcije štitnjače.</p> <p>(d) Abnormalni metabolizam glukoze</p> <p>Potrebno je ispitati glikozuriju i abnormalne razine glukoze u krvi. Ocjena sposoban može se uzeti u obzir ako se dokaže normalna tolerancija glukoze (niski bubrežni prag) ili ako se smanjena tolerancija glukoze bez dijabetičke patologije potpuno kontrolira dijetom i redovito pregledava.</p> <p>(e) Dijabetes melitus</p> <p>Podložno najmanje godišnjoj specijalističkoj endokrinološkoj procjeni, nepostojanju komplikacija koje bi mogle ometati obavljanje dužnosti, dokazima o kontroli šećera u krvi bez značajnih hipoglikemijskih epizoda, spasilačko-vatrogasno osoblje s dijabetes melitusom:</p> <p>(1) koji ne zahtijevaju lijekove ili zahtijevaju nehipoglikemične antidiabetičke lijekove može se ocijeniti sposobnima;</p> | <p>(1) Obese rescue and firefighting personnel (e.g. with a body mass index (BMI) <math>\geq 35</math>) may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of duties. A cardiovascular risk factor review and a pneumological examination by a specialist needs to be considered. The presence of sleep apnoea syndrome needs to be ruled out.</p> <p>(2) Functional testing in the working environment may be necessary before a fit assessment may be considered.</p> <p>(c) Thyroid dysfunction</p> <p>Rescue and firefighting personnel with hyperthyroidism or hypothyroidism attain a stable euthyroid state before a fit assessment may be considered. Follow-up includes periodic thyroid function blood tests.</p> <p>(d) Abnormal glucose metabolism</p> <p>Glycosuria and abnormal blood glucose levels needs to be investigated. A fit assessment may be considered if normal glucose tolerance is demonstrated (low renal threshold) or impaired glucose tolerance without diabetic pathology is fully controlled by diet and regularly reviewed.</p> <p>(e) Diabetes mellitus</p> <p>Subject to an at least annual specialist endocrinological assessment, absence of complications likely to interfere with performance of duties, evidence of control of blood sugar with no significant hypoglycaemic episodes, rescue and firefighting personnel with diabetes mellitus:</p> <p>(1) that do not require medication or require non-hypoglycaemic antidiabetic medications may be assessed as fit;</p> |

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| <p>(2) koji zahtijevaju upotrebu potencijalno hipoglikemijskih lijekova, uključujući sulfonil ureje i inzulin, mogu se ocijeniti sposobnima uz operativno ograničenje (ili ograničenja), uključujući dokumentirano testiranje tijekom obavljanja dužnosti. Za spasilačko i vatrogasno osoblje koje se liječi inzulinom, svakih 6 mjeseci provodit će se pregled koji uključuje rezultate operativnog testiranja šećera u krvi;</p> <p>(3) drugi čimbenici kardiovaskularnog rizika, uključujući kolesterol, zahtijevat će upravljanje kardiovaskularnim čimbenikom rizika. Ergometrija će se raditi kada se postavi dijagnoza, svakih 5 godina ispod 40 godina, a nakon toga jednom godišnje.</p> <p>(4) podvrgnuti se mjerenju HbA1c svaka 3 mjeseca, s izuzetkom spasilačkog i vatrogasnog osoblja koje ne zahtijeva liječenje sulfonil ureom ili inzulinom gdje je prihvatljivo produženje testiranja na 6 mjeseci; i</p> <p>(5) zahtijevaju godišnje praćenje od specijalista uključujući dokazivanje odsutnosti dijabetičkih komplikacija kao što su neuropatija, retinopatija, arteriopatija ili nefropatija.</p> | <p>(2) that require the use of potentially hypoglycaemic medication(s) including sulphonyl ureas and insulin, may be assessed as fit with an operational limitation (or limitations), including documented testing whilst performing duties. For rescue and firefighting personnel treated with insulin, a review to include the results of operational blood sugar testing will be undertaken every 6 months;</p> <p>(3) other cardiovascular risk factors including cholesterol will require cardiovascular risk factor management. An exercise ECG will be performed when diagnosed, every 5 years under 40 years of age, and annually thereafter;</p> <p>(4) undergo HbA1c measurement every 3 months, with the exception of the rescue and firefighting personnel that do not require sulphonyl urea or insulin treatment where an extension of the testing to 6 months is acceptable; and</p> <p>(5) require annual follow-up by a specialist including demonstrating the absence of diabetic complications such as neuropathy, retinopathy, arteriopathy or nephropathy.</p> |
| <p><b>5. HEMATOLOGIJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje s bilo kojim značajnim hematološkim stanjem ocjenjuje se nesposobnim. Nakon specijalističke procjene može se razmotriti procjena sposobnosti.</p> <p>(b) Anemija</p> <p>(1) Potrebno je ispitati anemiju koja se očituje sniženom razinom hemoglobina. Ocjena sposobnog može se razmotriti u slučajevima kada je primarni uzrok liječen (npr. nedostatak željeza ili B12) i kada se</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>5. HAEMATOLOGY</b></p> <p>(a) Rescue and firefighting personnel with any significant haematological condition are assessed as unfit. Following a specialist evaluation, a fit assessment can be considered.</p> <p>(b) Anaemia</p> <p>(1) Anaemia demonstrated by a reduced haemoglobin level needs to be investigated. A fit assessment may be considered in cases where the primary cause has been treated (e.g. iron or B12 deficiency) and the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| <p>hemoglobin ili hematokrit stabilizirao na zadovoljavajućoj razini, za potrebne dužnosti.</p> <p>(2) Anemija koja se ne može liječiti je diskvalificirajuća.</p> <p>(c) Hemoglobinopatija i defekti enzima crvenih krvnih zrnaca</p> <p>Spasilačko-vatrogasno osoblje s hemoglobinopatijom i nedostatkom enzima crvenih krvnih zrnaca ocjenjuje se nesposobnim. Ocjena sposobnog može se uzeti u obzir ako se dijagnosticira talasemija minor, bolest srpastih stanica ili druga stanja bez anamneze kriza i kada se pokaže puna funkcionalna sposobnost.</p> <p>(d) Poremećaji koagulacije</p> <p>(1) Spasilačko-vatrogasno osoblje sa značajnim poremećajima koagulacije ocjenjuje se nesposobnim. Ocjena sposobnosti može se uzeti u obzir ako u anamnezi nema značajnog krvarenja ili epizoda zgrušavanja, a hematološki podaci pokazuju da nema smetnji u sigurnom obavljanju dužnosti.</p> <p>(2) Spasilačko-vatrogasno osoblje koje zahtijeva antikoagulanse ocjenjuje se nesposobnim.</p> <p>(e) Poremećaji limfnog sustava</p> <p>Povećanje limfnih čvorova zahtijeva ispitivanje. Ocjena sposobnog može se uzeti u obzir u slučajevima akutnog infektivnog procesa koji je u potpunosti oporavljen, ili Hodgkinovog limfoma ili drugog limfoidnog maligniteta koji je liječen i u punoj je remisiji. Potrebno je provoditi redovite kontrole</p> <p>(f) Leukemija</p> | <p>haemoglobin or haematocrit has stabilised at a satisfactory level, for the required duties.</p> <p>(2) Anaemia which is unamenable to treatment is disqualifying.</p> <p>(c) Haemoglobinopathy and red cell enzyme defects</p> <p>Rescue and firefighting personnel with a haemoglobinopathy and red cell enzyme defects are assessed as unfit. A fit assessment may be considered where minor thalassaemia, sickle cell disease or other conditions are diagnosed without a history of crises and where full functional capability is demonstrated.</p> <p>(d) Coagulation disorders</p> <p>(1) Rescue and firefighting personnel with significant coagulation disorders are assessed as unfit. A fit assessment may be considered if there is no history of significant bleeding or clotting episodes and the haematological data indicates that there is no interference with the safe performance of duties.</p> <p>(2) Rescue and firefighting personnel that require anticoagulants are assessed as unfit.</p> <p>(e) Disorders of the lymphatic system</p> <p>Lymphatic enlargement requires investigation. A fit assessment may be considered in cases of an acute infectious process which is fully recovered, or Hodgkin's lymphoma, or other lymphoid malignancy which has been treated and is in full remission. Regular follow-up needs to be performed.</p> <p>(f) Leukaemia</p> |

