



eMedical AMP User Guide for AD Employees

Forest Service
Fire and Aviation Management

eMedical

Last Updated: January 2023



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1. General System User Questions

1.1 How do I access eMedical?

The Health Screening Questionnaire (HSQ) Coordinator will initiate ALL packets for AD's. You will receive an email invitation from eMedical with a link to access eMedical.

IMPORTANT: AD's can ONLY access eMedical AFTER their HSQ Coordinator begins the process for them. Wait for the email from eMedical with your Access Code and instructions to access the program each year.

AD eMedical Website: <https://emedicalacc.gdcii.com/user>

eMedical Auth Administration Login

User Name/Password Login

To log into eMedical Auth Administration with your user name and password provide them and click the Log In button.

User Name: *

Password: *

Log In

Those with existing eMedical profiles log in here:

Need assistance with credentials?

[Forgot Your User Name?](#)

[Forgot Your Password?](#)

Need to create credentials?

[Establish User Name and Password](#)

New to eMedical?
Create a user profile by clicking here:

If this is the first time you are accessing eMedical and just created a new profile, follow the directions below. You will need the invitation code emailed to you to access eMedical.

If you already have a profile and have used eMedical before, log in and skip to step 1.2. You will not need to use an invitation code if you've already logged into eMedical with a code previously.



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1. In the email sent to you by eMedical, locate your 25-digit Invitation Code under Step 5 and copy and paste it into the Invitation Code field on the login screen.

Example of eMedical email: You are required to complete the Informed Consent Statement in eMedical to proceed with clearance.

INSTRUCTIONS TO COMPLETE INFORMED CONSENT STATEMENT:

1. Please navigate to this web address:
<https://emedicalacct.gdcii.com/user>
to complete the Informed Consent Statement by 9/19/2020. If you are unable to click on the link provided, copy and paste the link into your internet browser and press the “Enter” key.
2. If you have not established a USFS eMedical User Profile, click on the link “**Establish Username and Password**” below the main login fields, and follow the prompts to establish your profile. Then Click “**Submit**”.
3. If you have already established a Username and Password, log in on this screen.
4. Once logged in, you may be prompted to enter your **Unique Invitation Code**. If you are not prompted to enter your invitation code, skip to Step # 7.
5. **If prompted, enter your Unique Invitation Code.** This code is one-time use only.

2731B401199CBFD3DD4AC87E5

This is your INVITATION CODE. You will need this in the next step.

2. Copy/Paste your Invitation code into the appropriate field shown below. Then verify your SSN and Date of Birth in the correct fields and click “**Submit**”. Note, if you receive an error that states your information is incorrect, contact the eMedical Help Desk for assistance:

SM.FS.mqp_emedical@usda.gov

User Invitation Redemption

In order to access eMedical, please provide the information requested on this page. Click the Submit button when you have entered the information.

An asterisk appears before the name of any input that is mandatory.

***Invitation Code**

***Your Social Security Number**

XXXXXXXXXX		
Month: <input type="text"/>	Day: <input type="text"/>	Year: <input type="text"/>

***Your Date of Birth**



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1.2 How do I access my packet?

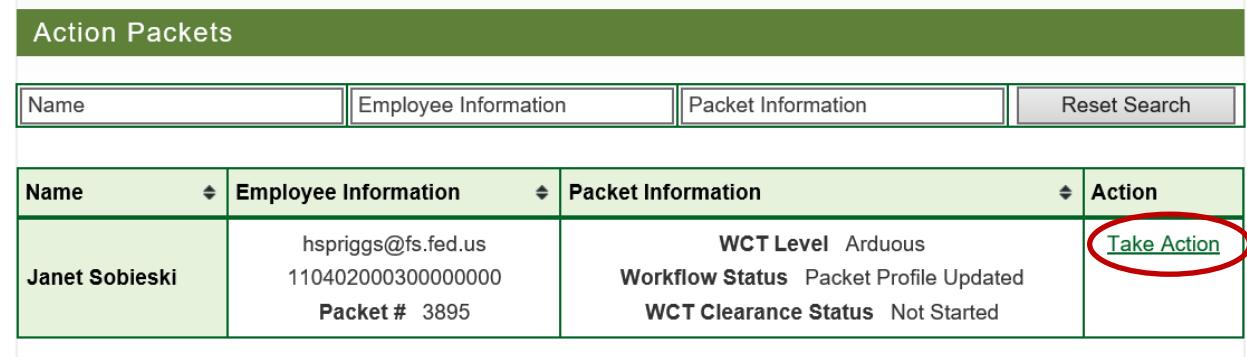
Click “**My Packets**” on the left menu.



