POLICY (reference to XXXX when established)

It is the policy of the Forest Service to ensure a work force that is medically qualified to perform the essential job functions of arduous duty qualified fireline personnel safely and efficiently without endangering the health and safety of themselves or others. ‘Arduous duty qualified fireline personnel’ will hereafter be noted as ‘firefighter’ which includesAdministratively Determined (ADs) personnel unless there is a noted difference for ADs.

### Table of Contents

- MEDICAL QUALIFICATION STANDARDS (MQS) ................................................................. 4
- AUTHORITY ......................................................................................................................... 4
- OBJECTIVE ......................................................................................................................... 4
  - USFS MEDICAL QUALIFICATION STANDARDS .......................................................... 4
- MEDICAL QUALIFICATIONS PROGRAM (MQP) ............................................................ 4
  - AUTHORITY ..................................................................................................................... 4
  - OBJECTIVE ..................................................................................................................... 5
  - ARDUOUS MEDICAL PROCESS ....................................................................................... 5
  - PROGRAM OVERVIEW ................................................................................................... 5
  - AMP MEDICAL EXAMINATIONS .................................................................................... 6
  - SELF-CERTIFICATION QUESTIONNAIRE ........................................................................ 7
  - SMOKEJUMPERS .............................................................................................................. 8
  - MEDICAL EXAMINATION SCHEDULING, COMPLETION AND PAYMENT ...................... 8
  - CHANGE IN MEDICAL STATUS BETWEEN MEDICAL EXAMINATIONS .................. 9
  - PAYMENT TO OBTAIN ADDITIONAL MEDICAL INFORMATION OR DOCUMENTATION 11
- AMP QUALIFICATION DETERMINATIONS ..................................................................... 12
  - AUTHORITY ..................................................................................................................... 12
  - OBJECTIVE ..................................................................................................................... 12
  - ROLE OF THE FOREST SERVICE REVIEWING MEDICAL OFFICER ............................ 12
  - DETERMINATION CATEGORIES: ..................................................................................... 12
  - MEDICALLY QUALIFIED ............................................................................................... 12
MEDICAL QUALIFICATION STANDARDS (MQS)

AUTHORITY

Title 5 Code of Federal Regulations, Part 339, Medical Qualification Determinations.

§ 339.202 “Office of Personnel Management (OPM) may establish and/or approve medical standards for a Governmentwide occupation... Such standards must be justified on the basis that the duties of the positions are arduous or hazardous, or require a certain level of health status for successful performance when the nature of the positions involves a high degree of responsibility toward the public or sensitive national security concerns.”

The Departments of Agriculture and Interior (DOI) have OPM approved Medical Standards for arduous duty wildland fire positions. Each Agency, Forest Service and DOI, determines how they will implement the Medical Standards. Since the regulation only provides for medical qualification standards for arduous or hazardous positions, the MQS only apply to IQCS positions requiring an arduous fitness level.

OBJECTIVE

The arduous MQS have been established because of the arduous and hazardous occupational work and environmental requirements of wildland firefighting. The MQS are designed to ensure consistency and uniformity in the medical evaluation of firefighters. The MQS aid the examining physician, nurse practitioner or physician’s assistant, the Reviewing Medical Officers (RMOs), and Agency officials in determining whether a medical condition(s) may interfere with a firefighter's ability to perform their job functions safely and efficiently without endangering the health and safety of themselves or others.

All conditions will be reviewed on a case-by-case basis. Each of the medical standards is subject to the clinical interpretation of the condition by the agency RMO. The RMO will incorporate his/her knowledge of the job requirements and environmental conditions in which firefighters must work when making a final determination.

USFS MEDICAL QUALIFICATION STANDARDS

MEDICAL QUALIFICATIONS PROGRAM (MQP)

AUTHORITY


This regulation outlines the Agency’s authority to conduct pre-employment and regularly recurring medical examinations of firefighters who occupy or apply for positions with specific medical standards and/or physical requirements. § 339.102 identifies "the circumstances under which OPM permits medical documentation to be required and examinations and/or
evaluations conducted to determine the nature of a medical condition that affects safe and efficient performance” for certain positions.

“Failure to meet medical (which may include psychological) standards and/or physical requirements established under this part means that the applicant or employee is not qualified for the position, unless reasonable accommodation or a waiver is appropriate. Employee’s refusal to be examined or provide medical documentation... in accordance with a proper agency order authorized under this part, constitutes a basis for appropriate disciplinary or adverse action. After a tentative job offer of employment conditioned on completion of a medical examination, an applicant's refusal to be examined or provide medical documentation, as defined below, may result in the applicant's removal from further consideration for the position.”

OBJECTIVE
The Medical Qualifications Program (MQP) for wildland fire oversees the medical qualification determinations of all fire positions within the USDA Forest Service that have a fitness qualification requirement, i.e., passing the light, moderate, or arduous Work Capacity Test (WCT). Firefighters in these positions must be medically cleared before they can participate in the WCT and perform their job duties. The MQP RMOs are the only physicians or advanced practice providers who can give firefighters final medical clearance for these fire duties and grant waivers. The MQP consists of two processes for this: one for light and moderate positions, the Health Screening Questionnaire and Optional Form-178 (HSQ/OF-178) process, and one for arduous positions, the Arduous Medical Process (AMP) as described below.

ARDOUS MEDICAL PROCESS
The AMP includes arduous duty medical standards, questionnaires, medical examinations, test components, and qualification determinations, and medical waivers and mitigations granted by the USFS RMO’s. It is the policy of the Forest Service that all firefighters, employees and AD hires, participate in the AMP. This policy does not apply to cooperating agency wildland firefighters or contractors.

Regularly recurring medical examinations are required to ensure consistency and uniformity in the medical evaluation of firefighters against the established MQS. The medical examinations assist the Reviewing Medical Officers (RMOs) in determining whether any medical condition(s) may interfere with a firefighter's ability to perform their job functions safely and efficiently without endangering the health and safety of themselves or others. The medical exams may also help firefighters recognize and treat underlying health conditions that could (imminently or in the long-term) impair their ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others.
PROGRAM OVERVIEW

Firefighters must complete a medical history questionnaire and examination every 3 years (AMP exam). Between the 3-year AMP exams the firefighter will complete an annual Self-Certification Questionnaire and documented blood pressure check.

Firefighters must receive a version of the “Medically Qualified” determination from an RMO before participating in the arduous WCT or performing the duties of a firefighter. Firefighters who receive a version of the “Not Medically Qualified” determination will be unable to participate in the arduous WCT or perform the duties of a firefighter.

Potential determinations include:

- Medically Qualified
- Medically Qualified – Temporary Restrictions
- Medically Qualified – Conditional
- Medically Qualified – With Waiver(s)
- Not Medically Qualified – Information Needed
- Not Medically Qualified

*Note:* See the section on AMP Qualification Determinations for more information on each potential determination.

*Note:* The AMP will take the place of the HSQ/OF-178 process for arduous duty wildland firefighters only. Personnel with Moderate/Light fireline qualifications will continue to use the HSQ/OF-178 process.

AMP MEDICAL EXAMINATIONS

Regularly recurring medical examinations are completed by firefighters every 3 years. The AMP medical exam consists of a health history questionnaire and a general medical physical examination that includes tests of vision and hearing, expiratory peak flow, and urinalysis. A chest X-Ray and/or EKG may be required if determined by the examining physician or advanced practice provider based on the firefighter’s medical history and examination results. These tests noted on the FS-5100-41 will be paid for by the Forest Service. A tetanus vaccination will be offered if the firefighter is not up to date, and the Forest Service will pay for it.