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| <p>(1) Spasilačko-vatrogasno osoblje s akutnom leukemijom ocjenjuje se nesposobnim. Nakon što se uspostavi remisija, kandidati se mogu ocijeniti sposobnima.</p> <p>(2) Spasilačko-vatrogasno osoblje s kroničnom leukemijom ocjenjuje se nesposobnim. Ocjena sposobnosti može se razmotriti nakon remisije i razdoblja dokazane stabilnosti.</p> <p>(3) Spasilačko-vatrogasno osoblje s poviješću leukemije neće imati povijest zahvaćenosti središnjeg živčanog sustava niti trajne nuspojave liječenja koje bi mogle utjecati na sigurno obavljanje dužnosti. Razine hemoglobina i trombocita moraju biti zadovoljavajuće.</p> <p>(4) U svim slučajevima leukemije preporučuje se redovito praćenje.</p> <p>(g) Splenomegalija</p> <p>Potrebno je ispitati splenomegaliju. Ocjena sposobnosti može se uzeti u obzir ako je povećanje minimalno, stabilno i nema pridružene patologije ili ako je povećanje minimalno i povezano s drugim prihvatljivim stanjem.</p> <p>(h) Splenektomija</p> <p>Nakon splenektomije može se razmotriti ocjena sposobnosti ako postoji potpuni oporavak i ako je razina trombocita prihvatljiva.</p> | <p>(1) Rescue and firefighting personnel with acute leukaemia are assessed as unfit. Once in established remission, applicants may be assessed as fit.</p> <p>(2) Rescue and firefighting personnel with chronic leukaemia are assessed as unfit. A fit assessment may be considered after remission and a period of demonstrated stability.</p> <p>(3) Rescue and firefighting personnel with a history of leukaemia will have no history of central nervous system involvement and no continuing side effects from treatment likely to interfere with the safe performance of duties. Haemoglobin and platelet levels need to be satisfactory.</p> <p>(4) Regular follow-up is recommended in all cases of leukaemia.</p> <p>(g) Splenomegaly</p> <p>Splenomegaly needs to be investigated. A fit assessment may be considered if the enlargement is minimal, stable and no associated pathology is demonstrated, or if the enlargement is minimal and associated with another acceptable condition.</p> <p>(h) Splenectomy</p> <p>Following splenectomy, a fit assessment may be considered if there is full recovery and the platelet level is acceptable.</p> |
| <p><b>6. GENITO-URINARNI SUSTAV</b></p> <p>(a) Urin neće sadržavati nikakve abnormalne elemente za koje se smatra da su od patološkog značaja.</p> <p>(b) Spasilačko-vatrogasno osoblje s bilo kakvim posljedicama bolesti ili kirurškim zahvatima na genitourinarnom sustavu ili njegovim priraslicama</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>6. GENITOURINARY SYSTEM</b></p> <p>(a) The urine will not contain any abnormal element considered to be of pathological significance.</p> <p>(b) Rescue and firefighting personnel with any sequelae of disease or surgical procedures on the genitourinary system or its adnexa likely to cause</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| <p>koje bi mogle uzrokovati onesposobljenost, posebno bilo kakva opstrukcija zbog suženja ili kompresije, ocjenjuje se nesposobnim. Ocjena sposobnosti može se razmotriti nakon specijalističke procjene.</p> <p>(c) Abnormalna analiza urina</p> <p>Svaki abnormalni nalaz u analizi urina, uključujući proteinuriju, hematuriju i glikozuriju, treba ispitati.</p> <p>(d) Bolest bubrega</p> <p>(1) Spasilačko-vatrogasno osoblje koje ima bilo kakve znakove bubrežne bolesti ocjenjuje se nesposobnim. Procjena sposobnog može se razmotriti ako je krvni tlak zadovoljavajući, bubrežna funkcija prihvatljiva i nema značajnih lezija.</p> <p>(2) Spasilačko-vatrogasno osoblje koje zahtijeva dijalizu ocjenjuje se nesposobnim.</p> <p>(e) Urinarni kamenac</p> <p>(1) Potrebno je ispitati spasilačko i vatrogasno osoblje s asimptomatskim kamencem ili poviješću bubrežne kolike. Ocjena sposobnosti može se razmotriti nakon uspješnog liječenja kamenca i uz odgovarajuće praćenje.</p> <p>(2) Zaostali kamenci su diskvalificirajući osim ako se nalaze na mjestu gdje je malo vjerojatno da će se pomaknuti i izazvati simptome.</p> <p>(f) Bubrežna i urološka kirurgija</p> <p>(1) Spasilačko-vatrogasno osoblje koje je podvrgnuto velikom kirurškom zahvatu na genitourinarnom sustavu ili njegovim adneksima koji uključuje potpunu ili djelomičnu eksciziju ili preusmjerenje bilo kojeg organa</p> | <p>incapacitation, in particular any obstruction due to stricture or compression, are assessed as unfit. A fit assessment may be considered following a specialist evaluation.</p> <p>(c) Abnormal urinalysis</p> <p>Any abnormal finding including proteinuria, haematuria and glycosuria on urinalysis needs to be investigated.</p> <p>(d) Renal disease</p> <p>(1) Rescue and firefighting personnel presenting with any signs of renal disease are assessed as unfit. A fit assessment may be considered if blood pressure is satisfactory and renal function is acceptable and there are no significant lesions.</p> <p>(2) Rescue and firefighting personnel that require dialysis are assessed as unfit.</p> <p>(e) Urinary calculi</p> <p>(1) Rescue and firefighting personnel with an asymptomatic calculus or a history of renal colic need to be investigated. A fit assessment may be considered after successful treatment for a calculus and with appropriate follow-up.</p> <p>(2) Residual calculi are disqualifying unless they are in a location where they are unlikely to move and give rise to symptoms.</p> <p>(f) Renal and urological surgery</p> <p>(1) Rescue and firefighting personnel who have undergone a major surgical operation on the genitourinary system or its adnexa involving a total or partial excision or a diversion of any of its organs are assessed as</p> |

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| <p>ocjenjuje se nesposobnim do potpunog oporavka, dok osoba nema simptome i rizik od sekundarnih komplikacija je minimalan.</p> <p>(2) Spasilačko-vatrogasno osoblje s kompenziranom nefrektomijom bez hipertenzije ili uremije može se ocijeniti sposobnim.</p> <p>(3) Spasilačko-vatrogasno osoblje koje je bilo podvrgnuto transplantaciji bubrega može se smatrati sposobnim nakon potpunog oporavka uz dokaz da je u potpunosti kompenzirano i tolerirano uz samo minimalnu imunosupresivnu terapiju. Razmotrit će se ograničenja dužnosti.</p> <p>(4) Spasilačko-vatrogasno osoblje koje je podvrgnuto totalnoj cistektomiji može se smatrati sposobnim ako postoji zadovoljavajuća urinarna funkcija, nema infekcije i nema recidiva primarne patologije.</p>                                                                                                                 | <p>unfit until recovery is complete, the person is asymptomatic and the risk of secondary complications is minimal.</p> <p>(2) Rescue and firefighting personnel with compensated nephrectomy without hypertension or uraemia may be assessed as fit.</p> <p>(3) Rescue and firefighting personnel who have undergone renal transplantation may be considered for a fit assessment after full recovery with evidence that it is fully compensated and tolerated with only minimal immuno-suppressive therapy. Limitation(s) to duties will be considered.</p> <p>(4) Rescue and firefighting personnel who have undergone total cystectomy may be considered for a fit assessment if there is satisfactory urinary function, no infection and no recurrence of primary pathology.</p>                                                                                                                                                 |
| <p><b>7. ZARAZNE BOLESTI</b></p> <p>(a) Spasilačko-vatrogasno osoblje kojem je dijagnosticirana ili ima simptome zarazne bolesti bit će podvrgnuto specijalističkoj procjeni i može se smatrati sposobnim kada je asimptomatsko i pod uvjetom da terapija ne ugrožava sigurno obavljanje njihovih dužnosti.</p> <p>(b) U slučajevima zarazne bolesti, uzima se u obzir povijest bolesti ili klinički znakovi koji ukazuju na osnovno oštećenje imunološkog sustava.</p> <p>(c) Tuberkuloza</p> <p>(1) Spasilačko-vatrogasno osoblje s aktivnom tuberkulozom ocjenjuje se nesposobnim. Ocjena sposobnosti može se razmotriti nakon završetka terapije.</p> <p>(2) Spasilačko-vatrogasno osoblje s mirnim ili zacijeljenim lezijama može se ocijeniti sposobnim. Specijalistička procjena treba uzeti u obzir proširenost bolesti, potrebno liječenje i moguće nuspojave lijekova.</p> | <p><b>7. INFECTIOUS DISEASES</b></p> <p>(a) Rescue and firefighting personnel diagnosed with or presenting symptoms of an infectious disease will undergo specialist evaluation and may be considered fit when they are asymptomatic and providing that the therapy does not compromise the safe performance of their duties.</p> <p>(b) In cases of an infectious disease, consideration is given to a history of, or clinical signs indicating, underlying impairment of the immune system.</p> <p>(c) Tuberculosis</p> <p>(1) Rescue and firefighting personnel with active tuberculosis are assessed as unfit. A fit assessment may be considered following completion of therapy.</p> <p>(2) Rescue and firefighting personnel with quiescent or healed lesions may be assessed as fit. A specialist evaluation needs to consider the extent of the disease, the treatment required and possible side effects of medication.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>(d) HIV pozitivnost</p> <p>(1) Spasilačko-vatrogasno osoblje koje je HIV pozitivno može se ocijeniti sposobnim ako potpuna istraga ne pruži dokaze o bolestima povezanim s HIV-om koje bi mogle dovesti do simptoma onesposobljavanja. Potrebno je provoditi čestu provjeru imunološkog statusa i neurološku procjenu od strane odgovarajućeg stručnjaka. Kardiološki pregled također može biti potreban ovisno o lijekovima.</p> <p>(2) Spasilačko-vatrogasno osoblje sa stanjem koje definira AIDS ocjenjuje se nesposobnim osim u pojedinačnim slučajevima za ograničene dužnosti nakon potpunog oporavka i ovisno o pregledu.</p> <p>(3) Procjena slučajeva pod (1) i (2) ovisi o nepostojanju simptoma ili znakova bolesti i prihvatljivosti seroloških markera. Liječenje će procijeniti stručnjak na individualnoj osnovi u pogledu prikladnosti i eventualnih nuspojava.</p> <p>(e) Sifilis</p> <p>Spasilačko-vatrogasno osoblje s akutnim sifilisom ocjenjuje se nesposobnim. Ocjena sposobnosti može se uzeti u obzir u slučaju onih koji su potpuno liječeni i oporavljeni od primarnog i sekundarnog stadija.</p> <p>(f) Infektivni hepatitis</p> <p>Spasilačko-vatrogasno osoblje s infektivnim hepatitisom ocjenjuje se nesposobnim. Ocjenjivanje sposobnosti može se razmotriti nakon što osoba postane asimptomatska nakon liječenja i specijalističke procjene. Potrebno je redovito kontrolirati funkciju jetre.</p> | <p>(d) HIV positivity</p> <p>(1) Rescue and firefighting personnel who are HIV positive may be assessed as fit if a full investigation provides no evidence of HIV-associated diseases that might give rise to incapacitating symptoms. Frequent review of the immunological status and a neurological evaluation by an appropriate specialist needs to be carried out. A cardiological review may also be required depending on medication.</p> <p>(2) Rescue and firefighting personnel with an AIDS-defining condition are assessed as unfit except in individual cases for limited duties after complete recovery and dependent on the review.</p> <p>(3) The assessment of cases under (1) and (2) is dependent on the absence of symptoms or signs of the disease and the acceptability of serological markers. Treatment will be evaluated by a specialist on an individual basis for its appropriateness and any side effects.</p> <p>(e) Syphilis</p> <p>Rescue and firefighting personnel with acute syphilis are assessed as unfit. A fit assessment may be considered in the case of those fully treated and recovered from the primary and secondary stages.</p> <p>(f) Infectious hepatitis</p> <p>Rescue and firefighting personnel with infectious hepatitis are assessed as unfit. A fit assessment may be considered once the person has become asymptomatic after treatment and a specialist evaluation. Regular review of the liver function needs to be carried out.</p> |
| <b>8. PORODIŠTVO I GINEKOLOGIJA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>8. OBSTETRICS AND GYNECOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>(a) Ginekološka kirurgija</p> <p>Spasilačko-vatrogasno osoblje koje je bilo podvrgnuto velikoj ginekološkoj operaciji prolazi specijalistički pregled. Ocjena sposobnosti može se razmatrati ovisno o zadovoljavajućoj ginekološkoj procjeni nakon uspješnog liječenja i/ili potpunog oporavka nakon operacije.</p> <p>(b) Trudnoća</p> <p>U slučaju trudnoće spasilačko-vatrogasno osoblje ocjenjuje se nesposobnim. Ocjena sposobnosti može se razmotriti nakon 12. tjedna trudnoće pod uvjetom da opstetrička procjena kontinuirano ukazuje na normalnu trudnoću. Takva ocjena sposobnosti vrijedi do 30. tjedna trudnoće. Mogu se nametnuti dodatna operativna ograničenja. Ocjena sposobnosti može se razmotriti nakon specijalističke procjene nakon potpunog oporavka nakon završetka trudnoće.</p> | <p>(a) Gynaecological surgery</p> <p>Rescue and firefighting personnel who have undergone a major gynaecological surgery undergo a specialist assessment. A fit assessment can be considered subject to a satisfactory gynaecological evaluation after successful treatment and/or full recovery after a surgery.</p> <p>(b) Pregnancy</p> <p>In the case of pregnancy, rescue and firefighting personnel are assessed as unfit. A fit assessment may be considered after the 12th week of gestation provided that obstetric evaluation continuously indicates a normal pregnancy. Such a fit assessment is valid until the 30th week of gestation. Additional operational limitations may be imposed. A fit assessment may be considered following a specialist assessment after full recovery following the end of the pregnancy.</p> |
| <p><b>9. MIŠIĆNO-KOŠTANI SUSTAV</b></p> <p>(a) Spasilačko-vatrogasno osoblje će imati zadovoljavajuću funkcionalnu upotrebu mišićno-koštanog sustava kako bi mogli sigurno obavljati svoje dužnosti.</p> <p>(b) Spasilačko-vatrogasno osoblje sa statičnim ili progresivnim mišićno-koštanim ili reumatološkim stanjima ili operacijom koja bi mogla ometati sigurno obavljanje njihovih dužnosti proći će daljnju procjenu. Ocjena sposobnosti može se razmatrati ovisno o zadovoljavajućoj procjeni radnog mjesta nakon uspješnog liječenja ili potpunog oporavka nakon operacije.</p> <p>(c) Spasilačko-vatrogasno osoblje s protezom treba imati zadovoljavajuću funkcionalnu uporabu ovisno o zahtjevima radnog mjesta.</p>                                                                              | <p><b>9. MUSCULOSKELETAL SYSTEM</b></p> <p>(a) Rescue and firefighting personnel will have satisfactory functional use of the musculoskeletal system to enable them to safely perform their duties.</p> <p>(b) Rescue and firefighting personnel with static or progressive musculoskeletal or rheumatologic conditions or a surgery likely to interfere with the safe performance of their duties will undergo further assessment. A fit assessment can be considered subject to a satisfactory workplace assessment after successful treatment or full recovery after a surgery.</p> <p>(c) Rescue and firefighting personnel with a limb prosthesis should have satisfactory functional use as demonstrated by a workplace assessment.</p>                                                                                           |

