



# US Forest Service Fire & Aviation Medical Qualifications Office eMedical Program Information for Medical Providers

eMedical is the online version of the US Forest Service Medical exam for our wildland fire and emergency personnel to become medically qualified to take the Work Capacity Test (WCT). It is the same exam as used in the past, but in an online and secure format as mandated by the Agency. Local licensed medical providers will conduct the Certificate of Medical Examination exam (OF-178) for USFS employees and ADs. They can then create a secure profile and complete and submit exam information into the eMedical system. The medical provider may delegate entering completed exam information into the eMedical system to their staff. Once the exam is received, a USFS Medical Officer will review the exam and complete the final clearance process to the WCT for the employee. The medical provider must be a licensed MD, DO, NP/APN or PA. Chiropractors may not complete this exam.

Billing will be handled by the local Forest Service office that employes those who have exams. If this information is not provided prior to the exam, contact either the patient's employing USFS office or the eMedical Program Administrator for assistance.

Please contact the Program Administrator below with any questions about our eMedical program, components of the exam or access issues and we will assist you ASAP. General queries for assistance (password issues, new physician access codes for employees) can be directed to our general MQP email address.

### MQP and eMedical Program Administrator

208-387-5628

Dr. Jennifer Symonds –USFS Fire & Aviation Management Medical Officer and MQP Manager208-387-5978jennifer.symonds@usda.gov

### General eMedical Questions:

SM.FS.mqp\_emedical@usda.gov Further information, guides and brochures may be found on the USFS eMedical website: <u>https://www.fs.fed.us/managing-land/fire/safety/emedical</u>



### 1. General eMedical Questions for Medical Providers

#### **1.1** How do I access eMedical?

To access eMedical, a USFS employee will provide a printed email with instructions for creating an account in eMedical during their physician exam. The email will contain the eMedical website address and a **code** to access a particular employee's exam.

USFS Website For Medical Providers:

### https://emedicalacc.gdcii.com/provider

- If you are a new user, click the "Establish Username and Password" link below the main login boxes. You MAY establish an account before accessing eMedical for your first USFS patient.
- If you are an existing user, login with your existing username and password. Any password issues or trouble at this step, please contact us for assistance: SM.FS.mqp\_emedical@usda.gov

| GDCI  |  |
|---|--|
| Login Help  | Auth Login   |
| Auth is the single sign-on application<br>that allows you to access all your web<br>applications through a single place 24/7<br>from any internet connection. | User Name/Password Login   |
| If you are using your Auth credentials,<br>enter your user name and password and<br>click the Log In button.  | In button.   |
| For assistance with your Auth login<br>credentials, use the Forgot User Name<br>or Forgot Password links located below<br>the login dialogue.                 | Password: *  |
| If you have not created your Auth<br>credentials, select "Establish User Name<br>and Password" located below "Need to<br>create credentials?"                 | Need assistance with credentials?         Need to create credentials?           Forgot Your User Name?         Establish User Name and Password           Forgot Your Password?         Forgot Your Password |

Please make sure that the profile information entered is for the <u>examining medical provider</u>. It will request you update this screen every six months.

#### 1.2 How do I access a patient's OF-178 exam form?

- 1) Click on "Redeem Invitation"
- 2) Enter the patient's 25 digit Physician Access Code and their DOB. If the code has expired, please contact us for a new one. This code only needs to be entered ONCE.



- 3) All redeemed invitations/patient exams are found in "*My Packets*" until they are submitted.
- 4) Click "*Take Action*" to the right of the patient's name for the exam you wish to work on.
- 5) Click "*Save*" at the bottom at any time. The screen will timeout after 20 minutes of inactivity. An exam may be accessed as many times as needed before submission and will always be located under "*My Packets*". Once submitted, it will no longer be accessible.

