

**HEALTH SCREENING QUESTIONNAIRE (HSQ)**

*Assess your health needs by marking all true statements.*

**HISTORY**

**SECTION A**

You have had:

- a heart attack
- heart surgery
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance

- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out the duties of a wildland firefighter

**SYMPTOMS**

- you experience chest discomfort with exertion
- you experience unreasonable breathlessness
- you experience dizziness, fainting, blackouts\_\_\_\_
- you have musculoskeletal problems, spine, knees, etc.

**OTHER HEALTH ISSUES**

- you are pregnant
- you take prescription or over the counter medication(s)
- you take heart medications

**SECTION B**

**CARDIOVASCULAR RISK FACTORS**

- you are a man older than 45 years
- you are a woman older than 55 years or you have had a hysterectomy or you are post menopausal
- you smoke
- your blood pressure is greater than 140/90, or you don't know your blood pressure or you take blood pressure medication
- you are more than 20 pounds overweight

- your blood cholesterol level is greater than 240, g/dl or you don't know your cholesterol level or you take cholesterol medication
- you have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- you are a diabetic or take medicine to control your blood sugar
- you are physically inactive (i.e., you get less than 30 minutes of physical activity at least 3 days per week)

**Privacy Statement**

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

**Paperwork Reduction Act Statement**

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_