eOF-178 Medical Exam GUIDANCE SHEET for the Medical Provider

**ADDITIONAL ANCILLARY TESTS beyond what is on the OF-178 form are not approved and will not be covered by the Forest Service**

eMedical Access Directions:

1. Each physician must access eMedical the first time by typing in the entire internet address + the employee’s unique Physician Access Code (which they will provide to you in a printed email) into an internet address bar. The code will look like this (example only below). You must type the FULL address and code. This code is good for ONE USE only. You will not be able to log in any other way the first time accessing eMedical.
   a. Once logged in, click on “My Packets”, then “Take Action” to access employee exam. https://eMedicalacc.gdcii.com/Invitation/Index/EXAMPLECODEONLY

2. After you have successfully claimed ONE employee’s Physician Access Code and established a username and password, you may access your EXISTING exam and ALL FUTURE new eMedical exams by logging into the website below and clicking on “Redeem Invitation” on the left side of your screen. You will then enter the Physician Access Code (the Code only). https://eMedicalacc.gdcii.com

3. Ensure that your eMedical profile includes the examining medical provider’s information, as this is what is used to create the electronic document signature.

4. Once the code has been successfully redeemed, you may return to the short eMedical website (listed under #2 above), login and edit the employee’s exam form until it has been submitted.

5. For further directions, please see the eMedical Physician User Guide located under Physician Documents on our website:
   https://www.fs.fed.us/fire/safety/wct/MQP.index.html

6. Need more help? Email your name, contact info (email/phone) and the employee you need assistance with to mqp_emedical@fs.fed.us or call 208-501-4168 and we will assist you ASAP.

Review Parts A and B. If the person is required to do heavy lifting (arduous duties), also review the “Essential Functions and Work Conditions of a Wildland Firefighter” document. You are not verifying that the patient can do all of these things, but rather that there is no medical contraindication for them doing those things listed.

PART C. (Nursing staff can complete: *) It may be easier to document findings on this sheet and then input into the system.

1. *Height and weight

2. *Eyes   a. Distant vision with and without corrective lenses
       b. Depth perception (OPTIONAL)
       c. Peripheral vision – temporal only is needed
d. Jaeger test (OPTIONAL – if not completed, enter “NA” in the online exam.)
e. Color vision – only 1 of the 3 is required to be passed, example: if they fail the
color plate test then do the red/green/yellow test as well

3. **Ears:** Only one test needs to be done, use of an audiometer is preferred but not required. If doing a
conversation test, put “0” in the required boxes on the audiometer test results; if doing an
audiogram/using an audiometer, put “0” in the conversation test boxes. If unable to do audiogram and
don’t have a handheld audiometer, do conversation test at **20 feet** or whisper test at **≥5 feet** (and
please document whisper test was done in the final online exam text box prior to submission). The
audiometer readings **must be numeric – 5, 10, 15, 20 …, 40 dB, and so on.** Document the lowest
decibel able to be heard at 500, 1000, 2000, and 3000 Hz at a minimum, NOT “pass” or “25%, 50%,
etc.,” and the conversation or whisper test is a numeric result as well (number of feet).

4. **Rest of the physical exam:** Choose from “normal/abnormal” and **if the individual system exam is
“abnormal” then document what the abnormality is.**
   a) EENT
   b) Abdomen
   c) Head and back
   d) Peripheral blood vessels
   e) Speech
   f) Extremities
   g) Skin and lymph nodes
   h) *Urinalysis – preferred done, but may also leave as if indicated
   i) Respiratory – note auscultatory lung exam here, CXR is only if indicated on
      history/exam – please record findings if done
   j) Heart – note auscultatory heart exam, *BP, and *pulse here, EKG is only if
      indicated on history/exam – please record findings if done
   k) Back
   l) Neurologic

5. Please note **any** medical diagnoses here and check whether there are or are not any limiting
   conditions that would affect the job in your opinion.
   Current Medical Standards for the arduous/heavy lifting position can be found at:
   [http://www.fs.fed.us/fire/safety/wct/fs_version_ms.pdf](http://www.fs.fed.us/fire/safety/wct/fs_version_ms.pdf)

6. Medical provider’s name with professional designation (M.D., D.O., APN/NP, PA) - prepopulated
7. OPTIONAL but not needed
8. Office address - prepopulated
9. Telephone number - prepopulated
10. Medical provider’s signature will digitally populate upon submittal
11. Date of exam will digitally populate upon submittal

**MAKE SURE YOU KEEP A COPY OF THE EXAM FORM BEFORE SUBMITTAL**