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| <p>(d) Spasilačko-vatrogasno osoblje s bilo kakvim značajnim posljedicama od bolesti, ozljeda ili kongenitalnih abnormalnosti koje utječu na kosti, zglobove, mišiće ili tetive sa ili bez kirurškog zahvata mora proći potpunu liječničku procjenu prije procjene sposobnosti.</p> <p>(e) Abnormalna tjelesna građa, uključujući pretilost ili slabost mišića može zahtijevati liječničku procjenu, a posebnu pozornost treba posvetiti procjeni radnog mjesta.</p> <p>(f) Lokomotorna disfunkcija, amputacije, malformacije, gubitak funkcije i progresivni osteoartritični poremećaji procjenjuju se na individualnoj osnovi u suradnji s odgovarajućim operativnim stručnjakom sa znanjem o složenosti zadataka koje je potrebno izvršiti.</p> <p>(g) Spasilačko-vatrogasno osoblje s upalnom, infiltrativnom ili degenerativnom bolešću mišićno-koštanog sustava može se ocijeniti sposobnim pod uvjetom da je stanje u remisiji i da su lijekovi prihvatljivi i ne utječu nepovoljno na obavljanje njihovih dužnosti.</p> <p>(h) Za spasilačko-vatrogasno osoblje koje je bilo podvrgnuto rekonstruktivnoj operaciji ili zamjeni zglobova, posebna će se pozornost obratiti na rizike povezane s određenim implantatom ili protezom i njegovim funkcionalnim radnim rasponom.</p> <p>(i) Ako postoji sumnja u operativnu sposobnost, spasilačko-vatrogasno osoblje prolazi procjenu operativne fizičke sposobnosti prije povratka na pune dužnosti. Može biti potrebno ograničenje (ili ograničenja).</p> | <p>(d) Rescue and firefighting personnel with any significant sequelae from disease, injury or congenital abnormality affecting the bones, joints, muscles or tendons with or without a surgery need to have a full evaluation prior to a fit assessment.</p> <p>(e) Abnormal physique, including obesity, or muscular weakness may require a medical assessment and particular attention needs to be paid to workplace assessment.</p> <p>(f) Locomotor dysfunction, amputations, malformations, loss of function and progressive osteoarthritic disorders are assessed on an individual basis in conjunction with the appropriate operational expert with a knowledge of the complexity of the tasks of that need to be performed.</p> <p>(g) Rescue and firefighting personnel with inflammatory, infiltrative, or degenerative disease of the musculoskeletal system may be assessed as fit provided that the condition is in remission and the medication is acceptable and does not adversely affect the discharge of their duties.</p> <p>(h) For rescue and firefighting personnel who have undergone a reconstructive surgery or joint replacement procedures, particular attention will be paid to the risks associated with the particular implant or prosthesis and its functional operational range.</p> <p>(i) Where there is doubt about the operational fitness, rescue and firefighting personnel undergo the operational physical fitness assessment prior to a return to full duties. A limitation (or limitations) may be required.</p> |
| <p><b>10. PSIHIJARIJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje s mentalnim poremećajem ili poremećajem ponašanja uzrokovan alkoholom ili drugom uporabom ili</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>10. PSYCHIATRY</b></p> <p>(a) Rescue and firefighting personnel with a mental or behavioural disorder due to alcohol or other use or misuse of psychoactive substances, including</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| <p>zlorabom psihoaktivnih tvari, uključujući rekreacijske supstance s ovisnošću ili bez nje, ocjenjuje se nesposobnim dok ne prođe razdoblje dokumentirane trijeznosti ili slobode od uporabe psihoaktivnih tvari ili zlorabe i podliježu zadovoljavajućoj psihijatrijskoj procjeni nakon uspješnog liječenja.</p> <p>(b) Spasilačko-vatrogasno osoblje s psihijatrijskim stanjem kao što su:</p> <ol style="list-style-type: none"> <li>(1) poremećaj raspoloženja;</li> <li>(2) neurotski poremećaj, npr. klaustrofobični ili akrofobični simptomi;</li> <li>(3) poremećaj osobnosti;</li> <li>(4) mentalni poremećaj ili poremećaj ponašanja;</li> <li>(5) posttraumatski stresni poremećaj;</li> <li>(6) značajni simptomi povezani sa stresom; i</li> <li>(7) pojedinačne ili ponovljene radnje namjernog samoozljeđivanja,</li> </ol> <p>će se podvrgnuti liječenju, prema potrebi, i zadovoljavajućoj psihijatrijskoj procjeni prije nego što se može razmotriti procjena sposobnosti. Psihološka procjena može biti potrebna kao dio ili kao dodatak specijalističkoj psihijatrijskoj ili neurološkoj procjeni.</p> <p>(c) Poremećaji uzrokovani uporabom alkohola ili drugih supstanci</p> <ol style="list-style-type: none"> <li>(1) Ocjena sposoban može se razmotriti nakon uspješnog liječenja, razdoblja dokumentirane trijeznosti ili neuporabe droga i pregleda od strane specijaliste psihijatra. OHMP će, uz savjet psihijatra, odrediti trajanje razdoblja koje treba promatrati prije nego što se može donijeti ocjena o sposobnosti.</li> </ol> | <p>recreational substances with or without dependency, are assessed as unfit until after a period of documented sobriety or freedom from psychoactive substance use or misuse and subject to a satisfactory psychiatric evaluation after successful treatment.</p> <p>(b) Rescue and firefighting personnel with a psychiatric condition such as:</p> <ol style="list-style-type: none"> <li>(1) mood disorder;</li> <li>(2) neurotic disorder, e.g. claustrophobic or acrophobic symptoms;</li> <li>(3) personality disorder;</li> <li>(4) mental or behavioural disorder;</li> <li>(5) post-traumatic stress disorder;</li> <li>(6) significant stress-related symptoms; and</li> <li>(7) single or repeated acts of deliberate self-harm,</li> </ol> <p>will undergo treatment, as necessary, and a satisfactory psychiatric assessment before a fit assessment can be considered. A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological assessment.</p> <p>(c) Disorders due to alcohol or other substance use</p> <ol style="list-style-type: none"> <li>(1) A fit assessment may be considered after successful treatment, a period of documented sobriety or freedom from substance use, and review by a psychiatric specialist. The OHMP, with the advice of the psychiatric specialist, will determine the duration of the period to be observed before a fit assessment can be made.</li> </ol> |