Welcome to eMedical

ATTENTION : You have logged in to a live production site for the eMedical System. All information inputted and contained within this site is considered authentic real data. ONLY initiate a packet if you have a legitimate need to start the medical screening process for a WCT that is coming up soon. This site is NOT to be used as a practice site or for testing out how the system functions. Thank you!

Next, click on “**Take Action**”. You will be brought to your User Profile page.



Action Packets				
Name		Employee Information	Packet Information	Reset Search
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	Take Action	

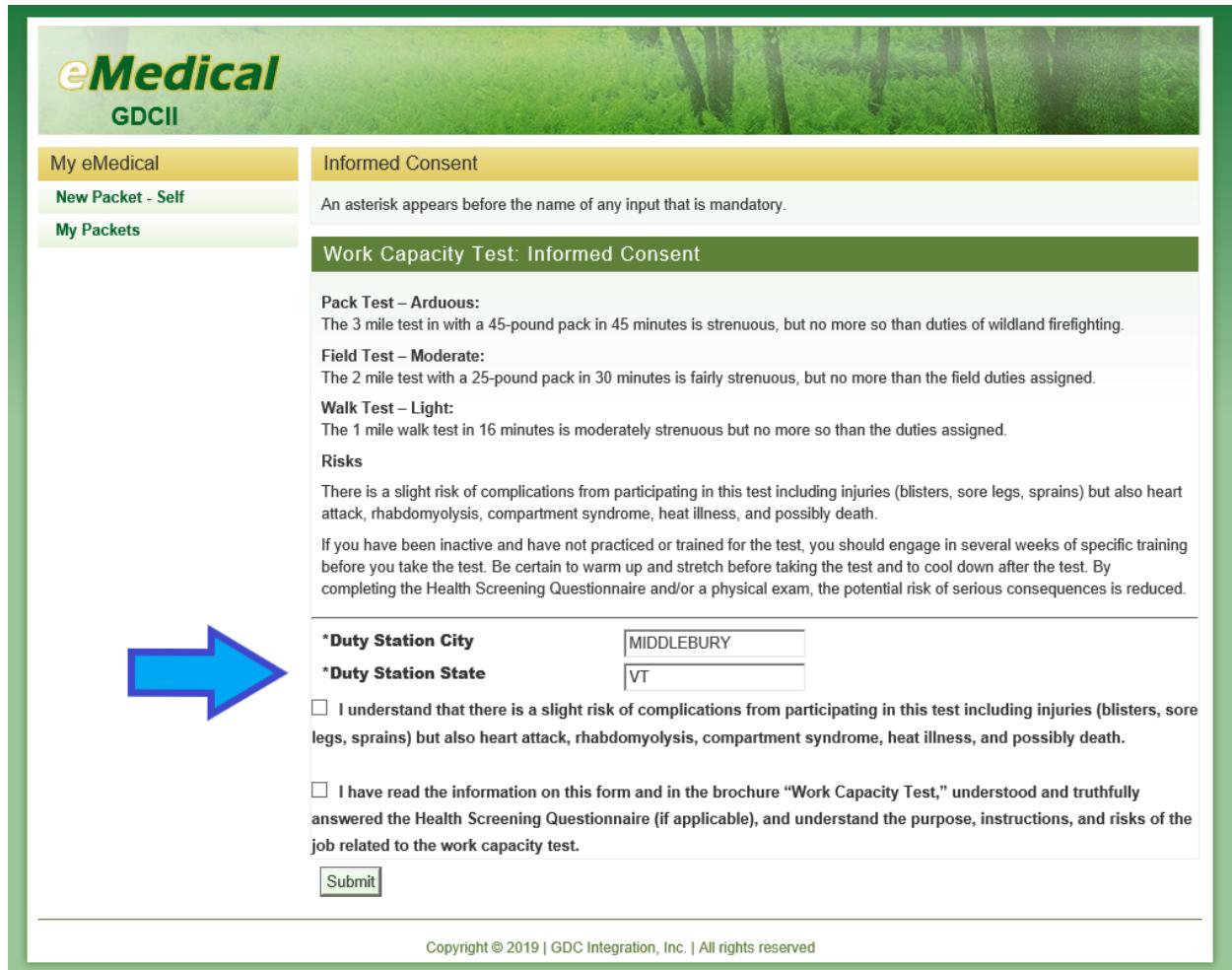
1.3 How do I complete the Informed Consent Form?