Once the RMO receives and reviews the exam results and questionnaire, a qualification determination or information request will attempt to be made within 7 calendar days. If the RMO needs further information to make a qualification determination, they will supply a timeframe for the firefighter to respond with the appropriate information. This timeframe will depend on the information required and will be established at the RMO’s discretion. Firefighters may communicate with the RMO via eMedical (respond to the information request) or email to communicate any need for extensions.
If the firefighter does not supply the requested information within the timeframe established by the RMO, they will be determined to be “Not Medically Qualified – Information Needed” and will not be approved to take the arduous WCT. The firefighter will need to go through the waiver process to change this determination.

Notes: refer to PAYMENT TO OBTAIN ADDITIONAL MEDICAL INFORMATION OR DOCUMENTATION

Note: See the section titled “Waiver of Medical Qualification Standards” for more information on the waiver process.

Note: Firefighters may also be subjected to an off-schedule medical examination if the firefighter has had a change in medical status that the RMO reasonably believes might impact their ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others. The same process applies to off-schedule medical examinations as apply to initial and regularly recurring medical examinations.

SELF-CERTIFICATION QUESTIONNAIRE

In the two years between the AMP medical examinations, the firefighter must certify their ability annually to carry out the job functions of a firefighter before taking the arduous WCT. The Self-Certification Questionnaire will require the firefighter to communicate to the RMO any changes in medical status since their last AMP exam, and the firefighter must also provide a documented blood pressure reading. The unit or district will need to arrange for a local EMT, paramedic, certified medical assistant, licensed practical nurse, registered nurse, nurse practitioner or physician’s assistant to be present at a preset time to obtain this vital sign.

The HSQ Coordinator receives and reviews the questionnaire and BP reading. If the firefighter has indicated no affirmative answers in the Self-Certification Questionnaire and has documented a blood pressure reading of less than 140/90, the HSQ Coordinator will clear the firefighter to take the WCT. If the firefighter answers affirmatively to any of the questions on the Self-Certification Questionnaire or has documented a blood pressure reading of 140/90 or higher, the HSQ Coordinator will forward the firefighter’s information to the RMO for further evaluation. A single elevated blood pressure reading is not a disqualifier but requires RMO review.

If the RMO needs further information to make a qualification determination, they will attempt to send an information request to the firefighter within seven calendar days, unless there is extenuating circumstance, along with a timeframe for the firefighter to respond with the appropriate information. This timeframe will depend on the information required and will be established at the RMO’s discretion. Firefighters must communicate with the RMO via eMedical (respond to the information request) or email to communicate any need for extensions.
If the firefighter does not supply the requested information within the timeframe established by the RMO, they will be determined to be “Not Medically Qualified – Information Needed” and will not be approved to take the arduous WCT. The firefighter will need to go through the waiver process to change this determination.

Note: See the section titled “Waiver of Medical Qualification Standards” for more information on the waiver process.

SMOKEJUMPERS
Smokejumpers shall no longer be required to complete an HSQ and OF-178 exam annually. Instead, they will fall into the same AMP exam cycle as other arduous duty personnel, using the FS-5100-41 and FS-5100-42 instead of the HSQ/OF-178.

MEDICAL EXAMINATION SCHEDULING, COMPLETION AND PAYMENT
The HSQ Coordinator may initiate the medical examination process (including initial, regularly recurring, and off-schedule medical exams) for current employees, rehires, and AD firefighters.

The firefighter will complete their medical examination questionnaire parts A and B of the FS-5100-41. They will be given the option within eMedical to utilize the medical exam scheduling and payment services of a 3rd party contractor, or to schedule their own exam with their Primary Care Provider (PCP: M.D., D.O., N.P., or P.A.) or any physician (M.D., D.O.) or advanced practice provider (N.P., P.A.) of their choosing, provided the physician or advanced practice provider is willing to perform the full exam and input it into eMedical. The medical provider user guide for eMedical and the AMP Exam Guidance Sheet can be found at: eMedical | US Forest Service (usda.gov)

If the firefighter chooses to utilize these 3rd party services, the contractor will be notified and will identify an exam location and physician or advanced practice provider to perform the exam. The Contractor will contact the firefighter using the contact information they provided in eMedical with instructions for setting up and using their online Employee Access System (EAS) to schedule their physical exam. The firefighter will be asked to answer yes/no to some medical history questions taken directly from the AMP exam to assist the contractor in identifying the appropriate medical provider. The contractor will then coordinate with the firefighter to schedule the exam, ensure results are entered into eMedical, and pay for the exam services on behalf of the firefighter. The firefighter shall report to their scheduled exam appointment location, on the correct date and time. If the firefighter cannot report to their scheduled exam appointment, they need to cancel it no less than 2 business days before their scheduled date and time (unless there is an emergency that precludes early cancellation) to avoid no-show fees and reschedule the appointment via the contractor. If the Contractor needs to reschedule a physical examination testing appointment, the Contractor shall notify the firefighter no less
than 5 business days prior to the appointment date (excluding emergencies) and shall establish a new appointment date as soon as possible.

If the firefighter chooses to use their own PCP or a local physician or advanced practice provider, the firefighter shall be responsible for scheduling their appointment and the physician or advanced practice provider must agree to perform the full exam and input it into eMedical. The firefighter is also responsible for timely payment of the exam and must request reimbursement using the FS 6500-229 form: Request for Reimbursement. If an firefighter misses an exam, any no-show or late fees are their responsibility and are not reimbursable by any office of the agency.

The firefighter needs to bring any required supplies or documentation sent to them including, but not limited to: their driver’s license or other form of government issued photo ID and corrective lenses (aka: spectacles or eyeglasses) if worn. If they wear hard contact lenses for vision correction, they need to bring a case and any other necessary supplies to remove them for the vision test.

USFS firefighters (does not apply to casual hire (AD) firefighters) may get the exam as soon as the Tentative Selection Notice (TSN) is issued and do not need to wait until they are in duty status. However, if the firefighter does not get the physical exam until after they are in pay status, they will be on official time traveling to and from the medical facility and during the time it takes to complete the medical examination. Exams performed while in duty status will be completed during regular working hours (generally 0800 to 1700 local time) unless mitigating circumstances exist and are agreed upon between the firefighter and their supervisor.

The physician or advanced practice provider shall review the physician letter, the Work Capacity Test brochure, the “Essential Functions and Work Conditions of a Wildland Firefighter,” and the medical history questionnaire with the firefighter. The physician or advanced practice provider will complete the physical exam including any covered testing or laboratory components warranted by the firefighter’s medical history or physical exam. The exam results shall be entered and submitted to the RMO using the eMedical system. The physician or advanced practice provider shall forward any test results or lab results that are not immediately resulted at the time of the exam to the RMO via secure eFax, 866-338-6630.

CHANGE IN MEDICAL STATUS BETWEEN MEDICAL EXAMINATIONS

Meeting MQS and remaining medically fit is a requirement of the arduous fire position. A firefighter is required to report as soon as practical to the MQP Office a change in medical status (e.g. injury, illness, etc.) that either prevents them from taking the WCT or results in:

1. Hospital admission;
2. Surgery;
3. 5 or more consecutive days of the inability to perform arduous duties due to injury or illness.

4. New medical or psychiatric diagnosis of a chronic condition (a condition that will require ongoing, recurrent, medical attention or limit activities of daily living for more than six weeks). Examples include, but are not limited to, glucose intolerance, diabetes, hypertension, gout, asthma, depression, anxiety, etc.;

5. Prescription of any narcotic medication (including opioids, benzodiazepines, and muscle relaxants);

6. Prescription of any new non-narcotic medication that will be taken for more than 10 days, excluding estrogen or testosterone containing products taken for the purpose of contraception, hormone replacement, or gender affirmation;

7. Physical or occupational therapy for 14 or more consecutive days for an injury or illness that affects the ability to perform arduous duties;

8. Psychiatric counseling due to a worsening of a previously diagnosed and reported psychiatric condition.

Any work-related injury or illness must also be reported to their supervisor.