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| <p>(2) Ovisno o pojedinom slučaju, liječenje može uključivati stacionarno liječenje različitog trajanja.</p> <p>(3) Kontinuirano praćenje, uključujući testiranje krvi i izvješća kolega, može biti potrebno na neodređeno vrijeme.</p> <p>(d) Poremećaj raspoloženja</p> <p>Spasilačko-vatrogasno osoblje s utvrđenim poremećajem raspoloženja ocjenjuje se nesposobnim. Nakon potpunog oporavka i nakon potpunog razmatranja pojedinog slučaja, može se razmotriti procjena sposobnosti, ovisno o karakteristikama i težini poremećaja raspoloženja. Ako se potvrdi stabilnost pri korištenju psihotropnih lijekovima za održavanje stanja, može se razmotriti procjena sposobnosti. U nekim slučajevima može biti potrebno operativno ograničenje. Ako se doza lijeka promijeni, potrebno je daljnje razdoblje procjene nesposobnosti. Potrebno je razmotriti potrebu redovitog specijalističkog nadzora. Svaka uporaba lijekova mora biti dodatno procijenjena od strane specijalista.</p> <p>(e) Psihoteični poremećaj</p> <p>Spasilačko-vatrogasno osoblje s poviješću ili pojavom funkcionalnog psihoteičnog poremećaja ocjenjuje se nesposobnim osim ako se može potvrditi da je izvorna dijagnoza bila neprikladna ili netočna ili da je bila rezultat jedne toksične epizode.</p> <p>(f) Namjerno samoozljeđivanje</p> <p>Jedna samodestruktivna radnja ili ponovljeni činiči povlače za sobom nesposobnost. Procjena sposobnosti može se razmotriti nakon potpunog razmatranja pojedinačnog slučaja i zahtijeva psihijatrijski ili psihološki pregled.</p> | <p>(2) Depending on the individual case, treatment may include inpatient treatment of variable duration.</p> <p>(3) Continuous follow-up, including blood testing and peer reports, may be required indefinitely.</p> <p>(d) Mood disorder</p> <p>Rescue and firefighting personnel with an established mood disorder are assessed as unfit. After full recovery and after full consideration of an individual case, a fit assessment may be considered, depending on the characteristics and gravity of the mood disorder. If stability on maintenance psychotropic medication is confirmed, a fit assessment may be considered. In some cases, an operational limitation may be required. If the dosage of the medication is changed, a further period of unfit assessment is required. Regular specialist supervision needs to be considered. Any use of medication needs to be evaluated further by a specialist.</p> <p>(e) Psychotic disorder</p> <p>Rescue and firefighting personnel with a history, or the occurrence, of a functional psychotic disorder are assessed as unfit unless it can be confirmed that the original diagnosis was inappropriate or inaccurate or was a result of a single toxic episode.</p> <p>(f) Deliberate self-harm</p> <p>A single self-destructive action or repeated overt acts entail unfitness. A fit assessment may be considered after full consideration of an individual case and requires psychiatric or psychological review.</p> |

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| <p><b>11. NEUROLOGIJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje s utvrđenom poviješću ili kliničkom dijagnozom:</p> <ul style="list-style-type: none"> <li>(1) epilepsija osim u slučajevima u (b)(1) i (2) u nastavku;</li> <li>(2) ponavljajuće epizode poremećaja svijesti nejasnog uzroka; i</li> <li>(3) stanja s velikom sklonošću cerebralnoj disfunkciji,</li> </ul> <p>ocjenjuju se nesposobnima.</p> <p>(b) Spasilačko-vatrogasno osoblje s utvrđenom poviješću ili kliničkom dijagnozom:</p> <ul style="list-style-type: none"> <li>(1) epilepsija bez recidiva nakon 5. godine života;</li> <li>(2) epilepsija bez recidiva i bez liječenja dulje od 5 godina;</li> <li>(3) epileptiformne abnormalnosti EEG-a i fokalni spori valovi;</li> <li>(4) progresivna ili neprogresivna bolest živčanog sustava;</li> <li>(5) jedna epizoda smetnji ili gubitka svijesti;</li> <li>(6) ozljeda mozga, bol ili upala;</li> <li>(7) ozljeda kralježnice ili perifernog živca, bol ili upala;</li> <li>(8) poremećaji živčanog sustava zbog vaskularnih nedostataka uključujući hemoragijske i ishemijske događaje; i</li> <li>(9) vrtoglavica,</li> </ul> <p>mora proći specijalističku procjenu prije nego što se može razmotriti procjena sposobnosti.</p> | <p><b>11. NEUROLOGY</b></p> <p>(a) Rescue and firefighting personnel with an established history or clinical diagnosis of:</p> <ul style="list-style-type: none"> <li>(1) epilepsy except in the cases in (b)(1) and (2) below;</li> <li>(2) recurring episodes of disturbance of consciousness of uncertain cause; and</li> <li>(3) conditions with a high propensity for cerebral dysfunction,</li> </ul> <p>are assessed as unfit.</p> <p>(b) Rescue and firefighting personnel with an established history or clinical diagnosis of:</p> <ul style="list-style-type: none"> <li>(1) epilepsy without recurrence after the age of 5;</li> <li>(2) epilepsy without recurrence and off all treatment for more than 5 years;</li> <li>(3) epileptiform EEG abnormalities and focal slow waves;</li> <li>(4) progressive or non-progressive disease of the nervous system;</li> <li>(5) a single episode of disturbances or loss of consciousness;</li> <li>(6) brain injury, affliction or inflammation;</li> <li>(7) spinal or peripheral nerve injury, affliction or inflammation;</li> <li>(8) disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events; and</li> <li>(9) vertigo,</li> </ul> |

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| <p>(c) Elektroencefalografija (EEG)</p> <p>EEG snimanje će se provesti na temelju anamneze osobe ili kliničkih razloga.</p> <p>(d) Epilepsija</p> <p>(1) Spasilačko-vatrogasno osoblje koje je doživjelo jednu ili više konvulzivnih epizoda nakon pete godine života ocjenjuje se nesposobnim.</p> <p>(2) Ocjena sposobnosti može se smatrati ako:</p> <p>(i) spasilačko-vatrogasno osoblje nema napadaja i ne uzima lijekove najmanje 5 godina; i</p> <p>(ii) potpuna neurološka procjena pokazuje da je napadaj uzrokovan specifičnim uzrokom koji se ne ponavlja, poput traume ili toksina.</p> <p>(3) Spasilačko-vatrogasno osoblje koje je doživjelo epizodu benignog Rolandičnog napadaja može se ocijeniti sposobnim pod uvjetom da je napadaj jasno dijagnosticiran uključujući propisno dokumentiranu anamnezu i tipičan EEG rezultat te da je spasilačko-vatrogasno osoblje bez simptoma bez terapije najmanje 5 godina.</p> <p>(e) Neurološka bolest</p> <p>Spasilačko-vatrogasno osoblje s bilo kojom stacionarnom ili progresivnom bolešću živčanog sustava koja je uzrokovala ili bi mogla uzrokovati značajan invaliditet ocjenjuje se nesposobnim. Procjena sposobnosti može se razmotriti u slučajevima manjih funkcionalnih gubitaka povezanih sa stacionarnom bolešću nakon potpune neurološke procjene i procjene radnog mjesta. Možda će biti potrebno operativno ograničenje.</p> | <p>need to undergo a specialist evaluation before a fit assessment may be considered.</p> <p>(c) Electroencephalography (EEG)</p> <p>EEG will be carried out based on the person's history or on clinical grounds.</p> <p>(d) Epilepsy</p> <p>(1) Rescue and firefighting personnel who have experienced one or more convulsive episodes after the age of 5 are assessed as unfit.</p> <p>(2) A fit assessment may be considered if:</p> <p>(i) the rescue and firefighting personnel are seizure free and off medication for at least 5 years; and</p> <p>(ii) a full neurological evaluation shows that a seizure was caused by a specific non-recurrent cause, such as trauma or toxin.</p> <p>(3) Rescue and firefighting personnel who have experienced an episode of benign Rolandic seizure may be assessed as fit provided that the seizure has been clearly diagnosed including a properly documented history and typical EEG result and the rescue and firefighting personnel have been free of symptoms and off treatment for at least 5 years.</p> <p>(e) Neurological disease</p> <p>Rescue and firefighting personnel with any stationary or progressive disease of the nervous system which has caused or is likely to cause a significant disability are assessed as unfit. A fit assessment may be considered in cases of minor functional losses associated with stationary disease after a full neurological evaluation and a workplace assessment. An operational limitation may be required.</p> |

| HRVATSKI – nekontrolirani prijevod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ENGLESKI – original tekst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>(f) Poremećaj svijesti</p> <p>Spasilačko-vatrogasno osoblje s poviješću jedne ili više epizoda poremećaja svijesti može se ocijeniti sposobnim ako se stanje može na zadovoljavajući način objasniti neponovljivim uzrokom. Mogu se nametnuti operativna ograničenja. Potrebna je potpuna neurološka procjena.</p> <p>(g) Ozljeda glave</p> <p>Spasilačko-vatrogasno osoblje s ozljedom glave koja je bila dovoljno teška da uzrokuje gubitak svijesti procijenit će specijalist neurolog. Procjena sposobnosti može se razmotriti ako je došlo do potpunog oporavka i ako je rizik od posttraumatske epilepsije dovoljno nizak. Bihevioralni i kognitivni aspekti bit će uzeti u obzir ako postoje dokazi o značajnoj penetrantnoj traumi ili nagnječenju mozga.</p> | <p>(f) Disturbance of consciousness</p> <p>Rescue and firefighting personnel with a history of one or more episodes of disturbed consciousness may be assessed as fit if the condition can be satisfactorily explained by a non-recurrent cause. Operational limitations may be imposed. A full neurological evaluation is necessary.</p> <p>(g) Head injury</p> <p>Rescue and firefighting personnel with a head injury which was severe enough to cause loss of consciousness will be evaluated by a consultant neurologist. A fit assessment may be considered if there has been a full recovery and the risk of post-traumatic epilepsy has fallen to a sufficiently low level. Behavioural and cognitive aspects will be taken into account where there is evidence of significant penetrating brain trauma or contusion.</p> |
| <p><b>12. VIDNI SUSTAV</b></p> <p>(a) Vidna oštrina na daljinu i blizinu, sa ili bez optimalne korekcije, bit će 6/9 (0,7) ili bolja u svakom oku zasebno, a vidna oštrina s oba oka bit će 6/6 (1) ili bolja.</p> <p>(b) Spasilačko-vatrogasno osoblje mora imati vidno polje i binokularnu funkciju primjerenu operativnim zadaćama.</p> <p>(c) Spasilačko-vatrogasno osoblje koje na početnoj procjeni ima monokularni ili funkcionalni monokularni vid, uključujući probleme s ravnotežom očnih mišića, može se ocijeniti sposobnim pod uvjetom da su oftalmološki pregled i operativna procjena zadovoljavajući. Mogu biti potrebna operativna ograničenja.</p>                                                                                                     | <p><b>12. VISUAL SYSTEM</b></p> <p>(a) Distant and near visual acuity, with or without optimal correction, will be 6/9 (0.7) or better in each eye separately, and visual acuity with both eyes will be 6/6 (1) or better.</p> <p>(b) Rescue and firefighting personnel need to have fields of vision and binocular function appropriate to the operational tasks.</p> <p>(c) Rescue and firefighting personnel at the initial assessment having monocular or functional monocular vision, including eye muscle balance problems, may be assessed as fit provided that an ophthalmological examination and an operational evaluation are satisfactory. Operational limitations may be necessary.</p>                                                                                                                               |