- Review the various WCT levels and their associated risks.
- Verify that your duty station is correct (City, State), change if needed. Then check both boxes below before clicking “Submit”. Note: You cannot proceed with the process until both boxes are checked and submitted.
- Once you click “Submit” a pop-up box will appear verifying “The submission of the form will be electronically recorded and constitutes your signature, which thereby certifies you acknowledgement of the risks associated with WCT.”
- Check the box in the pop-up and again click “Submit”.

By submitting this form, you are acknowledging your understanding of and consent to the risks associated with taking the Work Capacity Test. You will **not** need to print and bring this form to your WCT.



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GDCII

My eMedical

New Packet - Self

My Packets

Informed Consent

An asterisk appears before the name of any input that is mandatory.

Work Capacity Test: Informed Consent

Pack Test – Arduous:
The 3 mile test in with a 45-pound pack in 45 minutes is strenuous, but no more so than duties of wildland firefighting.

Field Test – Moderate:
The 2 mile test with a 25-pound pack in 30 minutes is fairly strenuous, but no more than the field duties assigned.

Walk Test – Light:
The 1 mile walk test in 16 minutes is moderately strenuous but no more so than the duties assigned.

Risks

There is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test and to cool down after the test. By completing the Health Screening Questionnaire and/or a physical exam, the potential risk of serious consequences is reduced.

***Duty Station City**
***Duty Station State**

I understand that there is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

I have read the information on this form and in the brochure "Work Capacity Test," understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

Submit

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After submitting your Informed Consent your packet you will automatically be directed to update your profile.

1.4 How do I update my user profile?

Users will be automatically required to view/update their user profile annually.

Profiles may also be updated anytime a user accesses their packet under the "**View Profile**" menu option on the left side of the screen.

Editable information includes:

- Gender
- Primary e-Mail address
- Secondary e-Mail address
- Fire Supervisor name



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NOTE: Items denoted with an asterisk * are *required* items to proceed.

1.5 Who is my Fire Supervisor?

- An AD's **Fire Supervisor** may vary by unit. If the Fire Supervisor box is already populated, the name should not be changed unless directed otherwise.
- Need to know who your Fire Supervisor should be? Ask your HSQ Coordinator.
- Click "Submit"

First Name	Janet
Middle Name	
Last Name	Sobieski
Duty Station	Idaho City
Temporary Unit	
SSN	XXX-XX-5555 Show SSN
*Gender	<input type="radio"/> F <input checked="" type="radio"/>
Date of Birth	1/1/1970
*Primary E-mail Address	hspriggs@fs.fed.us
Secondary E-mail Address	
*Street Address 1	123 Main St.
Street Address 2	
*City	Idaho City
*State	ID
*ZIP Code	83836
*Telephone	2083334444 ?
*Fire Supervisor	HOPE KUO Select Fire Supervisor

[Submit](#)

You will now be routed to the Arduous Medical Exam/Self-Certification Process.

2. Arduous Medical Exam (AME) VS. Self-Certification VS. HSQ

2.1 What is the difference between the AMP and the HSQ?

- The Arduous Medical Process is for those taking the *arduous* WCT.
- The HSQ is for those employees taking the *moderate* and *light* WCTs.



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2.2 What is the difference between the AME and Self-Certification?

- eMedical runs on a 3-year cycle.
- Year one is the **AMP exam (AME)**: a thorough health screening questionnaire followed by a physical exam with a physician. The results are reviewed by the forest service Reviewing Medical Officer (RMO) before you obtain medical clearance to take the WCT.
- Years 2 and 3 is a **self-certification process** which requires a short questionnaire and a blood pressure check by a local EMT or other qualified individual. The results are reviewed by HSQC's and, based on the answers, may be routed to the RMO or cleared to the WCT.

2.3 How do I know what exam/questionnaire I am supposed to take?

eMedical keeps an electronic medical history that you can reference as needed.

