HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

SECTION A

___ I have a past waiver from the Forest Service/DOI for:

___ I have/carry/take prescribed medications (other than birth control, testosterone), take herbal supplements, or take over-the-counter medication regularly

___ I have an allergy that I have been told I should carry an Epi-pen for

___ I currently have a hernia

___ I have epilepsy or a seizure disorder

___ I have a history of past heat exhaustion/stroke that required medical care

___ My blood cholesterol is greater than 200 mg/dL or my HDL is less than 40 mg/dL

___ I wear corrective lenses

___ I have been told I have hearing loss or I wear hearing aids

I have experienced in the last 12 months:

___ chest discomfort/pain with exertion

___ breathlessness more than others with exertion

___ dizziness, fainting, black-outs

___ muscle or bone/joint problems: spine, knees, back hips, shoulders, etc. (swelling or pain that interferes with the function of that body part or your ability to use it)

___ I have had:

___ a heart attack

___ heart surgery

___ coronary (heart) angioplasty or stent placement

___ a pacemaker/implantable cardiac defibrillator

___ rhythm disturbance (abnormal heartbeat)

___ heart valve disease or a heart murmur (excluding murmurs as an infant that disappeared as a baby)

___ heart failure

___ heart transplantation

___ congenital (born with) heart disease

___ blood pressure greater than 139/89

___ diabetes (diet/exercise controlled or you take medication)

___ asthma

___ personal experience or a doctor’s advice of any other physical reason that would prohibit you from carrying out or participating in strenuous activity

SECTION B

Cardiovascular risks:

___ I am physically inactive (I get less than 30 minutes of physical activity less than 3 days per week)

___ I have a body mass index (BMI) ≥ 30*

___ I smoke currently or in the past 6 months

___ I have not had my cholesterol level checked in the last 3 years

___ I have not had my blood pressure checked in the last year

*(to determine BMI, go to: National Heart, Lung and Blood Institute: Calculate Your Body Mass Index)

I understand that if I need to be evaluated by a physician, it will be based on the fitness requirements of the position(s) for which I am qualified.

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 covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974). WARNING: The information you have given constitutes an official statement. Incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement.
Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0164. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions (if any) or hearing a description of the project, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 975-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

I have read and understand the above and answered truthfully.

Signature: ______________________________ Printed Name__________________________ Date ______________

Unit: ______________________________ City ______________________________ State ______________

HSQ Coordinator: ______________________________