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| <p>(d) Spasilačko-vatrogasno osoblje koje je bilo podvrgnuto operaciji oka ocjenjuje se nesposobnim do potpunog oporavka vidne funkcije. Ocjena sposoban može se razmatrati ovisno o zadovoljavajućoj oftalmološkoj procjeni.</p> <p>(e) Spasilačko-vatrogasno osoblje s kliničkom dijagnozom keratokonusa može se ocijeniti sposobnim nakon zadovoljavajućeg pregleda od strane oftalmologa.</p> <p>(f) Spasilačko-vatrogasno osoblje s diplopijom ocjenjuje se nesposobnim.</p> <p>(g) Korektivne leće</p> <p>Ako se zadovoljavajuća vidna funkcija za dužnosti spašavanja i gašenja požara postiže samo upotrebom korekcije, naočale, umetci ili kontaktne leće moraju pružati optimalnu funkciju vida, dobro se podnositi i prikladni za dužnosti spašavanja i gašenja požara, uključujući nošenje aparata za disanje.</p> <p>(h) Očni pregled</p> <p><b>STANDARDNI TESTOVI ZA VID</b></p> <p>(1) Pri svakom liječničkom pregledu izvršit će se procjena vida i pregledati oči s obzirom na moguću patologiju.</p> <p>(2) Rutinski pregled vida uključuje:</p> <ul style="list-style-type: none"> <li>(i) anamnezu;</li> <li>(ii) vidne oštine — vid na blizinu i na daljinu; nekorigirano i s najboljom optičkom korekcijom ako je potrebno;</li> <li>(iii) morfologiju oka pomoću oftalmoskopije; i</li> </ul> | <p>(d) Rescue and firefighting personnel who have undergone an eye surgery are assessed as unfit until full recovery of the visual function. A fit assessment may be considered subject to a satisfactory ophthalmologic evaluation.</p> <p>(e) Rescue and firefighting personnel with a clinical diagnosis of keratoconus may be assessed as fit subject to a satisfactory examination by an ophthalmologist.</p> <p>(f) Rescue and firefighting personnel with diplopia are assessed as unfit.</p> <p>(g) Corrective lenses</p> <p>If satisfactory visual function for the rescue and firefighting duties is achieved only with the use of correction, the spectacles, inserts or contact lenses must provide optimal visual function, be well tolerated, and suitable for rescue and firefighting duties, including the wearing of breathing apparatus.</p> <p>(h) Eye examination</p> <p><b>STANDARD TESTS FOR VISION</b></p> <p>(1) At each medical examination, an assessment of vision will be undertaken and the eyes are examined with regard to possible pathology.</p> <p>(2) The routine eye examination includes:</p> <ul style="list-style-type: none"> <li>(i) history;</li> <li>(ii) visual acuities — near and distant vision; uncorrected and with best optical correction if needed;</li> <li>(iii) morphology by ophthalmoscopy; and</li> <li>(iv) further examination on clinical indication.</li> </ul> |

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| <p>(iv) daljnji pregled prema kliničkoj indikaciji.</p> <p>(3) Oštrina vida testira se pomoću Snellenovih tablica ili ekvivalenta, pod odgovarajućim osvjetljenjem. Ako klinički dokazi upućuju na to da Snellenove tablice možda nisu prikladne, može se koristiti Landolt 'C'.</p> <p>(4) Svi abnormalni i sumnjivi slučajevi upućuju se oftalmologu. Stanja koja upućuju na opsežan oftalmološki pregled uključuju, ali nisu ograničena na, značajno smanjenje nekorrigirane vidne oštine, bilo kakvo smanjenje najbolje korigirane vidne oštine i/ili pojavu bolesti oka, ozljede oka ili operacije oka.</p> <p>(5) U slučaju više patoloških stanja oka, njihov učinak procjenjuje oftalmolog s obzirom na moguće kumulativne učinke. Funkcionalno testiranje u radnom okruženju može biti potrebno za razmatranje procjene sposobnosti.</p> <p>(i) Refrakcijska greška</p> <p>Spasilačko-vatrogasno osoblje bez simptoma s visokom refrakcijskom greškom većom od +5,0/-6,0 dioptrijske, visokom anizometrijom &gt;3D ili visokim astigmatizmom &gt;3D može se ocijeniti sposobnim pod uvjetom da su vizualni standardi zadovoljeni na oba oka, da je postignuta optimalna korekcija i da nije dokazana značajna patologija. Rizik od gubitka vida koji proizlazi iz pogreške refrakcije ili oblika oka može biti prihvatljiv.</p> <p>(j) Substandardni vid</p> <p>Spasilačko-vatrogasno osoblje sa smanjenim središnjim vidom na jednom oku može se ocijeniti sposobnim ako je binokularno vidno polje normalno, a temeljna patologija prihvatljiva prema oftalmološkoj procjeni. Ispitivanje uključuje funkcionalno ispitivanje u odgovarajućem radnom okruženju.</p> <p>(k) Heteroforija</p> | <p>(3) Visual acuity is tested using Snellen charts, or equivalent, under appropriate illumination. Where clinical evidence suggests that Snellen may not be appropriate, Landolt 'C' may be used.</p> <p>(4) All abnormal and doubtful cases are referred to an ophthalmologist. Conditions which indicate a comprehensive ophthalmological examination include, but are not limited to, a substantial decrease in the uncorrected visual acuity, any decrease in best corrected visual acuity, and/or the occurrence of eye disease, eye injury, or eye surgery.</p> <p>(5) In case of multiple pathological conditions of the eye, their effect is evaluated by an ophthalmologist with regard to possible cumulative effects. Functional testing in the working environment may be necessary to consider a fit assessment.</p> <p>(i) Refractive error</p> <p>Rescue and firefighting personnel without symptoms with high refractive error in excess of +5.0/-6.0 dioptres, high anisometropia &gt;3D, or high astigmatism &gt;3D may be assessed as fit provided that the visual standards are met in both eyes, optimal correction has been considered and no significant pathology is demonstrated. Risk of visual incapacitation arising from the refractive error or shape of the eye may be acceptable.</p> <p>(j) Substandard vision</p> <p>Rescue and firefighting personnel with reduced central vision in one eye may be assessed as fit if the binocular visual field is normal and the underlying pathology is acceptable according to an ophthalmological evaluation. Testing includes functional testing in the appropriate working environment.</p> <p>(k) Heterophoria</p> |

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| <p>Spasilačko-vatrogasno osoblje s heteroforijom (neravnoteža očnih mišića) bit će podvrgnuto daljnjoj oftalmološkoj procjeni prije nego što se razmotri procjena sposobnosti.</p> <p>(I) Kirurgija oka</p> <p>(1) Refraktivna kirurgija</p> <p>Nakon refrakcijske kirurgije ili operacije rožnice uključujući cross linking, može se razmotriti ocjena sposoban, pod uvjetom da:</p> <ul style="list-style-type: none"> <li>(i) prijeoperacijska refrakcija bila je manja od +5 dioptrija;</li> <li>(ii) postignuta je zadovoljavajuća stabilnost refrakcije (manje od 0,75 dioptrije varijacije);</li> <li>(iii) pregled oka ne pokazuje postoperativne komplikacije;</li> <li>(iv) osjetljivost na blještavilo je normalna;</li> <li>(v) osjetljivost mezopskog kontrasta nije narušena; i</li> <li>(vi) specijalističku procjenu provodi oftalmolog.</li> </ul> <p>(2) Operacija katarakte</p> <p>Spasilačko-vatrogasno osoblje koje je bilo podvrgnuto operaciji katarakte može se ocijeniti sposobnim nakon 6 tjedana pod uvjetom da su zadovoljeni vizualni zahtjevi ili s korektivnim lećama ili s intraokularnim lećama koje nisu obojene.</p> <p>(3) Operacija retine/retinalna laserska terapija</p> <ul style="list-style-type: none"> <li>(i) Nakon operacije mrežnice, spasilačko-vatrogasno osoblje može se ocijeniti sposobnim 6 mjeseci nakon uspješne operacije. Može biti</li> </ul> | <p>Rescue and firefighting personnel with heterophoria (imbalance of the ocular muscles) will undergo further ophthalmological evaluation before a fit assessment is considered.</p> <p>(I) Eye surgery</p> <p>(1) Refractive surgery</p> <p>After a refractive surgery or a surgery of the cornea including cross linking, a fit assessment may be considered, provided that:</p> <ul style="list-style-type: none"> <li>(i) the pre-operative refraction was less than +5 dioptres;</li> <li>(ii) satisfactory stability of refraction has been achieved (less than 0.75 dioptres variation diurnally);</li> <li>(iii) the examination of the eye shows no post-operative complications;</li> <li>(iv) the glare sensitivity is normal;</li> <li>(v) the mesopic contrast sensitivity is not impaired; and</li> <li>(vi) the specialist evaluation is undertaken by an ophthalmologist.</li> </ul> <p>(2) Cataract surgery</p> <p>Rescue and firefighting personnel who have undergone a cataract surgery may be assessed as fit after 6 weeks provided that the visual requirements are met either with corrective lenses, or with intraocular lenses which are non-tinted.</p> <p>(3) Retinal surgery/retinal laser therapy</p> |