You can access your packet anytime (Refer to Section 6) and see when your last AME or self-certification was and when you need to do it again however **your HSQC determines which process to direct you to** when they initiate your packet based on whichever process you last went through. When you log in to complete eMedical, you are automatically routed to the appropriate process based on what your HSQC determined.

2.4 How do I complete the AMP Part A?

- **Applicant Info:** Fill out required Applicant fields. Some of the fields will auto-populate from your profile. Required information includes:
 - Name
 - Gender
 - DOB
 - Complete address
 - E-mail
 - Phone
- **Exercise Info:** Choose boxes and drop-downs that most accurately reflect your typical exercise regimen.



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Exercise

*Physical Activity Intensity

Please describe your normal exercise type, at what intensity and how many sessions per week.

Select all that apply.

Low (walking, etc.)

Moderate (jogging, cycling, etc.)

High (strenuous exercise such as running, etc.)

***Duration in Minutes Per Session:**

***Average # Sessions Per Week:**

Arduous Duty Experience: Required information includes:

- “Position Title” (i.e. firefighter, fuels, trails crew, etc. If you do not have an official job title as an AD, put “AD” in the box)
- Does your position require arduous duties?
- “Years/Months” performing arduous duties
- Highest level arduous qualifications (up to 3, less if fine if you do not have 3)



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Arduous Duty Experience

Please describe your Arduous level Incident Experience

This information is needed in the event you do not meet a medical standard(s) and will be used to determine eligibility for a routine/initial waiver.

***What is your position title?**

***Does your official position description require you to possess or maintain an Arduous level qualification?**

Yes No I don't know

Number of years and months performing an Arduous level duty:

***Years**

***Months**

List your three (3) highest Arduous level qualifications (including Trainee positions), the year attained and the last date you performed in these positions. If you have less than three, list what Arduous quals you have.

ICS Qualification	Date Attained	Last Performed in:
	<input type="text" value="31"/>	<input type="text" value="31"/>
	<input type="text" value="31"/>	<input type="text" value="31"/>
	<input type="text" value="31"/>	<input type="text" value="31"/>

- Click the “Submit” button.
 - *Note: the Save button does not submit your form.*



- Click the checkbox in the pop-up window acknowledging the following statement:



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Submit AMP Exam Part A

I 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.

Submit **Cancel**

Click the “Submit” button

2.5 How do I Complete the AMP Part B?

Part B consists of a questionnaire. Answer the questions completely. If a question requests additional information, please add as much detail as possible. Once you have completed all fields, “Submit” the form.

Click the checkbox in the pop-up window acknowledging the same statement as Part A and “Submit”.

Submit AMP Exam Part B

I 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.

Submit **Cancel**



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After completing the questionnaire, you will be required to schedule a physical exam.

2.6 How do I schedule my AMP Physician Exam?

After submitting the AMP Exam Parts A and B, **you will need to schedule your physical exam with a medical provider.** Every employee with arduous fire qualifications will need to get a physical exam from a medical provider every 3 years after completing the arduous medical exam questionnaire.

You will be given the option to use the services of Acuity International/Comprehensive Health Services (CHS) to schedule and pay for your physical exam.

Scheduling

You will now need to get a physical exam with a medical provider. Acuity International has been contracted to assist with scheduling and payment of medical exams.

If you would like assistance in scheduling and paying for your medical exam, choose YES below. You will be asked to supply additional information to initiate this process and Acuity will contact you to arrange the appointment.

If you choose not to accept Acuity's services, choose NO below. You will receive an email from eMedical with information about your exam. You will be responsible for scheduling, paying, and obtaining reimbursement costs for your exam."

An asterisk appears before the name of any input that is mandatory.

Packet Summary for Kylo Ren

WCT Level	Arduous
Position Type	AD
Highest Incident Qualification	FFT1
Position that Requires WCT Level	
OrgCode	11081100070000000
HSQ Coordinator	CATHY JO CARTER

Scheduling Assistance

***Assistance Scheduling Exam** Yes, I would like Acuity International to assist me
 No, I decline to use Acuity's services.

