



File Code: 5100/6180

Date: 4/4/2018

eOF-178 Medical Exam GUIDANCE SHEET for the Medical Provider

\*\*ADDITIONAL ANCILLARY TESTS beyond what is on the OF-178 form are not approved and will not be covered by the Forest Service\*\*

**eMedical Access Directions** – Updated 4/4/18:

1. **Access eMedical here. Please bookmark this site for all future use.**

<https://emedicalacc.gdcii.com/provider>

2. If you have previously created an eMedical profile, login with the same profile on this new site.
3. If you are new to eMedical, click on “***Establish Username and Password***” and create a profile. This information is confidential and is used to digitally sign/submit the exam. The USFS physician will only contact eMedical providers when there is a question regarding our employee’s exam.
4. Once logged in, click on “***Redeem Invitation***” and enter the patient exam “Invitation” code. Then verify patient DOB.
5. The patient exam “***Invitation***” code is a 16 digit alphanumeric code and is for ONE USE only.
  - a. The code will be provided by the patient when they come to their exam. On emails issued 4/4/18 and later it is found under **Step 6** of the Medical Provider Use Only section.
  - b. On earlier emails, it is located at the end of the link under the Medical Provider Use only section. The code is 16 digits at found at the end of the link, following /Index/.
6. Once the code has been claimed, click on “***My Packets***”, then “***Take Action***” to complete and submit the exam.
7. Ensure that the provider’s eMedical profile includes the **examining medical provider’s information**, as this is what is used to create the exam’s electronic signature.
8. The provider may complete Part C below hard copy and nursing staff/assistants may enter the exam in eMedical later.
9. For further information, you may visit our eMedical website here:
  - <https://www.fs.fed.us/fire/safety/wct/MQP.index.html>

**NEED HELP?** Email your name, contact info (email/phone) and the employee you need assistance with to [mqp\\_emedical@fs.fed.us](mailto:mqp_emedical@fs.fed.us) or call 208-387-5628 and we will assist you ASAP.

**Review Parts A and B.** If the person is required to do heavy lifting (arduous duties), also review the “*Essential Functions and Work Conditions of a Wildland Firefighter*” document. You are not verifying that the patient can do all of these things, but rather that there is no medical contraindication for them doing those things listed.

**PART C.** (Nursing staff can complete the \* items) *It may be easier to document findings on this sheet and then input into the system later.*

1. \*Height and weight
2. \*Eyes
  - a. Distant vision with and without corrective lenses





- b. Depth perception (OPTIONAL)
  - c. Peripheral vision – temporal only is needed
  - d. Jaeger test (OPTIONAL – if not completed, enter “NA” in the online exam.)
  - e. Color vision – only 1 of the 3 is required to be passed, example: if they fail the color plate test then do the red/green/yellow test as well
3. \*Ears: Only one test needs to be done, use of an audiometer is preferred but not required. If doing a conversation test, put “99” in the required boxes on the audiometer test results; if doing an audiogram/using an audiometer, put “9 or 99” in the conversation test boxes. If unable to do audiogram and don’t have a handheld audiometer, do conversation test at 20 feet **or** whisper test at ≥5 feet (and please document whisper test was done in the final online exam text box prior to submission). The audiometer readings **must be numeric – 5, 10, 15, 20 ....., 40 dB, and so on.** Document the lowest decibel able to be heard at 500, 1000, 2000, and 3000 Hz at a minimum, NOT “pass” or “25%, 50%, etc.,” and the conversation or whisper test is a numeric result as well (number of feet).
4. Rest of the physical exam: Choose from “normal/abnormal” and **if the individual system exam is “abnormal” then document what the abnormality is.**
  - a) EENT
  - b) Abdomen
  - c) Head and back
  - d) Peripheral blood vessels
  - e) Speech
  - f) Extremities
  - g) Skin and lymph nodes
  - h) \*Urinalysis – preferred done, but may also leave as if indicated
  - i) Respiratory – note auscultatory lung exam here, CXR is only if indicated on history/exam – please record findings if done
  - j) Heart – note auscultatory heart exam, \*BP, and \*pulse here, EKG is only if indicated on history/exam – please record findings if done
  - k) Back
  - l) Neurologic
5. Please note **any** medical diagnoses here and check whether there are or are not any limiting conditions that would affect the job in your opinion.

Current Medical Standards for the arduous/heavy lifting position can be found at:  
[https://www.fs.fed.us/sites/default/files/media\\_wysiwyg/fs\\_version\\_ms\\_0.pdf](https://www.fs.fed.us/sites/default/files/media_wysiwyg/fs_version_ms_0.pdf)
6. Medical provider’s name with professional designation (M.D., D.O., APN/NP, PA) - prepopulated
7. License Number: OPTIONAL
8. Office address and Telephone number- prepopulated
9. Medical provider’s signature will digitally populate upon submittal
10. Date of exam will digitally populate upon submittal

**MAKE SURE YOU KEEP A COPY OF THE EXAM FORM *BEFORE* SUBMITTAL**