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| <p>potrebno godišnje oftalmološko praćenje. Na preporuku oftalmologa nakon 2 godine duža razdoblja mogu biti prihvatljiva .</p> <p>(ii) Nakon uspješne retinalne laserske terapije, spasilačko-vatrogasno osoblje može se ocijeniti sposobnim pod uvjetom da oftalmološka procjena pokaže stabilnost stanja.</p> <p>(4) Operacija glaukoma</p> <p>Nakon operacije glaukoma, spasilačko-vatrogasno osoblje može se ocijeniti sposobnim 6 mjeseci nakon uspješne operacije. Možda će biti potrebni oftalmološki pregledi svakih 6 mjeseci kako bi se pratile sekundarne komplikacije uzrokovane glaukomom.</p> <p>(5) Operacija ekstraokularnih mišića</p> <p>Procjena sposobnosti može se razmatrati najmanje 6 mjeseci nakon operacije i nakon zadovoljavajuće oftalmološke procjene.</p> <p>(6) Vizualna korekcija</p> <p>Naočale, kontaktne leće i umetci za maske trebali bi spasilačkom-vatrogasnom osoblju omogućiti ispunjavanje vizualnih zahtjeva na svim udaljenostima.</p> <p><b>RASPOZNAVANJE BOJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje koje ne uspije točno identificirati 9 ili više od prvih 15 od 24 Ishiharinih pseudoizokromatskih ploča podvrgava se daljnjoj stručnoj procjeni. Ocjena sposobnosti može se razmotriti ako rezultati ocjenjivanja i/ili operativnog testiranja pokažu da se dužnosti mogu sigurno obavljati.</p> | <p>(i) After a retinal surgery, rescue and firefighting personnel may be assessed fit 6 months after a successful surgery. Annual ophthalmological follow-up may be necessary. Longer periods may be acceptable after 2 years on recommendation of the ophthalmologist.</p> <p>(ii) After successful retinal laser therapy, rescue and firefighting personnel may be assessed as fit provided that an ophthalmological evaluation shows stability.</p> <p>(4) Glaucoma surgery</p> <p>After a glaucoma surgery, rescue and firefighting personnel may be assessed as fit 6 months after a successful surgery. Ophthalmological examinations undertaken every 6 months to follow-up secondary complications caused by the glaucoma may be necessary.</p> <p>(5) Extraocular muscle surgery</p> <p>A fit assessment may be considered not less than 6 months after a surgery and after a satisfactory ophthalmological evaluation.</p> <p>(6) Visual correction</p> <p>Spectacles, contact lenses and mask inserts should permit the rescue and firefighting personnel to meet the visual requirements at all distances.</p> <p><b>COLOUR VISION</b></p> <p>(a) Rescue and firefighting personnel who fail to correctly identify 9 or more of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates undergo further specialist evaluation. A fit assessment may be considered if the results of the evaluation and/or operational testing demonstrate that the duties can be performed safely.</p> |

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| (b) Napredno testiranje kolornog vida procjenjuje se pomoću sredstava koja mogu pokazati prihvatljivi kolorni vid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (b) Advanced or fictional colour vision testing is assessed using means able to demonstrate acceptable colour vision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>13. OTORINOLARINGOLOGIJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje neće imati gubitak sluha veći od 35 dB na bilo kojoj od frekvencija 500, 1 000 ili 2 000 Hz, i 50 dB na 3 000 Hz, u oba uha zasebno.</p> <p>(b) Spasilačko-vatrogasno osoblje koje ne ispunjava gore navedene kriterije sluha proći će specijalističku procjenu prije nego što se može razmotriti ocjena sposobnosti. U tim slučajevima spasilačko-vatrogasno osoblje podvrgava se funkcionalnom ispitivanju sluha u operativnom okruženju. Kandidati na inicijalnom pregledu koji ne ispunjavaju gore navedene kriterije sluha proći će test govorne audiometrije.</p> <p>(c) Slušna pomagala</p> <p>Ocjena sposoban može se razmatrati ako korištenje slušnih pomagala ili odgovarajućeg protetskog pomagala poboljšava sluh radi postizanja normalnog standarda a koje se procjenjuje provođenjem funkcionalnog testiranja u operativnom okruženju.</p> <p>(d) Spasilačko-vatrogasno osoblje sa:</p> <ul style="list-style-type: none"> <li>(1) aktivnim kroničnim patološkim procesom unutarnjeg ili srednjeg uha;</li> <li>(2) nezacjeljenom perforacijom ili disfunkcijom bubnjića;</li> <li>(3) poremećajem vestibularne funkcije;</li> <li>(4) značajnom malformacijom ili značajna kroničnom infekcijom usne šupljine ili gornjeg dišnog trakta; i</li> </ul> | <p><b>13. OTORHINOLARYNGOLOGY</b></p> <p>(a) Rescue and firefighting personnel do not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, and 50 dB at 3 000 Hz, in either ear separately.</p> <p>(b) Rescue and firefighting personnel who do not meet the hearing criteria above will undergo a specialist assessment before a fit assessment may be considered. In these cases, the rescue and firefighting personnel undergo a functional hearing test in the operational environment. Initial candidates who do not meet the hearing criteria above will undergo a speech discrimination test.</p> <p>(c) Hearing aids</p> <p>A fit assessment may be considered if the use of a hearing aid (or aids) or of an appropriate prosthetic aid improves the hearing to achieve a normal standard as assessed by fully functional testing in the operational environment.</p> <p>(d) Rescue and firefighting personnel with:</p> <ul style="list-style-type: none"> <li>(1) an active chronic pathological process of the internal or middle ear;</li> <li>(2) unhealed perforation or dysfunction of the tympanic membrane(s);</li> <li>(3) disturbance of vestibular function;</li> </ul> |

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| <p>(5) značajnim poremećajem govora ili smanjenom razumljivosti glasa, će se podvrgnuti daljnjem specijalističkom pregledu i procjeni kako bi se utvrdilo da to stanje ne ometa sigurno obavljanje njihovih dužnosti.</p> <p>(e) Ispitivanje</p> <p>(1) Otorinolaringološki pregled uključuje:</p> <ul style="list-style-type: none"> <li>(i) anamnezu;</li> <li>(ii) klinički pregled uključujući otoskopiju, rinoskopiju i pregled usta i grla;</li> <li>(iii) klinička procjena vestibularnog sustava.</li> </ul> <p>(2) ORL specijalisti uključeni u procjenu spasilačko-vatrogasno osoblje trebali bi razumjeti radno okruženje u kojem se provode operativne funkcije</p> <p>(3) Gdje je potrebna potpuna procjena i funkcionalna provjera, dužna se pažnja posvećuje radnom okruženju u kojem se provode operativne funkcije.</p> <p>(f) Sluh</p> <ul style="list-style-type: none"> <li>(1) O praćenju spasilačkog-vatrogasnog osoblja s hipoakuzijom odlučuje medicinsko osoblje. Ako pri sljedećem godišnjem ispitivanju nema naznaka daljnjeg pogoršanja, može se nastaviti s uobičajenom učestalošću ispitivanja.</li> <li>(2) Puna funkcionalna procjena provodi se s odabranom protetskom opremom u uporabi.</li> </ul> <p>(g) Stanja uha</p> | <p>(4) significant malformation or significant chronic infection of the oral cavity or upper respiratory tract; and</p> <p>(5) significant disorder of speech or voice reducing intelligibility, will undergo further specialist examination and assessment to establish that the condition does not interfere with the safe performance of their duties.</p> <p>(e) Examination</p> <p>(1) An otorhinolaryngological examination includes:</p> <ul style="list-style-type: none"> <li>(i) history;</li> <li>(ii) clinical examination including otoscopy, rhinoscopy, and examination of the mouth and throat; and</li> <li>(iii) clinical assessment of the vestibular system.</li> </ul> <p>(2) ENT specialists involved in the assessment of rescue and firefighting personnel should have an understanding of the functionality required.</p> <p>(3) Where a full assessment and functional check is needed, due regard is paid to the operating environment in which the operational functions are undertaken.</p> <p>(f) Hearing</p> <ul style="list-style-type: none"> <li>(1) The follow-up of a rescue and firefighting personnel with hypoacusis is decided by the medical staff. If at the next annual test there is no indication of further deterioration, the normal frequency of testing may be resumed.</li> <li>(2) Full functional and environmental assessments is carried out with the chosen prosthetic equipment in use.</li> </ul> |

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| <p>Spasilačko-vatrogasno osoblje s perforacijom smatra se nesposobnim. Ocjena sposobnosti može se razmatrati nakon specijalističke procjene, liječenja i potpunog oporavka.</p> <p>(h) Vestibularni poremećaj</p> <p>Prisutnost vestibularnog poremećaja s vrtoglavicom (npr. Meniereova bolest) i spontanim ili položajnim nistagmusom zahtijeva potpunu vestibularnu procjenu od strane stručnjaka i povlači za sobom nesposobnost do uspješnog liječenja i/ili potpunog oporavka.</p> <p>(i) Poremećaj govora</p> <p>Spasilačko-vatrogasno osoblje s poremećajem govora ocjenjuje ovisno o operativnom okruženju u kojem se obavljaju operativne funkcije. Spasilačko-vatrogasno osoblje sa značajnim poremećajem govora ili glasa ocjenjuje se nesposobnim.</p> | <p>(g) Ear conditions</p> <p>Rescue and firefighting personnel with perforation is considered unfit. A fit assessment can be made following a specialist evaluation, treatment and full recovery.</p> <p>(h) Vestibular disturbance</p> <p>The presence of vestibular disturbance with vertigo (e.g. Meniere's disease) and spontaneous or positional nystagmus requires a complete vestibular evaluation by a specialist and entails unfitness until successful treatment and/or full recovery.</p> <p>(i) Speech disorder</p> <p>Rescue and firefighting personnel with a speech disorder are assessed with due regard to the operational environment in which the operational functions are undertaken. Rescue and firefighting personnel with significant disorder of speech or voice are assessed as unfit.</p> |
| <p><b>14. DERMATOLOGIJA</b></p> <p>(a) Spasilačko-vatrogasno osoblje neće imati utvrđeno dermatološko stanje koje bi moglo ometati sigurno obavljanje njihovih dužnosti i nošenje zaštitne opreme. Ocjena sposobnosti može se razmotriti nakon specijalističke dermatološke procjene.</p> <p>(b) Sistemske učinke zračenja ili farmakološkog tretmana za dermatološko stanje bit će razmotreni prije nego što se može uzeti u obzir procjena sposobnosti.</p> <p>(c) Spasilačko-vatrogasno osoblje sa stanjem kože koje uzrokuje bol, nelagodu, iritaciju ili svrbež može se ocijeniti sposobnim samo ako se stanje</p>                                                                                                                                             | <p><b>14. DERMATOLOGY</b></p> <p>(a) Rescue and firefighting personnel will not have any established dermatological condition likely to interfere with the safe performance of their duties and the wearing of protective equipment. A fit assessment could be considered following a specialist dermatological assessment.</p> <p>(b) Systemic effects of radiation or pharmacological treatment for a dermatological condition will be evaluated before a fit assessment can be considered.</p> <p>(c) Rescue and firefighting personnel with a skin condition that causes pain, discomfort, irritation or itching may only be assessed as fit if the condition can</p>                                                                                                                                            |