If a supervisor has direct knowledge an employee is unable to meet the medical standards or physical requirements of arduous duty wildland firefighting, they need to contact Employee Relations and the MQP medical officers, to discuss the concern. The Medical Officer will request information from the supervisor and determine the appropriate next steps dependent on the specific issue at hand. The MQP medical officer will contact the employee and may require an off-schedule medical examination or supplying medical documentation from the employee’s medical provider.

The RMO will review the information provided by the firefighter and make a medical qualification determination. If the RMO does not have enough information to make a qualification determination, they may request additional information from the firefighter to make a determination. Once this information is received, a medical qualification determination will be made by the RMO, and the firefighter, FMO/supervisor, and HSQ Coordinator will be notified.

Note: Refer to Appendix A for information on how to report a change in medical status.
PAYMENT TO OBTAIN ADDITIONAL MEDICAL INFORMATION OR DOCUMENTATION

As stated above, the Agency will pay the cost of any mandated medical examinations (including initial, regularly recurring, and off-schedule exams) along with the cost of a chest x-ray or EKG as part of a mandated medical examination if determined necessary by the examining provider. However, unless a medical condition is work-related, the Agency will not be responsible for paying the cost of obtaining any additional medical information or documentation.

Scenarios in which firefighters will be responsible for paying the cost of medical examination, testing, or documentation include:

1) When the RMO requests additional medical information or documentation regarding a non-work-related medical condition before making a qualification determination. Per § 339.304(c), “an applicant or employee must pay to obtain all relevant medical documentation [...] where the agency requests the applicant or employee to provide medical documentation relative to an identified medical or physical condition in question or where the agency needs medical documentation to render an informed management decision.”

2) When firefighters wish to provide supplemental medical information or documentation to appeal a final medical qualification determination for a non-work-related medical condition. Per § 339.304(b): “In certain final medical ineligibility determinations, the agency physician or medical review officer may reference supplemental medical examination, testing or documentation, which the applicant or employee may submit to the agency for consideration and further review relative to potential medical eligibility. Under these circumstances, the applicant or employee is responsible for payment of this further examination, testing and documentation.”

When a firefighter’s medical condition is determined to be the result of an on-the-job injury and they have an active OWCP/DOL claim, cost for obtaining any additional medical information, documentation and/or test results that may be needed by the RMO to make a qualification determination is covered by DOL. If for some reason the firefighter is told there is a cost for obtaining information, the RMO needs notified of this and will work with OWCP to determine the best pathway to obtain the information needed. The RMO will determine the specific medical information, documentation and/or test(s) needed and provide the firefighter with a written request for the information.

Note: A firefighter’s change in medical status will be determined to be the result of an on-the-job injury if a CA-1 or CA-2 has been submitted for the new medical condition and the signature of a licensed physician (M.D./D.O.) affirming that the medical condition occurred as a result of a workplace injury or exposure has been obtained.
BREAK OF MORE THAN ONE YEAR IN THE PERFORMANCE OF ARDUOUS LEVEL FIREFIGHTING DUTIES

Firefighters whose arduous duty status has lapsed for longer than 1 year and have not participated in the AMP process during this time shall receive an AMP examination. Firefighters whose arduous duty status has lapsed for less than 1 year and have not participated in the AMP process during this time will remain in the three year cycle at the point where they left off. If they receive a “Medically Qualified” determination from the RMO, they are cleared to participate in the arduous level WCT and perform duties as a firefighter.

AMP QUALIFICATION DETERMINATIONS

AUTHORITY

Title 5 Code of Federal Regulations, Part 339, Medical Qualification Determinations.

OBJECTIVE

AMP medical qualification determinations establish whether a firefighter meets the MQS. The medical qualification determination is designed to ensure consistency and uniformity in the medical evaluation of firefighters.

ROLE OF THE FOREST SERVICE REVIEWING MEDICAL OFFICER

An Agency RMO is the only individual authorized to make a medical qualification determination prior to commencing an MRB. Agency RMO’s will evaluate the results of each firefighter’s questionnaire, the findings from the examining physician or advanced practice provider, laboratory and/or diagnostic tests, review any follow-up medical documentation if requested and received, and make a medical qualification determination. The firefighter, their supervisor, and HSQ Coordinator, will be notified electronically of the medical qualification determination.

The RMO makes determinations during the initial waiver process, after a change in medical status between medical examinations, and following temporary restrictions to full duty.

DETERMINATION CATEGORIES:

MEDICALLY QUALIFIED

Firefighters identified as fully meeting the MQS will receive a “Medically Qualified” determination. Firefighters who receive a “Medically Qualified” determination can
participate in the arduous WCT, and if they pass the WCT, perform duties as a firefighter.

**MEDICALLY QUALIFIED – WITH WAIVER(S):**

Firefighters who fail to fully meet the MQS but who have been granted a formal or informal waiver by the RMO will receive a “Medically Qualified – With Waiver(s)” determination. Firefighters who receive this determination can participate in the arduous WCT, and, if they pass the WCT, perform duties as a firefighter. These firefighters will have to comply with any mitigations indicated in their waiver in order to perform firefighter job duties.

*Note:* See the section on *Waiver of Medical Qualification Standards* for more information on the waiver process.

**MEDICALLY QUALIFIED - TEMPORARY RESTRICTIONS**

Firefighters who fail to meet the medical qualification standards due to a temporary medical condition may receive a medical qualification determination of “Medically Qualified – Temporary Restrictions,” which will allow them to take the WCT or continue performing arduous work under certain conditions.

In order to receive a medical qualification determination of “Medically Qualified – Temporary Restrictions,” firefighters must:

1) Provide documentation to the RMO that they are already under the care of a physician, advanced practice provider, or licensed health care practitioner for the anticipated duration of necessary recovery, treatment and/or correction of the medical condition.

2) Provide documentation to the RMO that they have or will be medically cleared to return to duty by the treating licensed healthcare provider, and that their provider anticipates the medical condition will resolve within 6 months.

*Note:* If the medical condition is work-related and has been filed with OWCP, documentation from the OWCP claim may be used where applicable.

The medical qualification determination of “Medically Qualified – Temporary Restrictions” covers a broad range of medical conditions; therefore, the temporary work restrictions associated with this determination will vary depending on the type and severity of the medical condition.

Firefighters receiving this determination may be temporarily restricted from performing arduous duties (for example, a firefighter with a moderate ankle sprain might be
restricted to light duty for a week as part of their “temporary restrictions,” and therefore would be unable to WCT or perform arduous duties during that week) but will be able to return to arduous duty work (potentially with some restrictions) after a specified timeframe.

Other firefighters receiving this determination may be immediately allowed to return to arduous duty work but may have temporary restrictions on the type of work they are allowed to perform. (For example, a firefighter recovering from a shoulder dislocation might be allowed to remain in arduous duty status under the restriction that they not engage in hand tool or chainsaw operations for the next month.)

Examples for this category might include: a firefighter with a moderate joint sprain who has been given a couple weeks of light duty and then can return to full duty; a firefighter with resolving mononucleosis that is restricted from arduous duties until their liver or spleen swelling goes down; a firefighter with an ear infection that is causing dizziness and they can return to full duty after a week on antibiotics; a healing fracture that is healing normally and should be healed in about 6 weeks after which the firefighter can return to duty; other worker’s compensation injuries.

