



File Code: 5100/6180

Date:

Dear Medical Provider (only: M.D., D.O., N.P./A.P.N., P.A.):

Enter Employee's Full Name: _____ is a Forest Service employee or prospective employee with the **Enter National Forest Name:** _____ National Forest; **Enter Name:** _____ Ranger District.

****If this office is not able to perform ALL required ancillary testing (except CXR and EKG) noted on the Medical Exam Guidance sheet, then please do not proceed and refer the employee to their HSQ Coordinator (noted below) for assistance in finding a provider to perform the exam.****

This employee may be involved in wildland firefighting and fire management activities and is required to pass a monitored Work Capacity Test (WCT). The Forest Service requires a medical exam from a licensed physician or other qualified medical provider (noted above) before this individual takes the test. Once that has been completed, and the *Agency Reviewing Medical Officer clears them*, the individual will be required to pass the WCT at the level noted below. Upon successfully passing the WCT, this employee must be physically capable of performing the requirements of this level of activity required in his/her fire position in wildland fire environmental conditions.

_____ **Arduous level** - requires the individual to complete a 3-mile walk/hike within 45 minutes while carrying a 45-pound pack.

_____ **Moderate level** - requires the individual to complete a 2-mile walk/hike within 30 minutes while carrying a 25-pound pack.

_____ **Light level** - requires the individual to complete a 1 mile walk within 16 minutes.

Important Notes to Medical Provider: Please review the following PRIOR to completing the Certificate of Medical Examination:

“WCT brochure”

“Essential Functions and Work Conditions of a Wildland Firefighter” (**for arduous levels only**)

Use the “Medical Provider Medical Exam GUIDANCE SHEET” for the corresponding exam to assist in completing the form.

You should be given a copy of a printed email that contains the link address to enter the exam form for this specific employee electronically. You will create a profile in the Forest Service electronic medical record system initially and that should be the only time this extra effort should be needed to enter the system. A step-by-step User Guide is available for medical providers: <https://www.fs.usda.gov/managing-land/fire/safety/emedical> under “Medical Provider Documents”.

Please evaluate this individual’s medical condition and status in regard to the duties and physical requirements of the conditioning for and taking the WCT at the level indicated above. Please complete Part C of either the Optional Form – 178 (OF-178) -OR- the Arduous Medical Exam online. In the “Conclusions” block, please note **any** medical diagnoses here and check whether or not there are limiting conditions that would affect the performance of the job or taking the WCT in your opinion and whether you can state they are static and stable for that medical condition.





United States
Department of
Agriculture

Forest
Service

Any CXR or EKG reports that are received after submitting the physical exam results can be faxed to the Forest Service Medical Qualifications Program, Secure Confidential E-Fax: 866-338-6630.

Additional Specialized Medical Tests: Additional specialized tests beyond what is on the exam form are not authorized and will not be paid for.

Payment of Certificate of Medical Examination: Please bill the employee directly. They will be reimbursed by the agency after payment is made. If the exam was scheduled through Acuity International/CHS, please bill through them.

Thank you for your assistance.

Sincerely,

Enter HSQ Coordinator Name, HSQ Coordinator

Enclosures