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| <p>može kontrolirati i ne ometa sigurno obavljanje dužnosti i nošenje osobne zaštitne opreme .</p> <p>(d) U slučajevima kada je dermatološko stanje povezano sa sustavnom bolešću, u potpunosti će se razmotriti temeljna bolest prije nego što se može razmotriti procjena sposobnosti.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>be controlled and does not interfere with the safe performance of the duties and with wearing of personal protective equipment.</p> <p>(d) In cases where a dermatological condition is associated with a systemic illness, full consideration will be given to the underlying illness before a fit assessment may be considered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>15. ONKOLOGIJA</b></p> <p>(a) Nakon dijagnoze primarne ili sekundarne maligne bolesti, spasilačko-vatrogasno osoblje ocjenjuje se nesposobnim.</p> <p>(b) Nakon završetka primarne obrade i potpunog oporavka, spasilačko-vatrogasno osoblje proći će specijalističku procjenu prije nego što se može razmotriti ocjena sposobnosti.</p> <p>(c) Spasilačko-vatrogasno osoblje s utvrđenom poviješću ili kliničkom dijagnozom malignog intracerebralnog ili plućnog tumora ocjenjuje se nesposobnim.</p> <p>(d) Spasilačko-vatrogasno osoblje kojem je dijagnosticirana maligna bolest može se ocijeniti sposobnim pod uvjetom da:</p> <ul style="list-style-type: none"> <li>(1) nakon primarnog liječenja nema dokaza o rezidualnoj malignoj bolesti koja bi mogla ometati obavljanje dužnosti;</li> <li>(2) je vrijeme proteklo od završetka primarnog liječenja primjereno vrsti tumora;</li> <li>(3) je rizik od onesposobljenosti zbog recidiva ili metastaze dovoljno nizak;</li> </ul> | <p><b>15. ONCOLOGY</b></p> <p>(a) After diagnosis of primary or secondary malignant disease, rescue and firefighting personnel are assessed as unfit.</p> <p>(b) After completion of primary treatment and full recovery, the rescue and firefighting personnel will undergo a specialist evaluation before a fit assessment could be considered.</p> <p>(c) Rescue and firefighting personnel with an established history or clinical diagnosis of a malignant intracerebral or pulmonary tumor are assessed as unfit.</p> <p>(d) Rescue and firefighting personnel who have been diagnosed with malignant disease may be assessed as fit provided that:</p> <ul style="list-style-type: none"> <li>(1) after primary treatment, there is no evidence of residual malignant disease likely to interfere with the performance of duties;</li> <li>(2) time appropriate to the type of tumour has elapsed since the end of the primary treatment;</li> <li>(3) the risk of incapacitation from a recurrence or metastasis is sufficiently low;</li> </ul> |

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| <p>(4) nema dokaza o kratkoročnim ili dugoročnim posljedicama liječenja. Posebnu pozornost treba obratiti na srčani rizik u osoba koje su primale antraciklinsku kemoterapiju; i</p> <p>(5) da su medicinskom osoblju dostavljena zadovoljavajuća izvješća o onkološkom praćenju.</p> <p>(e) Spasilačko-vatrogasno osoblje koje prima kemoterapiju (osim adjuvantne preventivne terapije) ili liječenje zračenjem ocjenjuje se nesposobnim.</p> <p>(f) Spasilačko-vatrogasno osoblje s benignim intracerebralnim tumorom može se ocijeniti sposobnim nakon zadovoljavajuće specijalističke i neurološke procjene i pod uvjetom da to stanje ne ugrožava sigurno obavljanje dužnosti.</p> <p>(g) Spasilačko-vatrogasno osoblje s predmalignim stanjima može se ocijeniti sposobnim ako se po potrebi liječi ili ukloni te postoji redovito praćenje.</p> | <p>(4) there is no evidence of short- or long-term sequelae from treatment. Special attention should be paid to cardiac risk in persons who have received anthracycline chemotherapy; and</p> <p>(5) satisfactory oncology follow-up reports are provided to the medical staff.</p> <p>(e) Rescue and firefighting personnel receiving ongoing chemotherapy (other than adjuvant preventative therapy) or radiation treatment are assessed as unfit.</p> <p>(f) Rescue and firefighting personnel with a benign intracerebral tumour may be assessed as fit after a satisfactory specialist and neurological evaluation and provided that the condition does not compromise the safe performance of duties.</p> <p>(g) Rescue and firefighting personnel with pre-malignant conditions may be assessed as fit if treated or excised as necessary and there is a regular follow-up.</p> |
| <p><b>GM3 ADR.OPS.B.010(a)(4) Službe spašavanja i gašenja požara</b></p> <p><b>PROGRAM OCJENE FIZIČKE SPOSOBNOSTI</b></p> <p>Fizička spremnost spasilačko-vatrogasnog osoblja ocjenjivat će se u redovitim intervalima. Zbog toga je neophodan program procjene tjelesne spremnosti.</p> <p>Ocjenjivanje bi trebalo biti nediskriminirajuće, nekažnjivo i nenatjecateljsko. Rezultati evaluacije mogu se koristiti za utvrđivanje polaznih vrijednosti kandidata ili mjerenje u odnosu na prethodne procjene kandidata.</p>                                                                                                                                                                                                                                                                                                                             | <p><b>PHYSICAL FITNESS EVALUATION PROGRAMME</b></p> <p>The physical fitness of rescue and firefighting personnel will be evaluated at regular intervals. For this reason, a physical fitness evaluation programme is necessary.</p> <p>The evaluation should be anti-discriminatory, non-punitive or non-competitive. The results of the evaluation may be used to establish the person's baseline or measured against the person's previous assessments.</p> <p>A physical fitness evaluation will also be considered following significant absence, illness or injury prior to a return to operational duty.</p>                                                                                                                                                                                                                                                                     |

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| <p>Procjena fizičke sposobnosti također će se razmotriti nakon značajne odsutnosti, bolesti ili ozljede prije povratka na operativnu dužnost.</p> <p>Procjena fizičke sposobnosti uključuje:</p> <p>(a) zdravstveni upitnik prije procjene;</p> <p>(b) procjena aerobnog kapaciteta; i</p> <p>(c) procjena mišićne snage, izdržljivosti i fleksibilnosti.</p> <p><b>POSTUPAK PRIJE PROCJENE</b></p> <p>(a) Spasilačko-vatrogasno osoblje ispunjava upitnik za prethodnu ocjenu radi utvrđivanja kontraindikacija za sudjelovanje u procjeni fizičke sposobnosti.</p> <p>(b) Ako spasilačko-vatrogasno osoblje ima medicinski problem koji onesposobljava ili novostečeno kronično zdravstveno stanje, procjena tjelesne sposobnosti bit će odgođena dok medicinsko osoblje ne ocijeni da je spasilačko-vatrogasno osoblje sposobno. U takvim okolnostima spasilačko-vatrogasno osoblje ocjenjuje se nesposobnim.</p> <p><b>TESTOVI PROCJENE FIZIČKE SPOSOBNOSTI</b></p> <p>Individualna fizička spremnost se testira na sljedeći način:</p> <p>(a) Testovi operativne sposobnosti</p> <p>Fizička spremnost ocjenjuje se korištenjem odgovarajućih standardnih protokola. Provjera fizičke sposobnosti osigurava da spasilačko-vatrogasno osoblje može učinkovito pokazati sljedeće reprezentativne operativne sposobnosti:</p> <p>(1) Penjanje uz stepenice ili ljestve uz nošenje dodatnog tereta;</p> | <p>The physical fitness evaluation includes:</p> <p>(a) a pre-evaluation health questionnaire;</p> <p>(b) an evaluation of aerobic capacity; and</p> <p>(c) an evaluation of muscular strength, endurance and flexibility.</p> <p><b>PRE-EVALUATION PROCEDURE</b></p> <p>(a) Rescue and firefighting personnel complete a pre-assessment screening questionnaire to identify contraindications for participation in the fitness assessment.</p> <p>(b) If rescue and firefighting personnel have an incapacitating medical problem or a newly acquired chronic medical condition, the physical fitness assessment will be postponed until the rescue and firefighting personnel have been assessed as fit by the medical staff. In such circumstances, the rescue and firefighting personnel are assessed as unfit.</p> <p><b>FITNESS TESTS</b></p> <p>Individual physical fitness is tested as follows:</p> <p>(a) Operational fitness tests</p> <p>Physical fitness is evaluated using appropriate standard protocols. The physical fitness test ensure that the rescue and firefighting personnel are able to effectively demonstrate the following representative operational competencies:</p> <p>(1) Stair or ladder climbing while carrying an additional load;</p> |

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| <p>(2) Podizanje i izvlačenje ljestava;</p> <p>(3) Nošenje opreme;</p> <p>(4) Povlačenje u slučajevima spašavanja;</p> <p>(5) rad u zatvorenom prostoru;</p> <p>(6) Razvlačenje crijeva (vježbe) i operacije;</p> <p>(7) rad u okruženju visoke temperature s aparatom za disanje; i</p> <p>(8) Procjena aerobne spremnosti:</p> <p>(i) Za pune operativne dužnosti preporučuje se VO2 Max najmanje od prosjeka vatrogasaca ili bolji za dob i spol i ne manji od 35 ml/kg/min.</p> <p>(ii) Procjena VO2 Max može se izvršiti pomoću sljedećih testova</p> <p>(A) Shuttle trčanje;</p> <p>(B) Validirani postupni test, npr. Cooper, Chester;</p> <p>(C) cikloergometar; (D) Traka za trčanje; i</p> <p>(E) Potpuna spiroergometrija</p> <p>Gore navedene funkcije mogu biti uključene kao dio operativne vježbe ili se mogu provoditi zasebno.</p> <p>(b) Simulirani operativni testovi fizičke sposobnosti</p> <p>Testovi koji se provode u odgovarajućem objektu mogu se koristiti kao alternativa za nove zaposlenike, neobučeno osoblje ili tamo gdje operativni test nije dostupan i gdje postoje dokazi da su simulirani testovi razumna</p> | <p>(2) Ladder raise and extension;</p> <p>(3) Equipment carry;</p> <p>(4) Rescue drag;</p> <p>(5) Operating in an enclosed space;</p> <p>(6) Hose drill and operations;</p> <p>(7) Operating in a high temperature environment with breathing apparatus; and</p> <p>(8) Aerobic fitness assessment:</p> <p>(i) For full operational duties, a VO2 Max of at least the firefighters' average or better for age and gender and not less than 35 ml/kg/min is recommended.</p> <p>(ii) The estimation of VO2 Max may be performed using the following tests</p> <p>(A) Shuttle run;</p> <p>(B) Validated step test, e.g. Cooper, Chester;</p> <p>(C) Cycle ergometer;</p> <p>(D) Treadmill; and</p> <p>(E) Full spiro-ergometry</p> <p>The above functions may be included as part of an operational exercise or carried out separately.</p> <p>(b) Simulated operational physical fitness tests</p> |