| <b>Medical</b><br>GDCII         |   |  |  |  |  |  |  |
|---------------------------------|---|--|--|--|--|--|--|
| My eMedical                     | Welcome to eMedical   |  |  |  |  |  |  |
| My Packets<br>Redeem Invitation | Welcome, To use eMedical, select a task from the Left Navigation bar. For any questions or concerns refer to the help man<br>by clicking on the Help Link in the top right of screen. |  |  |  |  |  |  |
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| Ce <b>Medical</b>               |   |  |  |  |  |  |  |
| My eMedical                     | Welcome to eMedical   |  |  |  |  |  |  |
| My Packets<br>Redeem Invitation | Welcome, To use eMedical, select a task from the Left Navigation bar. For any questions or concerns refer to the help manual by clicking on the Help Link in the top right of screen. |  |  |  |  |  |  |
| -                               | Copyright © 2016   GDC Integration, Inc.   All rights reserved  |  |  |  |  |  |  |

| GDCII                           |  |  |                                      |                    |  |   |                           |                                    |
|---------------------------------|--|--|--------------------------------------|--------------------|--|---|---------------------------|------------------------------------|
| My eMedical                     | Physician Wor  | rklist   |                                      |                    |  |   |                           |                                    |
| My Packets<br>Redeem Invitation | The table lists all t<br>to continue workin<br>the Redeem Invita | those people<br>ng on that per<br>ation link.                          | on whom you ha<br>son's record. If y | ve alre<br>ou have | ady begun te<br>e an additior  | o enter medical examination result<br>nal invitation code and wish to add | ts. Clicking<br>I someone | on any name<br>to this list, click |
|                                 | Packets  |  | Employee In                          | ormatic            | on   | Packet Information  | Re                        | eset Search                        |
|                                 | Name \$  | Employee Information     emedicaltester13@aol.com     1103050000000000 |                                      | ¢<br>om<br>)       | Packet Information WCT Level Arduous Workflow Status OF178 PartA Completed |   | ¢                         | Action     Take Action             |



#### 1.3 How do I submit the OF-178 Part C (the exam itself)?

1) Any comments regarding testing or additional information you wish to include should be added on this last page under "Conclusion Comments" Then click "Save and Continue"

| Conclusions:   |   |
|--|---|
| Summarize here any medical findings that them a hazard to themselves or others. If r | in your opinion, would limit this person's ability to perform these job duties or make none, so indicate. |
| *Conclusion  | No limiting conditions for this job     Limiting conditions as follows:                                   |
| <b>Conclusion Comments</b>   |   |
|  |   |
| Examining Physician Name   | Doctor Haynes P.A.  |
| Physician Email  | emedicaltester05@yahoo.com  |
| Physician Address  | 123 Main Street   |
| Physician Telephone  | 555-555-5555  |
| Save Save and Continue   |   |

If you wish to review the form before submission, click the "*Preview the OF-178*" link to download and review the exam as a PDF.

3) To SUBMIT the form, click the check box, and then click the "Submit" button. You will not be able toview/print the completed form after submission. Check the box to confirm consent. The system will automatically record a digital signature and timestamp. The exam will be routed to the USFSMedical Officer for the final review/clearance process.





- 4) If you wish to print, you will be prompted to do so PRIOR to submission. You will not be able to print a copy of the exam after it is submitted. After printing, click "Continue".
- 5) Once you click "*Continue*", the exam will be submitted to the USFS Medical Officer and will no longer be visible in "My Packets".

| <b>Medical</b><br>GDCII | N F F F   |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|
| My eMedical             | Print Forms   |  |  |  |  |  |  |
| My Packets              | NOTE: This is your only chance to print these forms for your records. Once you leave this page, you will not be able                                    |  |  |  |  |  |  |
| Redeem Invitation       | to return.  |  |  |  |  |  |  |
|                         | Click the "Print OF178" button to save a PDF copy of the OF178 form for printing and your records. Click "Continue" to return to the "My Packets" page. |  |  |  |  |  |  |

#### 1.4 Can I access an employee's OF-178 exam form after I have submitted it?

No. To limit exposure of Personally Identifiable Information (PII) and Personal Health Information (PHI), physicians cannot access the exam after it has been submitted. However, physicians can access and update pending exams as many times as needed until they are submitted. If physicians need to update information in the exam after submission, please contact the MQP office at: SM.FS.mqp\_emedical@usda.gov

### 1.5 Provider profile security concerns and employee information release

The personal information required to create a medical provider profile is to enable an electronic signature of the provider and their credentials: MD, DO, NP/APN or PA. The DOB field is required to ensure those providers in our system who have similar names have entirely separate profiles.

#### **Employee Release of Medical Information:**

When an employee completes their eMedical Health Screening Form prior to their exam, they must agree to a release of their medical information to their examining medical provider and to the USFS Agency Medical Officers. Every employee referred to an exam through eMedical has agreed to this statement:

I, (Full Name), certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.