File Code: 5100/6180

Date:

Dear Physician or Qualified Medical Provider:

_____ is a Forest Service employee or prospective employee with the _____ National Forest.

This employee may be involved in wildland firefighting and fire management activities and is required to pass a monitored Work Capacity Test (WCT). The Forest Service requires clearance from a licensed physician or other qualified medical provider before this individual takes the test. Once that has been completed, the individual will be required to pass the WCT at the level noted below. Upon successfully passing the WCT, this employee must be physically capable of performing the requirements of this level of activity required in his/her fire position in wildland fire environmental conditions.

____ **Arduous level -** requires the individual to complete a 3-mile walk/hike within 45 minutes while carrying a 45-pound pack.

____ **Moderate level -** requires the individual to complete a 2-mile walk/hike within 30 minutes while carrying a 25-pound pack.

____ **Light level -** requires the individual to complete a 1 mile walk within 16 minutes.

Please review the following prior to completing the Certificate of Medical Examination (Optional Form 178):
"The Pack Test" information sheet
"Essential Functions and Work Conditions of a Wildland Firefighter"

Please evaluate this individual's physical condition in regard to the duties and physical requirements of the conditioning for and taking the WCT at the level indicated above. Please complete, sign and date Parts C and F of the Optional Form 178. In the "Conclusions" block, please note any limiting factors for the individual in meeting the physical requirements of the job and/or the WCT. If there are limiting factors, the employee will not be cleared for taking the WCT or performing wildland firefighting duties.

Please mail (using the envelope provided) the completed Optional Form 178 to the following address:

USDA Forest Service -- ASC-HCM
Attn: HSQ-Medical Form
Mailstop 118
3900 Masthead Street NE
Albuquerque, NM 87109

The Forest Service authorizes you to bill for the customary and reasonable costs incurred for a standard physical examination. If additional testing is needed beyond the customary examination, please contact (name), Fire Management Officer at (xxx) xxx-xxxx for prior approval.

Please forward the bill to:

[ENTER LOCAL FOREST/UNIT ADDRESS HERE.]

Thank you for your assistance.

Sincerely,
NAME & Title (HSQ Coordinator)
Enclosures