Depending on the injury or illness, these firefighters may be temporarily restricted from participating in the WCT for a short period of time until recovered and/or performing arduous duties. The process for a medical qualification determination of “Medically Qualified – Temporary Restrictions" is as follows:

a) The RMO will provide the firefighter with a specific medical reason for the determination, and a specific request for medical information from a personal licensed medical provider or worker’s compensation physician to obtain an accurate assessment of the medical condition along with an initial impression of the prognosis and timeframe for recovery.

b) The firefighter must submit the medical information/documentation obtained from their physician, advanced practice provider, or licensed health care practitioner to the RMO within the timeframe specified by the RMO in their information request. This information and documentation will include a diagnosis, treatment, work restrictions, and prognosis for recovery. Work restrictions (if any, from the physician, advanced practice provider, or licensed health care practitioner) must also be provided to the local Fire Management Office. (Cost incurred in obtaining any medical information/documentation is the responsibility of the firefighter, unless their medical condition is work-related.)

c) When work restrictions are recommended by a physician, advanced practice provider, licensed health care practitioner or the RMO, the firefighter may be placed on temporary limited duty at the discretion of the Agency if such work is available. If temporary limited duty work is not available, the firefighter may request from their supervisor the use of sick leave, annual leave, or leave without pay.
d) Before the firefighter can return to full arduous duty status, a medical clearance to return to full arduous duty will be required from the treating physician, advanced practice provider, or licensed health care practitioner after reviewing and taking into account the Essential Functions and Work Conditions of a Wildland Firefighter.

e) If the firefighter’s temporary or minor medical condition has not resolved within 6 months, and the firefighter still does not meet the MQS after treatment and correction/resolution of the issue, they must either work with the RMO to obtain a waiver or their status changes to “Not Medically Qualified.”

f) If the firefighter is a FS primary firefighter or if passing the WCT is a condition of their employment and their status changes to “Not Medically Qualified,” they should be referred by the FMO/supervisor to Reasonable Accommodation for guidance and assistance.

MEDICALLY QUALIFIED – CONDITIONAL

If a medical condition has a prior waiver and the mitigations have not been fulfilled by the time the RMO reviews the eMedical packet, or there has only been partial information on the medical condition provided, the RMO may give the determination of “Medically Qualified – Conditional”. This determination applies to firefighters with medical conditions that will likely not impact the firefighter’s ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others, is on a case-by-case basis, and is dependent on what past and present information is available.

The firefighter will be given instructions on obtaining information from their physician, advanced practice provider, or licensed health care practitioner for the RMO to review in a specific timeframe. These firefighters are not restricted from participating in the WCT or performing arduous duties unless review of the medical records determines otherwise or no further information is supplied in the required timeframe, and a new medical qualification determination will be made of “Not Medically Qualified” or “Not Medically Qualified – Information Needed.”

NOT MEDICALLY QUALIFIED – INFORMATION NEEDED

This determination may be used when the RMO identifies a medical condition that is likely to have a negative impact on the firefighter’s ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others if not static and stable, and the status and stability of this condition is not known from the information at hand. The RMO may send an information request if additional information would help to determine if a waiver can be granted for a medical condition instead of making an initial “Not Medically Qualified – Information Needed” determination. Information requests may include a list of specific medical documentation for their physician, advanced practice provider, or licensed health care practitioner that would be useful in the RMO’s decision-making during the
first level waiver process. If the information is not received in the timeframe given to the firefighter or an extension is not granted, then a “Not Medically Qualified – Information Needed” determination will be made.

Firefighters who receive a “Not Medically Qualified – Information Needed” determination cannot participate in the arduous WCT nor perform duties as a firefighter until receiving an affirmative revised determination with or without a waiver. The firefighter needs to initiate the first level waiver process via eMedical when prompted by the notification email. An example for this determination would be the discovery during a firefighter’s physical examination of a previously unknown medical condition such as a goiter or glucosuria (sugar in the urine), in which case the RMO would require follow-up medical documentation to determine a firefighter’s medical qualification status.

*Note:* A firefighter will also receive a determination of “Not Medically Qualified – Information Needed” if they have failed to supply information to the RMO within specified timeframes as noted in prior sections of this document, and if they have failed to request or have been denied an extension to these timeframes.

NOT MEDICALLY QUALIFIED

Firefighters identified as not meeting the MQS and a waiver/accommodation would not allow the firefighters to perform their duties without endangering the health and safety of themselves and/or others will receive a “Not Medically Qualified” determination with a reason why and notification of their options, including reasonable accommodation if passing a WCT is a condition of their employment. Firefighters who receive a “Not Medically Qualified” determination can neither participate in the arduous WCT, nor perform duties as a firefighter, unless the determination is reversed.

CONTESTING EXAM RESULTS

Firefighters who believe their medical examination or a test component was incorrectly administered or who want to contest their medical examination and/or test component results should notify the RMO and provide the facts to support their claim. The RMO may request additional information from the firefighter and/or the examining physician or advanced practice provider before reviewing all of the information and issuing a written decision to the firefighter, supervisor, and HSQ Coordinator. When the RMO identifies a physician or advanced practice provider incorrectly administered or reported a medical exam or test component, the RMO will send a copy of their research and written decision to the examining physician or advanced practice provider for resolution. The firefighter may be reimbursed for some expenses in the event their medical examination or a test component was incorrectly administered.
FIREFIGHTER’S REQUEST FOR A NEW MEDICAL QUALIFICATION DETERMINATION

A firefighter may submit new/additional medical information/documentation from their personal physician, advanced practice provider, or licensed health care practitioner to the RMO for review to consider a new qualification determination at any time. Upon receipt of new/additional medical information/documentation, the RMO will review the information received and make a “Medically Qualified” or “Not Medically Qualified” determination. The firefighter will be responsible for the cost(s) of obtaining any new/additional medical information/documentation for a new qualification determination. *Current employees are not* on official time while traveling to/from and during medical appointments to obtain new medical information/documentation for this purpose unless the reason for a “Not Medically Qualified” determination was the result of a work-related injury or illness (they may request and receive approval for sick leave, annual leave or leave without pay from their supervisor). *(Refer to: Payment to Obtain Additional Medical Information or Documentation)*

WAIVER OF MEDICAL QUALIFICATION STANDARDS

When a firefighter does not meet one or more medical qualification standards, in order to be approved to perform the duties of arduous firefighting, a waiver is required. A waiver allows a firefighter to perform the duties of the position with or without mitigations/accommodations to reduce the risk.

AUTHORITY

*Title 5 Code of Federal Regulations, Part 339, Medical Qualification Determinations, § 339.204 Waiver of standards and requirements.*

This regulation defines the authority to waive a medical qualification standard when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and safety of the employee or others. *(Refer below to section on Reasonable Accommodation for additional authorities for FS employees.)*

OBJECTIVE

The objective of the waiver process is to ensure an interactive, individualized, case-by-case evaluation of a firefighter’s request for a waiver. The waiver process allows the RMO or ARMO to make a determination based upon the firefighter’s demonstrated arduous qualifications, experience, training and proposed mitigations for the medical qualification standard not met.
WAIVER PROCESS OVERVIEW

A waiver with or without mitigation/s is a form of medical accommodation that allows the firefighter to perform their job functions safely and efficiently as possible with a medical condition that is static and stable.

The waiver process consists of two levels to provide the firefighter the opportunity to request a higher-level review if their initial waiver request is not approved. If the waiver has associated mitigations with it, the firefighter is responsible for fulfilling those mitigations as instructed within the mitigation. These mitigations may have a yearly requirement to supply information to the RMO as evidence that a condition continues to be static and stable, potential work restrictions or a requirement such as to have a second set of corrective lenses for those with impaired vision, or they may have a requirement to notify the RMO if there are any changes to their medical condition. Mitigations in the form of documentation are required yearly unless otherwise instructed by the RMO.

Once a waiver determination is reached, an email notification is automatically generated to the firefighter, supervisor, and HSQ Coordinator. The notification of the determination will include, if applicable, information on the next step(s) in the process including reasonable accommodation of last resort if they are a FS employee, not including ADs.