*Name	<input type="text" value="Kylo Ren"/>
*E-mail Address	<input type="text" value="testemedical20@gmail.com"/>
*Telephone	<input type="text" value="123-999-9999"/>
*Location of the Exam	<input type="text" value="Boise, ID"/>
*Employee ID	<input type="text" value="123456789"/>
*Type of Exam	<input type="text" value="AME"/>
Org Code	<input type="text" value="Build Org Code"/> <input type="text" value="11081100070000000"/>



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If you choose to use the services, you will need to provide the following basic information to get started:

- Name (autopopulated)
- Email address
- Phone number
- Location of exam
- Employee ID/ECI (autopopulated)
- Duty Station Org Code

Acuity/CHS will receive this information securely and contact you within 3 business days with instructions on how to proceed. You will set up an account through them and use their external (non-government) scheduling system to schedule and pay for your exam. They will identify a local medical provider to perform the exam and supply that provider with all the necessary documentation to complete it. You will be informed on the date/time and location of the exam once it is scheduled.

- You **must** arrive on-time to your appointment.
- If you cannot make the scheduled appointment for your exam you must reschedule through Acuity/CHS as soon as possible to avoid late/missed appointment fees.

After the exam is performed, Acuity/CHS ensures the medical provider sends the results to eMedical for review by the USFS Reviewing Medical Officer. After it is reviewed you will be notified via email of your clearance status.

- Refer to section 4 for information on how to contact Acuity/CHS. All questions regarding access to and use of Acuity/CHS' scheduling system should be directed to them.

If you choose to not use the scheduling services, you will need to schedule and pay for your own exam.

Employees that choose to make their own exam arrangements must ensure the following:

- The medical provider must be a licensed MD, DO, NP/APN or PA. Chiropractors may not complete this exam.
- The medical provider *must* enter their exam results into eMedical. The employee will receive an email from eMedical with information on what to bring to their exam.
- The employee will pay for exam costs but can be reimbursed (see section 2.7)



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emedicalacct.gdcii.com says

I understand that by choosing this option I am responsible for scheduling and payment of my medical exam.

OK

Cancel

What if I cannot find a medical provider in the area to perform my exam and/or enter the results into eMedical?

Employees may choose to use Acuity's services anytime in the process. If you initially opt out of using the contracted services but later change your mind, contact the eMedical Help Desk via email (SM.FS.mqp_emedical@usda.gov) to authorize Acuity to contact you. Please also include the following information:

- Name
- Email Address (For Acuity to contact you)
- Phone # (For Acuity to contact you)

eMedical staff will reach out to Acuity/CHS and they will contact you directly.

After choosing "No", you will receive an email from eMedical with important information. Read this email carefully, it includes detailed instructions on what to bring to the exam.

Print this email and bring it with you to your exam.

**IMPORTANT: ALL WCT related updates will come from emедical@gdcii.com.
PLEASE READ ALL EMAILS from this address fully.**



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FOR MEDICAL PROVIDER USE ONLY

eMedical EXAM ACCESS INSTRUCTIONS:

1. To access this employee's exam, navigate to this web address:
<https://emedicalacct.gdcii.com/provider>
2. If you have not established a USFS eMedical User Profile, click on the link "Establish Username and Password" below the main login fields, and follow the prompts to establish your profile. Then Click "Submit".
3. If you have already established a Username and Password, log in on this screen.
4. Ensure that your eMedical profile includes the examining medical provider's information, as this is what is used to generate the provider's electronic signature.
5. Once logged in, click on the "Redeem Invitation" link on the left side of your screen.
6. Enter the employee's Unique Physician Access Code. This code is one-time use only.
23D2D48738E6FD79CE3182CA9

eMed Link for medical providers ONLY.

Code provider uses to access your exam.

Note: AD's must print this email with the physician access code and a copy of all "Physician Documents" stored on the eMedical website: [eMedical | US Forest Service \(usda.gov\)](https://emedical.usda.gov)

Bring the email and documents to the medical exam.

ASK FIRST! You may use a provider of your choice, but they **MUST** agree to use eMedical and its online exam submission process PRIOR to you having an exam completed.

If you need assistance in scheduling an exam, please contact your HSQC. MD/DO/NPs and PAs may conduct exams. Chiropractors may not.

Physicians and medical providers can contact the MQP Help Desk at SM.FS.mqp_emedical@usda.gov with any additional questions

Once your exam has been submitted by your medical provider it will be reviewed by the USFS Medical Officer.