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| <p>reprezentacija operativnih zadataka. Odabir odgovarajućeg testa ovisi o različitim aspektima kao što su jednostavnost primjene, sigurnost, cijena i prediktivna vrijednost. Za ocjenu sposobnosti spasilačkog i vatrogasnog osoblja mogu se koristiti sljedeće metode:</p> <p>(1) Mišićna snaga</p> <ul style="list-style-type: none"> <li>(i) ručni dinamometar;</li> <li>(ii) Statički biceps savijanje s dinamometrom;</li> <li>(iii) Lat pull;</li> <li>(iv) Statički potisak nogama s dinamometrom;</li> <li>(v) Potisak s klupe; i</li> <li>(vi) Potisak nogama.</li> </ul> <p>(2) Mišićna izdržljivost</p> <ul style="list-style-type: none"> <li>(i) Sklekovi, modificirani sklekovi;</li> <li>(ii) Zgibovi;</li> <li>(iii) trbušnjaci sa savijenim koljenima; i</li> <li>(iv) Trbušnjaci u zadanom vremenu, trbušnjaci do kadence.</li> </ul> <p>(3) Fleksibilnost</p> <ul style="list-style-type: none"> <li>(i) Sjedenje i dohvat, modificirano sjedenje i dohvat;</li> <li>(ii) proširenje trupa; i</li> <li>(iii) Podizanje ramena.</li> </ul> | <p>Tests conducted in an appropriate facility may be used as an alternative for new recruits, untrained personnel or where the operational test is unavailable and where there is evidence that the simulated tests are a reasonable representation of operational tasks. The choice of the appropriate test depends on various aspects such as ease of administration, safety, cost and predictive value. The following methods may be used for the fitness evaluation of rescue and firefighting personnel:</p> <p>(1) Muscular strength</p> <ul style="list-style-type: none"> <li>(i) Handgrip dynamometer;</li> <li>(ii) Static bicep curl with dynamometer;</li> <li>(iii) Lat pull;</li> <li>(iv) Static leg press with dynamometer;</li> <li>(v) Bench press; and</li> <li>(vi) Leg press.</li> </ul> <p>(2) Muscular endurance</p> <ul style="list-style-type: none"> <li>(i) Push-ups, modified push-ups;</li> <li>(ii) Pull-ups;</li> <li>(iii) Bent knee sit-ups; and</li> <li>(iv) Crunches in a given time, crunches to cadence.</li> </ul> <p>(3) Flexibility</p> <ul style="list-style-type: none"> <li>(i) Sit and reach, modified sit and reach;</li> </ul> |

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|                                    | (ii) Trunk extension; and<br>(iii) Shoulder elevation. |

## Dodatak 1: PRIMJER UPITNIKA ZA PRETHODNU OCJENU

Opći podaci i povijest bolesti: Da li imate ili ste ikada imali nešto od dolje navedenog? Označiti X kod svakog pitanja. Potvrdni odgovori zahtijevaju pojašnjenje u sekciji (30). / General and medical history: Do you have or have you ever had any of the following? (Please tick). If yes, give details in remarks section (30).

|                                                          |        |    |                                                                              |    |    |                                        |        |    |                                             |    |    |
|----------------------------------------------------------|--------|----|------------------------------------------------------------------------------|----|----|----------------------------------------|--------|----|---------------------------------------------|----|----|
| Ime i prezime:                                           |        |    |                                                                              |    |    | Datum:                                 |        |    |                                             |    |    |
| Osobna anamneza                                          | D<br>A | NE | Osobna anamneza                                                              | DA | NE | Osobna anamneza                        | D<br>A | NE | Obiteljska anamneza                         | DA | NE |
| Problemi s očima/operacija očiju                         |        |    | Bolesti grla, nosa ili poremećaj govora                                      |    |    | Malarija ili druge tropske bolesti     |        |    | <i>Bolesti srca</i>                         |    |    |
| Nošenje naočala i/ili kontaktnih leća (do sada)          |        |    | Ozljede glave / kontuzije                                                    |    |    | Pozitivan HIV test                     |        |    | <i>Visoki krvni tlak</i>                    |    |    |
| Alergija / peludna groznica                              |        |    | Učestale ili jake glavobolje                                                 |    |    | Spolno prenosive bolesti               |        |    | Visoki kolesterol                           |    |    |
| Astma, bolest pluća                                      |        |    | Vrtoglavica ili nesvjestica                                                  |    |    | Poremećaj spavanja / apnoja u spavanju |        |    | <i>Epilepsija</i>                           |    |    |
| Srčani ili krvnožilni problemi                           |        |    | Gubitak svijesti iz bilo kojeg razloga                                       |    |    | Mišićno-koštane bolesti / smetnje      |        |    | <i>Duševne bolesti</i>                      |    |    |
| Visoki ili niski krvni tlak                              |        |    | Neurološki poremećaji: epilepsija/moždani udar/ napadaj / paraliza ili drugo |    |    | Prijem u bolnicu                       |        |    | <i>Diabetes</i>                             |    |    |
| Bubrežni kamenac                                         |        |    | Psihološki ili duševni poremećaj                                             |    |    |                                        |        |    | <i>Tuberkuloza</i>                          |    |    |
| Diabetes, hormonalni poremećaji                          |        |    | Zlouporaba alkohola/opojnih droga/ lijekova                                  |    |    |                                        |        |    | <i>Alergija / astma / ekcem</i>             |    |    |
| Problemi vezani uz želudac, jetru ili crijeva            |        |    | Pokušaj samoubojstva                                                         |    |    |                                        |        |    | <i>Nasljedni poremećaji</i>                 |    |    |
| Gluhoća, poremećaj sluha                                 |        |    | Bolesti kretanja koje zahtijevaju uporabu lijekova                           |    |    |                                        |        |    | <i>Glaukom</i>                              |    |    |
| Anemija / anemija srpastih stanica/drugi krvni poremećaj |        |    | Druge bolesti / ozljede                                                      |    |    |                                        |        |    | <b>SAMO ŽENE / FEMALES ONLY</b>             |    |    |
|                                                          |        |    |                                                                              |    |    |                                        |        |    | <i>Ginekološki ili menstrualni problemi</i> |    |    |
|                                                          |        |    |                                                                              |    |    |                                        |        |    | <i>Jeste li trudni?</i>                     |    |    |
| Napomena:                                                |        |    |                                                                              |    |    |                                        |        |    |                                             |    |    |

## Dodatak 2: PRIMJER LISTE PROVJERE ZA MEDICINSKU PROCJENU - KLINIČKI PREGLED I ISPITIVANJE

|                                                                                                                                                                                                                                                                                     |          |            |                                                                                     |          |            |
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| Ime i prezime:                                                                                                                                                                                                                                                                      |          |            | Datum liječničke procjene:                                                          |          |            |
| <input type="checkbox"/> POČETNI                                                                                                                                                                                                                                                    | SPOSOBAN | NESPOSOBAN | <input type="checkbox"/> PONOVI                                                     | SPOSOBAN | NESPOSOBAN |
| Povijest bolesti                                                                                                                                                                                                                                                                    |          |            | Povijest bolesti                                                                    |          |            |
| Kardiovaskularni sustav<br>(1) mjerenje krvnog tlaka; i<br>(2) standardni 12-kanalni EKG u mirovanju i izvješće. Proširena kardiovaskularna procjena (uključujući EKG pod opterećenjem) kada je klinički indicirano                                                                 |          |            | Klinički pregled (ako se smatra potrebnim) u skladu s najboljom medicinskom praksom |          |            |
| Dišni sustav<br>(1) testovi plućne funkcije; i<br>(2) RTG prsnog koša na kliničku indicaciju                                                                                                                                                                                        |          |            |                                                                                     |          |            |
| Mišićno-koštani sustav                                                                                                                                                                                                                                                              |          |            |                                                                                     |          |            |
| Otorinolaringologija<br>(1) rutinski pregled ušiju, nosa i grla;<br>(2) konverzijski test sluha tijekom kojeg je osoba sposobna pravilno razumjeti konverzijski govor kada se testira sa svakim uhom na udaljenosti od 2 metra od medicinskog osoblja i leđima okrenuta prema njemu |          |            |                                                                                     |          |            |
| Vidni sustav                                                                                                                                                                                                                                                                        |          |            |                                                                                     |          |            |
| Ako tijekom bilo koje medicinske procjene postoji sumnja ili ako je klinički indicirano, dodatni medicinski pregledi, testovi ili istraživanja također se mogu provesti ako medicinsko osoblje smatra potrebnim                                                                     |          |            |                                                                                     |          |            |

### Dodatak 3: PRIMJER LIJEČNIČKOG IZVJEŠĆA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                         |
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| Ime i prezime:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                     |                                         |
| Datum liječničke procjene:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | Datum sljedeće liječničke procjene: |                                         |
| Rezultat liječničke procjene:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> SPOSOBAN |                                     | <input type="checkbox"/> NESPOSOBAN     |
| <p>OGRANIČENJA I/ILI UPORABA POMAGALA:</p> <p><input type="checkbox"/> Nošenje korekcijskih leća</p> <p><input type="checkbox"/> Nošenje slušnih pomagala</p> <p><input type="checkbox"/> Smanjenje intervala između uzastopnih liječničkih pregleda ili procjena. U tom će slučaju dotične osobe doći na ponovni pregled nakon savjetovanja i slijediti sve medicinske preporuke</p> <p><input type="checkbox"/> OPERATIVNA OGRANIČENJA:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> korištenje aparata za disanje</li> <li><input type="checkbox"/> rad u skućenim prostorima</li> <li><input type="checkbox"/> penjanje po ljestvama</li> <li><input type="checkbox"/> rad na visini</li> <li><input type="checkbox"/> vožnja</li> <li><input type="checkbox"/> upravljanje ili nošenje teške opreme</li> <li><input type="checkbox"/> spuštanje niz motku</li> <li><input type="checkbox"/> Rad samo u određenim razdobljima dana (npr. samo dnevne smjene)</li> </ul> <p><input type="checkbox"/> DRUGO :</p> <hr/> |                                   |                                     |                                         |
| Datum izdavanja                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Potpis liječnika:                 |                                     | Dostaviti:<br>1. osobi<br>2. poslodavcu |

KRAJ / END