All individuals directly involved in any phase of the waiver process shall be instructed to safeguard the privacy of the firefighter and not disclose confidential information.

The RMO or ARMO making a waiver determination will evaluate all the information/documentation received. This evaluation will take into consideration: (1) the medical condition(s); (2) the firefighter’s qualifications, experience, training, and FMO/supervisor support; (3) significant threshold shifts of the medical condition(s); (4) stability of the medical condition(s); (5) conditions of employment; (6) any identified limitation(s); (7) Personal Protective Equipment (PPE) use; (8) whether the functional requirements and work conditions of arduous firefighting would aggravate, accelerate, or permanently worsen any pre-existing medical condition; and/or (9) Rehabilitation Act of 1973, as amended, which incorporates standards on non-affirmative action requirements from the Americans with Disability Act (ADA), as amended requirements. **NOTE: Some medical conditions are not compatible with safe and efficient performance of firefighter duties and therefore some firefighters may not receive a waiver.**

FIRST LEVEL WAIVER PROCESS – INFORMAL AND FORMAL WAIVER

INFORMAL

An informal waiver is granted after the RMO has reviewed either the exam or the Self-Certification Statement and blood pressure reading, and any additional medical documentation added to fulfill either prior waiver mitigations or at the RMO’s request, where the RMO feels
the firefighter can safely and efficiently perform the job duties without endangering the health and safety of themselves or others.

FORMAL

The formal initial waiver process is only available after the firefighter receives a “Not Medically Qualified – Information Needed” determination with the option to request a waiver. The waiver process is automated but not automatic; the firefighter must initiate a waiver request through the MQP eMedical website. Initiating the waiver process is not a guarantee of receiving a waiver. All arduous level firefighters (except casual hire (AD) firefighters) who receive a “Not Medically Qualified – Information Needed” determination with a waiver option are provided the opportunity to request a waiver. (Casual hire (AD) firefighters that receive a “Not Medically Qualified – Information Needed” determination with a waiver option are responsible for obtaining the decision from their supervisor that they are mission critical or they will not be allowed to begin the waiver process. Their supervisor must initiate the waiver process.)

The firefighter will either receive a waiver approval or non-approval. The firefighter will be informed of their options if receiving a non-approval including reasonable accommodation of last resort if they are FS primary fire employees. The firefighter, supervisor, and HSQ Coordinator will be notified of the waiver determination.

(Refer to Appendix B for detailed information on the First Level Waiver Process.)

SECOND LEVEL WAIVER PROCESS - MEDICAL REVIEW BOARD (MRB)

The Medical Review Board (MRB) is the second (and final) level in the waiver process. The role of the MRB is to assist the Adjudicating Reviewing Medical Officer in making a final determination on a waiver request which was not approved during the initial waiver process. The MRB is scheduled by the MQPM. All relevant information will be gathered and appropriately brought before the MRB, redacted as appropriate.

The MRB is composed of the following positions:

- Chair/Recorder – Medical Qualification Program Manager (has no input into the determination)
- Regional Fire Risk Management Specialist, or Regional Safety Officer, not in firefighter’s supervisory chain
- District Fire Management Officer (not from the same forest as the firefighter in question)
- Adjudicating Reviewing Medical Officer: Occupational Medicine physician
- Employee Relations (ER) representative
- Union Representative – *Only when the case involves a bargaining unit employee, and at the employee’s request, the Union Representative will attend the MRB as an observer, able to ask clarifying questions only.*

The ARMO is the deciding official for requests submitted to the MRB and will be the spokesperson for the board before any third party. *(Refer to Appendix C for detailed information on the MRB.)*

**REASONABLE ACCOMMODATION OF LAST RESORT FOR FOREST SERVICE PRIMARY FIREFIGHTER EMPLOYEES**

Some firefighters may decide that they do not want to participate in the first level formal waiver process or the MRB.

Permanent or temporary/seasonal primary firefighters who are required to pass an arduous WCT as a condition of employment who want to request reasonable accommodation of last resort rather than a waiver after receiving a “Not Medically Qualified – Information Needed” determination will need to follow the established process described in the USDA Reasonable Accommodation Directive. *Directive links: Reasonable Accommodation Procedures | USDA, Departmental Regulation, 4300-008, Reasonable Accommodation and Personal Assistance Services, Reasonable Accommodations and Personal Assistance Services | USDA.*  

The firefighter and/or the supervisor needs to notify the Reasonable Accommodations Coordinator (RAC) and the RMO; OR

FS employee primary firefighters receiving a “Not Medically Qualified” determination will have their information referred to the RAC, by the supervisor, to follow the established process described in the USDA Reasonable Accommodation Directive. The firefighter should be provided options to discuss with Employee Relations or to seek additional information about the reasonable accommodation of last resort process from the RAC. Bargaining unit employees may request union representation at these discussions. In addition to the notification of Reasonable Accommodation, the RMO will be notified that an accommodation was requested.

When reasonable accommodation of last resort is requested, the MQP waiver process ends.

**RECORD KEEPING**

**AUTHORITIES**

*Title 5 Code of Federal Regulations, Part 293, Subpart E, Employee Medical File System Records.*  
This regulation defines when medical records are established and their ownership, content and maintenance.
Office of Personnel Management OPM/GOVT-10 - Employee Medical file System Records. This document serves as the Privacy Act Systems of Records Notice (SORN) for medical records (both paper and electronic) and provides guidance on the location, category, purpose, storage, retrievability, retention and disposal of medical records and documentation. General Records Schedules (GRS) | National Archives  https://www.archives.gov/records-mgmt/grs.html

Title 5 Code of Federal Regulations, Part 297, Privacy Procedures for Personnel Records. This regulation defines the maintenance, protection, disclosure, and amendment of records within the personnel systems of records, which includes employee medical records.

OBJECTIVE

The objective of record keeping is to ensure that firefighters’ medical records are maintained in a confidential secure manner that meets record keeping HIPAA and Privacy Act requirements. The records will only be available to those that need to access them.

Firefighter information/documentation of medical examinations and results, as well as any additional information/documentation provided to the RMO, and correspondence directly related to the firefighter’s medical examination and/or qualification are retained within the eMedical system.

ELECTRONIC RECORDS

Firefighter medical examination records, diagnostic test and component results, additional medical information and/or documentation, waiver(s), etc., will be maintained in a secure web-based system and retained. The firefighter will have full access to their electronic medical records with the ability to view, print, and/or download the information. Supervisors, co-workers, WCT Administrators, and non-medical MRB members will not have access to a firefighter’s medical information. HSQ Coordinators and MQP staff will have access to medical information within the eMedical system only after completing a Confidentiality Agreement. Medical information of firefighters participating in the reasonable accommodation process will be retained by the RAC.

USER ROLES/PERMISSIONS/ACCESS TO MEDICAL INFORMATION

Who can see a firefighter’s profile?
Firefighter, HSQ Coordinator/Super Coordinator, System Administrator

Who can see a firefighter’s SSN?
Firefighter, HSQ Super Coordinator, System Administrator
Who can see the completed AMP exam?
Firefighter, RMO/ARMO, physician or advanced practice provider, System Administrator

Who can see the completed Self-Certification statement?
Firefighter, HSQ Coordinator/Super Coordinator, RMO/ARMO, System Administrator

Who can see notes and attachments?
Firefighter, HSQ Coordinator/Super Coordinator, RMO/ARMO, MQP Manager, System Administrator

Who can see waiver mitigations?
Firefighter, RMO, System Administrator

Who can see the MRB appeal?
Firefighter (not ADs), RMO/ARMO, MQP Manager, System Administrator

RECI PROCITY OF MEDICAL EXAMINATIONS, QUALIFICATION DETERMINATIONS AND WAIVERS COMPLETED UNDER THE DEPARTMENT OF INTERIOR MEDICAL STANDARDS PROGRAM (DOI-MSP)

The DOI and USDA FS have the same MQS, but each Agency may implement these standards as they choose. Completed Baseline (and subsequent Periodic) medical examinations and qualification determinations under the DOI-MSP will be accepted by the Forest Service. Although if there is a difference in their implementation of the Medical Standards from the Forest Service’s, those areas will be reviewed to ensure the firefighter meets the Forest Service MQS implementation.