2.7 How do I pay for exams?

- If you choose to use Acuity/CHS' services, payment will be handled through them directly and you do not need to do anything.
- If you choose to not use the services, you will need to pay for the exam at the time of service and arrange for reimbursement. Ask your HSQC how to request reimbursement for exam costs either using an OF-288 for the Casual Payment Center or the "Request for Reimbursement form" [FS 6500-229](#)
- Government Purchase Cards cannot be used to pay for exams.
- Exams costs will be charged to:



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Personnel	Job Code
Wildland Firefighters and Fire Support Personnel	Regional WFSE
Militia/Readiness Reserve Workforce	Regional WFSUTR
AD (Casual) Support	Regional WFSUAD

2.8 How do I complete my Self-Certification?

After informed consent statement is completed and profile is updated, you are automatically routed to the Self-Certification questionnaire on the years you are not required to take the AME.

- The self-certification questionnaire is much shorter than the AME. Answer all the questions completely. If a question requests additional information, please add as much detail as possible.
- When you have answered all the questions, click the “Submit” button Click the checkbox in the pop-up window to proceed.
- On the years you complete the Self-Certification Process, you will also need to provide your HSQC with a documented blood pressure reading obtained by someone with the appropriate medical credentials. Reference Section 2.9 for further information.
- After completing your questionnaire and getting your BP documented, your HSQC will review your documentation and, based on your answers, will either clear you to take the WCT or forward your packet to a Reviewing Medical Officer (RMO) to review.
- You will receive further instructions via email.

2.9 How do I get my Blood Pressure checked?

Your BP can be checked and documented by someone with one of the following medical credentials: EMT, AEMT, Paramedic, MA, LPN, RN, MD, DO, NP or PA.

Check with your supervisor and/or HSQC for instruction on how to document your BP reading. Along with your BP reading you will need the name and medical credentials of the person who obtained your BP. Make sure this information goes to your HSQC.

You can document your BP on the form listed under “**Forms**” on the eMedical website:
<https://www.fs.usda.gov/managing-land/fire/safety/emedical>

Once they receive your documentation, your HSQC will submit it in eMedical. It will be reviewed and you will receive instructions for how to proceed.



3. Exam Clearance, Waivers and Mitigations

3.1 Notification of Medical Clearance

Once your Exam or self-certification has been submitted it will be reviewed by the appropriate person (HSQC, USFS Medical Officer or other eMedical administrator). The Medical Officer will ultimately determine if you are “Medically Qualified” and may assign waivers and mitigations. You will be notified by email if you are medically cleared, if additional information is needed, or if you have been granted a waiver.

3.2 What is a waiver? How is a waiver issued?

You *may* be issued a waiver from the USFS Medical Officer for their particular conditions. The waiver *may* require that employees provide specific medical information annually to be cleared to the WCT. **Waivers are ONLY issued from the USFS Medical Qualifications (eMedical) Office. They cannot be issued by personal medical providers.**

3.3 What do I do if I have a waiver?

- For the **HSQ and the Self-Certification Processes**, you should check the “I have a waiver” box to inform the HSQC of your waiver. In both instances, the HSQC needs to send the packet to the RMO to review the waiver mitigation.
- For the **AME**, no need to do anything. Every Arduous Medical Exam is reviewed by a Medical Provider and a RMO so there is no waiver box to check on those questionnaires.

3.4 How do I view my exam Waiver and Mitigations?

When a person is cleared after the exam/self-certification process, they are emailed notification of their clearance and directions on how to view their waiver specifics. **MAKE SURE to view your waiver and mitigations instructions after you receive it! MANY waivers require information to be submitted to the MQP Office annually.** Specific directions are found in your waiver/mitigation.

IMPORTANT: ALL WCT related updates will come from eMedical@gdcii.com. PLEASE READ ALL EMAILS from this address fully.

Directions to View Waiver:



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1. Log into eMedical.
2. Go to **My Packets**
3. If the waiver was issued after 2017 it will be highlighted in your list of packets. You can click on the link and it will take you to your waiver information.

Name	Employee Information	Packet Information	Action
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7301	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	View
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7300	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	View
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7299	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	View
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7292	WCT Level Moderate Workflow Status Packet Closed Mitigation Granted View Mitigations WCT Clearance Status Cancelled	View

4. The mitigations box will give detailed directions to the employee on what type of waiver you have.
5. It will describe in detail what information needs to be included in an annual physician statement (if required).