Waivers or medical accommodations requested and approved under the DOI-MSP because the firefighter did not meet a medical standard identified during a Baseline or subsequent Periodic medical examination may be accepted by the Forest Service upon transfer/appointment/casual hire (AD); however, the Forest Service retains the authority to review the waivers, or medical accommodation determinations and reach a different determination.

ROLES AND RESPONSIBILITIES

FOREST SERVICE MEDICAL QUALIFICATION PROGRAM MANAGER (MQPM)

1. Provide program management, guidance and assistance to program stakeholders.
2. Resolve program issues or concerns.
3. Prepare and conduct, or oversee, training on program components.
4. Manage the Medical Review Board (MRB) process.
5. Schedule and chair the MRB meetings. Ensure that notes are taken and distributed after the MRB.
6. Coordinate with other Forest Service (FS) medical qualification programs regarding policies, practices, and program administration as needed.
7. Coordinate with the Department of the Interior Wildland Firefighter Medical Standards Program (DOI-MSP) as needed.
8. Ensure staff access to medical data is controlled and compliant with the Federal Privacy Act and Medical Information confidentiality regulations.

HEALTH SCREENING QUESTIONNAIRE SUPER COORDINATOR (HSQSC)
(possible future positions if needed for workload)
1. Serve as the point of contact for firefighters and the Fire Management Office.
2. Provide oversight, advice, and assistance to regional stakeholders on the Medical Qualifications Program (MQP).
3. Report program issues and concerns to the EA and make recommendations for resolution.
4. Granted elevated permissions within eMedical system to resolve access issues

FOREST SERVICE REVIEWING MEDICAL OFFICER (RMO)
1. Is a Physician (M.D. or D.O.) or Advanced Practice Provider (APRN or PA)
2. Recommend updates to MQP forms and Medical Standards as needed.
3. Make initial medical qualification determinations following review of a firefighter’s medical examination and test results or the Self-Certification questionnaire.
4. Notify the firefighter, Health Screening Questionnaire (HSQ) Coordinator, and the Fire Supervisor of medical qualification determinations.
5. Grant initial waivers and review reports of change in medical status needing a waiver or temporary limited duty on medical findings.
6. Testify on behalf of the Agency in third-party cases (e.g., EEOC, MSPB, etc.)
7. Give Fire Management personnel authority to obtain an off-schedule medical examination on an arduous duty firefighter who appears unable to perform the full range of duties due to a medical or physical condition.

FIRE MANAGEMENT OFFICER (FMO)/SUPERVISOR

1. Authorize Agency funded medical examination for Administratively Determined (AD) arduous duty firefighters on their unit as well as authorize the waiver process if warranted.
2. Encourage firefighters to maintain good physical and mental health in order to meet medical qualification standards and remain qualified for arduous duty.
3. Notify the RMO when direct knowledge of a medical issue arises where an employee is unable to meet the medical standards or physical requirements of arduous duty wildland firefighting. Also contact Employee Relations to discuss the concern.
4. Notify the MQP Office as soon as practical, when an employee is unable to (seriously ill or injured), of occurrence of:
   a. Hospital admission;
   b. Surgery;
   c. 5 or more consecutive days of the inability to perform arduous duties due to injury or illness.
5. Provide information, when requested by RMO in writing, during the waiver process.
6. Contact Reasonable Accommodation (RA) when primary fire employee has been determined to be “Not Medically Qualified” for their position.

FIREFIGHTER (EMPLOYEE OR AD)

1. Maintain good physical and mental health to meet medical qualification standards and remain qualified for arduous duty.
2. Schedule Arduous Medical Process (AMP) physical exam appointment, complete medical history portion of examination form and report for Agency funded medical examination on time or cancel the appointment in a timely manner (unless there is an emergency) to avoid no-show fees. If not a physical exam year, complete the Self-Certification Questionnaire as well as obtain a blood pressure reading.
3. Keep supervisor and/or HSQ Coordinator informed of medical examination status.
4. Notify supervisor when any medical issue(s) may interfere with safe and efficient work performance.
5. Required to report a change in medical status as soon as practical to the RMO.
6. Provide additional appropriate medical information and/or documentation when requested by the RMO.

7. Contact Reasonable Accommodation if the medical condition permanently prevents them from being able to perform their arduous duties as a primary firefighter or take the Work Capacity Test (WCT), or they have been determined “Not Medically Qualified” by RMO.

EMEDICAL ADMINISTRATOR (EA)

1. Assist RMO and MQPM in correspondence with firefighters, Fire Management personnel and physicians or advanced practice providers.

2. Maintain confidentiality of all Privacy Act and Employee Medical Record information

3. Answer questions from stakeholders regarding the program.

4. Maintain eMedical and WCT website

5. Troubleshoot systemic errors within eMedical

EMEDICAL SUPPORT SPECIALIST (ESS)

1. Assist RMO and MQPM in correspondence with firefighters and other fire staff.

2. Maintain confidentiality of all Privacy Act and Employee Medical Record information.

3. Maintain databases and run reports within the eMedical system.

4. Answer questions from stakeholders regarding the program.

5. Receives, approves, and grants HSQ Coordinator selection and permissions

HEALTH SCREENING QUESTIONNAIRE (HSQ) COORDINATOR

1. Initiate arduous medical process for firefighters.

2. Notified of firefighters’ medical qualification determinations to determine who is able to proceed on to the arduous Work Capacity Test (WCT).
3. Can track status of firefighters to know who is going to be ready to proceed with the arduous WCT.

4. Act as liaison between MQP office and fire personnel.

MEDICAL REVIEW BOARD (MRB)

1. Evaluate the firefighter’s medical condition(s), qualifications, experience, training, FMO/supervisor support, and determine if there is sufficient evidence that demonstrates the firefighter can fully perform the job duties of a firefighter without endangering the health and safety of the firefighter or others.

2. Complete a final and higher-level of review, provide subject matter expertise, and make a recommendation to the Adjudicating Reviewing Medical Officer (ARMO), via teleconference, as needed.

ADJUDICATING REVIEWING MEDICAL OFFICER (ARMO)

1. Make the final MRB determination for waiver requests submitted to the MRB and reports determination to the MQPM.

2. Testify as an objective Subject Matter Expert (SME) in third-party cases (e.g. EEOC, MSPB, etc.)
DEFINITIONS

ADJUDICATING REVIEWING OFFICER (ARMO): A board certified Occupational Medicine physician licensed in any US state or territory who is tasked with making final medical determinations at the MRB (second) level of the waiver process.

ADVANCED PRACTICE PROVIDER: A licensed Advanced Practice Registered Nurse, APRN, also known as a Nurse Practitioner, N.P., or Physician’s Assistant, P.A.

ARDUOUS DUTY QUALIFIED FIRELINE PERSONNEL (FIREFIGHTER): An individual, with an IQCS qualification requiring a fitness level of arduous, currently employed by the Forest Service, including casual (AD) hires. This includes a current collateral duty firefighter outside of primary fire who has attained arduous qualifications and is dispatched to wildfires as needed.

CLEARANCE, CLEARED OR CLEARED WITH RESTRICTIONS: Terminology used in the former Interagency Wildland Firefighter Medical Standards Program to indicate whether a firefighter was medically qualified, or if medically disqualified, to indicate that a waiver had been approved which allowed the firefighter to continue working as a firefighter.

LICENSED HEALTH CARE PRACTITIONER: A person providing health services who is not a physician, but who is both certified by a national organization and licensed by a State, and/or registered as a health professional to provide the health service in question. A Licensed Health Care Practitioner in this guide could include nurses (LPN or RN), optometrists, physical therapists, audiologists, paramedics, and a wide variety of other individual regulated and/or licensed to provide some type of health care.

LIGHT DUTY: Duties and responsibilities that may be outside an employee's regular position but that meet the employee's current work capabilities/restrictions as identified by a physician, advanced practice provider, or licensed health care practitioner.

MEDICAL CONDITION: a health impairment which results from birth, injury or disease, including mental disorder.

MEDICAL DOCUMENTATION: A copy of a dated, written and signed statement, or a dated copy of actual medical office or hospital records, from a licensed physician, licensed advanced practice provider or other licensed health practitioner, as these terms are defined below, that contains necessary and relevant information to enable the agency to make an employment decision. To be acceptable, the diagnosis or clinical impression must be justified according to established diagnostic criteria and the conclusions and recommendations must be consistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a licensed physician or, if appropriate, a practitioner of the same discipline as the one who issued the documentation. An acceptable
diagnosis must include the information identified by the agency as necessary and relevant to its employment decision. This information may include, but is not limited to, the following:

(1) The history of the medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment;

(2) Clinical findings from the most recent medical evaluation, including any of the following: Findings of physical examination; results of laboratory tests; X-rays; EKGs and/or other special evaluations or diagnostic procedures; and, in the case of psychiatric examination or psychological assessment, the findings of a mental status examination and/or the results of psychological tests, if appropriate;

(3) Diagnosis, including the current clinical status;

(4) Prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery;

(5) An explanation of the impact of the medical condition(s) on overall health and activities, including the basis for any conclusion as to whether restrictions or accommodations are necessary and, if determined to be necessary, an explanation supporting that determination; and, either of the following:

(6) An explanation of the medical basis for any conclusion that indicates the likelihood that the applicant or employee will suffer sudden incapacitation or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of a specific position; or

(7) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well-stabilized and the likelihood that the applicant or employee may experience sudden incapacitation or subtle incapacitation as a result of the medical condition. In this context, “static or well-stabilized” medical condition means a medical condition which is not likely to change as a consequence of the natural progression of the condition, such as a result of the normal aging process, or in response to the work environment or the work itself. (5 CFR 339.104)

MEDICAL RESTRICTION: A medical determination that an applicant or employee is limited or prevented from performing a certain type or duration of work or activity (e.g., standing and/or ability to concentrate) or motion (e.g., bending, lifting, pulling), because of a particular medical condition or physical limitation. The purpose of a medical restriction is to try to prevent aggravation, acceleration, exacerbation, or permanent worsening of the medical condition or physical limitation. (5 CFR 339.104)

MEDICAL STANDARD: A written description of the minimum medical requirements necessary for an applicant or employee to perform essential job duties as a condition of employment. (5 CFR 339.104) See Appendix D.
MEDICALLY QUALIFIED: The medical qualification determination made by an RMO when a firefighter fully meets all MQS and may participate in the WCT and if passed, perform their arduous duties.

MEDICALLY QUALIFIED - CONDITIONAL: The medical qualification determination that may be made by an RMO if a medical condition has a prior waiver and the mitigations have not been fulfilled by the time the RMO reviews the eMedical packet, or there has only been partial information on the medical condition provided. This determination applies to firefighters with medical conditions that will likely not impact the firefighter's ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others, is on a case-by-case basis, and is dependent on what past and present information is available. Firefighters must submit additional medical information/documentation to the RMO within specified timeframes, otherwise their medical qualification determination will switch to “Not Medically Qualified – Information Needed.”

MEDICALLY QUALIFIED - TEMPORARY RESTRICTIONS: The medical qualification determination that may be made by a RMO when a firefighter is recovering from a temporary medical condition, illness or injury, and is placed in non-work status or on limited or light duty while recovering, under the condition that the recovery time is not to exceed more than 6 months.

NON-WORK STATUS: Unable to perform any job duties even at the light level, or no light duty work is available to place the firefighter in.

MEDICALLY QUALIFIED – WITH WAIVER(s): The medical qualification determination made by an RMO when a firefighter fails to fully meet the MQS but has provided further information on the medical condition in question, and who have been granted an informal or formal waiver for the medical standard/s they do not meet. These firefighters will have to comply with any mitigations indicated in their waiver in order to perform arduous job duties.

NOT MEDICALLY QUALIFIED: The medical qualification determination made by a RMO when a firefighter does not meet the MQS and a waiver/accommodation would not allow the firefighter to perform their duties without endangering the health and safety of themselves and/or others. This may occur when the firefighter is denied a first- and/or second-level waiver.

NOT MEDICALLY QUALIFIED – INFORMATION NEEDED: The medical qualification determination made by a RMO for an firefighter when they fail to fully meet the MQS and a medical condition is identified that is likely to have a negative impact on the firefighter’s ability to perform the job functions of a firefighter safely and efficiently without endangering the health and safety of themselves or others if not static and stable, and the status and stability of this condition is not known from the information at hand. Firefighters receiving this determination must provide additional information/documentation as requested by the RMO before receiving a new medical qualification determination.

OFF-SCHEDULE MEDICAL EXAM: An AMP medical exam occurring at any time other than initial employment, once every three years, or after a lapse in arduous duty status of longer than one year. Off-schedule medical exams may be required for any firefighter who, due to an
unaddressed medical condition that has not been granted a waiver or addressed in some way already through the MQP Office, appear unable to perform their full range of duties safely and efficiently without endangering the safety of themselves or others.

OFFICIAL TIME: Time considered as compensable hours of work without charge to any leave category on the firefighter’s Time and Attendance Report.

PHYSICAL REQUIREMENT: A written description of job-related physical abilities that are essential for performance of the duties of a specific position. (5 CFR 339.104)

PHYSICIAN: A licensed Doctor of Medicine or Doctor of Osteopathy, or a physician who is serving on active duty in the uniformed services and is designated by the uniformed service to conduct examinations under this part. (5 CFR 339.104)

REASONABLE ACCOMMODATION: A modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process to enable an individual with a disability to have an equal opportunity not only to obtain a job but also to successfully perform their job duties to the same extent as people without disabilities.

REASONABLE ACCOMMODATIONS COORDINATOR: Takes the employee through the reasonable accommodation process or a workplace reassignment.

REASONABLE ACCOMMODATION OF LAST RESORT: Reassignment is generally an accommodation of last resort, and is usually considered only when no other type of reasonable accommodation would enable a worker to continue in their current job. A job must exist and be vacant to be considered for reassignment; an employer does not need to create a job or displace another worker.

REVIEWING MEDICAL OFFICER (RMO): A physician licensed in any US state or territory, or an advanced practice provider licensed in any US state or territory, employed by the Forest Service.

STATIC AND STABLE: Description of a medical condition, injury or disease, that has been brought under control for a sustained period of time and shows little or no change in symptoms or severity, and is therefore unlikely to result in any unexpected flare-ups.

TEMPORARY LIMITED DUTY: The specific duties and responsibilities of an employee’s regular position that meets the employee’s current work capabilities as identified by a physician, advanced practice provider, or licensed health care practitioner. These duties may constitute all or part of an employee’s regular job assignment and may be performed for a regular tour of duty or a shorter period of time.
TEMPORARY MEDICAL CONDITION: A medical condition (e.g., injury, illness, etc.) that prevents the firefighter from performing their full range of duties. A temporary medical condition is a condition or injury that is expected to resolve within 6 months.