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Subject	Stuart Little
Effective Date	2/4/2020
<p>Please read your Mitigations carefully. These requirements must be met each year to be cleared to the WCT. If an annual statement(s), is required in your mitigations, you must obtain one each year from your medical provider and submit it by eFax (866-338-6630) to the USFS MQP office to obtain clearance. If your condition(s) worsen or you have a new condition after this waiver has been issued, notify your HSQ Coordinator or the eMedical Help Desk at SM.FS.mqp_emedical@usda.gov.</p>	
Recommendation	Hire or retain
Comments	
Pre-Set Qualification Choices	Medically Qualified
Cleared to Process	WCT Process – Routine Waiver Granted with Active Mitigations
Routine Waiver Type	Medication Chest and Respiratory System
Mitigations	
Mitigation requirements to supply to the MQP Office annually	The respiratory waiver is for your asthma and the mitigation is that you are responsible for having with you at all times a rescue inhaler that is not expired as well as supply a statement yearly from your doctor, overseeing this diagnosis, stating that it is static and stable and a complete medication list.
Mitigation requirements to follow	The medication waiver is for your liquid medication inhaler, and one mitigation is that you will send me your complete medication list each year.
	You are responsible for having an adequate supply of all of your medication and taking them as directed by your medical provider.
	Should your medical condition/health status change/worsen, you are required to notify me as soon as possible.

If the waiver was issued prior to 2017, the employee needs to contact the MQP Help Desk at: SM.FS.mqp_emedical@usda.gov

3.5 AD's with Waivers – Annual WCT Clearance Process

After the waiver is issued, each year you should:

1. Submit required mitigations annually.
2. Check YES to “I have a waiver question” on the self-certification questionnaire.
3. If any existing condition has worsened, you should document it on the questionnaire at the appropriate place and give as much detail as possible. If there are any new conditions, identify them on the questionnaire and provide as much additional information as possible .



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4. If there are any new conditions or if any existing condition has worsened, indicate it on your questionnaire and provide as much information as possible.
5. If the waiver *does not* require an annual update, notify the HSQC.
6. If the waiver **DOES** require an annual update, notify the HSQC and attach the information to your eMedical packet -OR- FAX or email the update to the USFS MQP office.

Clearance for both types of waivers will come by email.

FAXING A WAIVER UPDATE? USE A COVER SHEET:

https://www.fs.usda.gov/sites/default/files/media_wysiwyg/mqp_efax_cover_sheet_0.pdf

eMedical Secure Fax: 1-866-338-6630

4. Contractor Information

All questions related to Acuity and Comprehensive Health Services' scheduling and payment systems need to be addressed with them directly using their contact information listed below. eMedical staff cannot assist with contracting-related problems.

4.1 How do employees contact Acuity International/CHS?

- USDAUSFSAcuity@chs.medical
- 855-462-1634 Monday through Friday 8am-5pm EST

5. WCT - Completion Questions

5.1 Once I am cleared to take the WCT, what is required?

ADs will be notified via email when they have been cleared to take the WCT.

- Sign up for a local WCT session.
- Print a copy of the WCT clearance email sent to you and bring it with you to the WCT to present to your WCT Administrator.



5.2 How can I view my WCT results?

Note: Only WCT results of “Fail” or “Did Not Complete” are required to be entered. If you passed the WCT, you are authorized to perform in whatever Incident Qualification Position level you tested for (or lower). Passing WCT results will only be recorded in IQCS. Any results can be viewed in eMedical on the packet summary page by navigating to “***View Summary***” inside of the current packet.

If the WCT result is “Fail” or “Did Not Complete,” your Fire Supervisor on record in eMedical will receive an email notification. The Supervisor may authorize any retests with your HSQ Coordinator who will then authorize the retest eMedical. **You will be notified that you will need to log into eMedical and agree to retest.**

5.3 How do I know if I am authorized to take a WCT re-test?

You will be notified via email if you have been authorized for a WCT re-test. If a re-test is not authorized, the packet will close and you will not receive an email notifying them of a WCT re-test. WCT Retests follow the guidance in the *USFS WCT Implementation Guide* and are to be approved by local fire management.