WAIVER: A medical accommodation that waives the requirement to meet a MQS when there is sufficient evidence that the firefighter can carry out the essential functions of the position, without endangering the health and safety of themselves and/or others. Waivers may include mitigations that must be met to reduce the risks of a medical condition.
APPENDIX A – REPORTING A CHANGE IN MEDICAL STATUS TO THE REVIEWING MEDICAL OFFICER

Meeting MQS and remaining medically fit is a requirement of the arduous fire position. A firefighter is required to report as soon as practical to the MQP Office a change in medical status (e.g., injury, illness, etc.) that either prevents them from taking the WCT or results in:

1. Hospital admission;
2. Surgery;
3. 5 or more consecutive days of the inability to perform arduous duties due to injury or illness.
4. New medical or psychiatric diagnosis of a chronic condition (a condition that will require ongoing, recurrent, medical attention or limit activities of daily living for more than six weeks). Examples include, but are not limited to, glucose intolerance, diabetes, hypertension, gout, asthma, depression, anxiety, etc.;
5. Prescription of any narcotic medication (including opioids, benzodiazepines, and muscle relaxants);
6. Prescription of any new non-narcotic medication that will be taken for more than 10 days, excluding estrogen or testosterone containing products taken for the purpose of contraception, hormone replacement, or gender affirmation;
7. Physical or occupational therapy for 14 or more consecutive days for an injury or illness that affects the ability to perform arduous duties;
8. Psychiatric counseling due to a worsening of a previously diagnosed and reported psychiatric condition.

Any work-related injury or illness must also be reported to their supervisor.

The firefighter will report their change in medical status to the MQP Office using the Change in Medical Status form and faxing it and any additional medical documentation to the MQP secure fax number at (866) 338-6630.

If the RMO needs additional medical information and/or documentation before they make a medical qualification determination, they may:

Send an email notification to the firefighter requesting additional information about the injury, illness, change in medication, etc.;
Send an email notification to the firefighter requesting they obtain and provide additional medical information and/or documentation from their personal physician, advanced practice provider, or licensed health care practitioner.

The RMO will review the information and/or documentation provided by the firefighter and make a medical qualification determination of “Medically Qualified”, “Medically Qualified – With Waiver(s),” “Medically Qualified – Temporary Restrictions”, “Medically Qualified - Conditional”, “Not Medically Qualified – Information Needed,” or “Not Medically Qualified.” The firefighter, supervisor, and HSQ Coordinator will receive notification of the new medical qualification determination from the RMO.
APPENDIX B - FIRST LEVEL OF THE WAIVER PROCESS – INFORMAL AND FORMAL WAIVER

Informal - An informal waiver may be granted after the RMO has reviewed either the exam or the Self-Certification Statement and blood pressure reading, along with any additional medical documentation added to fulfill either prior waiver mitigations or additional information requested by the RMO. The RMO may request additional information from a firefighter if the firefighter does not meet the MQS, and the RMO will request this information along with a due date either via eMedical or personal email. An informal waiver will be granted if, upon review of the supplied information, the RMO believes that the firefighter can safely and efficiently perform the job duties without endangering the health and safety of themselves or others.

Formal - If the RMO has requested additional information from the firefighter for an informal waiver and has not received this additional information requested within the specified timeframe, the RMO will make a determination of “Not Medically Qualified – Information Needed” and will again include a request for the information needed to determine the firefighter’s eligibility for a waiver. The RMO will also inform the firefighter of their options if they choose not to request the formal waiver process. These options include contacting Employee Relations and the reasonable accommodation of last resort process and will be sent to the firefighter in their notification email either via eMedical or personal email. An email is also sent to the firefighter’s supervisor and HSQ Coordinator notifying them of the qualification determination.

The firefighter that is notified they are “Not Medically Qualified – Information Needed” via eMedical will access the supplied link or eMedical website, if instructed via their notification email, to initiate the first level of the waiver process. If the firefighter is notified they are “Not Medically Qualified – Information Needed” via personal email they may supply further information as instructed via Secure Fax 866-338-6630. The firefighter can attach/send any information requested regarding the medical standard not met on the “Not Medically Qualified – Information Needed” determination notification. Once the information has been received, the RMO reviews it and makes a determination on the requested waiver as follows:

a) If the determination is to “approve” the requested waiver as received or amended by the RMO, eMedical auto-forwards notification to the firefighter, or a personal email is sent, with a copy to their supervisor and HSQ Coordinator.

b) If the determination is to “not approve” the requested waiver, eMedical sends a notification to the firefighter that their request for a waiver was not approved. The medical qualification process ends here for ADs. FS firefighters will receive instructions on how to request a higher-level review by the MRB (should they choose to do so) along with the options provided prior as well as a due date for any additional information the
firefighter would like to submit by attaching to their packet; their supervisor and HSQ Coordinator will receive notification of the medical qualification determination. Although the RMO’s determination may contribute to a USFS employment decision, the RMO determination itself is not an adverse action.

If the FS firefighter, not an AD, decides to go through the reasonable accommodation of last resort process, they access the link provided in the notification e-mail: Reasonable Accommodations and Personal Assistance Services | USDA, and the MQP waiver process ends here.

Note: Refer to Appendix C for more information on the MRB process.
APPENDIX C - MEDICAL REVIEW BOARD (MRB) PROCESS

1) If the RMO determines that even with mitigations or waivers a firefighter will not be able to perform their job functions safely and efficiently without endangering the health and safety of themself or others, the firefighter is notified their request for a formal waiver(s) under the first level of the waiver process was “not approved.” The firefighter is provided instructions for how to request a second level review by the Medical Review Board (MRB) should they choose to do so, a due date for any additional information the firefighter might like to add to the packet, as well as the link to access the reasonable accommodation of last resort process.

2) The firefighter initiates a request for an MRB either through the link provided in the “not approved” notification or via eMedical within 2 weeks of notification that the first level waiver was not approved. Notification of this request goes to the supervisor and the RMO. The firefighter may provide from their supervisor or medical provider any new/additional information or statements about their medical condition, qualifications, experience, training, and current/proposed mitigations, attaching it to the eMedical packet. The firefighter may also provide a personal statement.

3) The MQPM receives the request for a higher-level review, sends an email to MRB members with the date/time of the review meeting and provides the teleconference logistics. If the firefighter has been able to obtain all requested/necessary additional medical information, it must be the goal of the MQPM to schedule an MRB within two weeks of the firefighter's second-level request. If the firefighter or MRB is in need of additional time to obtain all requested/necessary additional medical information, then the timeline may be dictated by mutual agreement of the ARMO and the firefighter. The ARMO is granted access to the firefighter’s medical information to review prior to the meeting. The MQPM ensures all MRB members have signed a confidentiality agreement. The MQPM may request the supervisor supply information regarding this firefighter’s ability and qualifications including their PD.

4) The MRB convenes, discusses the request, and makes its recommendation to the ARMO. The ARMO issues a determination and the MQPM notifies the firefighter via e-mail and their supervisor and HSQ Coordinator will receive notification of the medical qualification determination.

The determination of the ARMO is the final agency decision regarding a firefighter’s request for a waiver. The ARMO written determination will contain appropriate reference to grievance/appeal rights and applicable avenues of redress for primary fire firefighters versus
collateral duty firefighters. Although the ARMO’s determination may contribute to a USFS employment decision, the ARMO determination itself is not an adverse action.
APPENDIX D- MEDICAL QUALIFICATION STANDARDS AND REVIEW CRITERIA FOR MEDICAL REVIEW OFFICERS

Forest Service Version of the Federal Interagency Wildland Firefighter Medical Qualification Standards

Essential Functions and Work Conditions of a Wildland Firefighter