5.4 How do I agree to participate in a WCT re-test?

If a WCT re-test is authorized, an AD will receive an email notification and **will need to confirm in eMedical if they plan to take another test.** The following steps should be followed to either confirm or decline a retest:

- Log in to eMedical.
- Click on “***My Packets***” on the left hand menu.
- Under the “Action Packets” section, click “***Take Action***” under the “Action” column.
- On the following page under “WCT Re-take Authorization”:
 - If you wish to re-take the WCT, click “***Yes, I choose to re-test***” from the drop-down box. An email notification will be sent to your HSQ Coordinator and Fire Supervisor, and you will automatically be placed back on the list of employees who are ready to take the WCT. You must wait at least 48 hours after a non-passed WCT to attempt another WCT. Contact your WCT Administrator to sign up for another WCT.
 - If you do not wish to re-take the WCT, click “***No, I decline to re-test***” from the drop-down. The packet will be closed, and you will not be cleared to the WCT again.
- Click “***Submit***”.



The screenshot shows the eMedical GDCII interface. On the left, a navigation bar lists: My eMedical, New Packet, My Packets (highlighted in yellow), Current Packet, View Summary, Take Action, View Profile, View/Add Attachments, and View/Add Notes. The main content area is titled 'WCT Re-take Authorization' with the sub-instruction: 'You have been authorized to take the WCT again. Indicate whether you wish to take the test again, or not. Click the Submit button after making your choice.' Below this is a note: 'An asterisk appears before the name of any input that is mandatory.' A 'Re-test' button is followed by a dropdown menu labeled 'Choose Option' with a checked checkbox. At the bottom are 'Submit' and 'Cancel' buttons. The footer reads 'Copyright © 2017 | GDC Integration, Inc. | All rights reserved'.

6. Additional Process Questions

6.1 How do I view my packet, including submitted forms and reviewer comments?

You can view your packet by selecting “**My Packets**” in the navigation bar on the left side of the page.

The packet on the top is the most recent packet. If there is action to be taken on your packet it will indicate that on the right with a link that says “**Take Action**”.

All former packets will be listed below and can be viewed at any time by clicking the “View” link on the right.

To view more details of the packet, select “**View**” under “**Action**” on the “My Packets” page. All packets will include a summary of personal information, medical clearance status, all completed medical clearance forms and any pending actions.



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6.2 How do I respond to a request for information?

At any point in the process, the Reviewing Medical Officer (RMO) or eMedical Admininistrators may require additional information to determine your clearance status. If additional information has been requested, you will be notified via an email from eMedical.

This email serves as a request for you to submit additional information in eMedical before you may move forward in the medical clearance process.

Log into eMedical: <https://emedicalacc.gdcii.com/user>

- Click on “**My Packets**” from the menu on the left side of your screen.
- Under Associated Packets, select “**View**” under Action on the right side.
- Under “**Current Packet**” on the left menu, select “**View/Add Notes**” on the packet to view the request.



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Logged in as Abby Person | Home | Log off | Accessibility | Help

eMedical
GDCII

My eMedical

- New Packet - Self
- My Packets
- Current Packet**
- View Summary
- Take Action
- View Profile
- View/Add Attachments
- View/Add Notes

Viewing Notes For Packet

The table lists any existing notes for this Packet. To add a new note enter it in the text area and click the Add Note button to preserve it.

An asterisk appears before the name of any input that is mandatory.

Packet Summary for Abby Parsons

WCT Level	Arduous
Position Type	Temporary
Highest Incident Qualification	FFT2
Position that Requires WCT Level	
OrgCode	110305000000000000
HSQ Coordinator	CATHY JO CARTER

Existing Notes

Participant	Packet Status	Note	Date Created	Action
CATHY JO CARTER		Here is your note	8/11/2020 1:03:37 PM	View
CATHY JO CARTER		more info needed	8/11/2020 1:52:16 PM	View Respond

NOTE: eMedical staff are ONLY notified of your response if the "Respond" link above is used. Adding a note below does not notify staff and can cause delays. If you've added an attachment, please mention it in your response.

Add Note

***Note:**

[Add Note](#)

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- Click “Respond” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed.
- First click “**View**” to see the information request.
- Then click “**Respond**” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed.
- Upon submission, the Medical Officer (or person who requested the information) will be notified via email to review the provided information in eMedical.



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6.3 How do I determine who my HSQ Coordinator is?

1. If you work in the same location as previous years/packets, log into eMedical and review the information in your previous packets. Your HSQC will be listed in your profile.
2. If you are new to eMedical or located in a new geographic area, contact the help desk at SM.FS.mqp_emedical@usda.gov for assistance.

If you have any additional questions, contact your HSQ Coordinator or the eMedical Help Desk at:

SM.FS.mqp_emedical@usda.gov