

**FEDERAL INTERAGENCY
ANNUAL MEDICAL HISTORY and CLEARANCE FORM
Wildland Firefighters (Arduous Duty)**

***** CAUTION *****

**THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION
AND IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT (5 USC 552a)**

This medical history form is to be completed every year unless the firefighter receives a baseline or periodic examination. This form must be completed *prior* to participating in the arduous duty work capacity test ("Pack Test").

Fire Management Officer (FMO): a) Fill-in the date on the top right corner when this form is given to the firefighter, b) On a computer generated label or typewriter, enter the Personnel Office's name, street address, city, state, zip code, telephone number, and e-mail address, c) On a computer generated label or typewriter, enter your name, street address, city, state, zip code, telephone number, and e-mail address, and d) Schedule an appointment for the firefighter through the Central Medical Consultant's secure webpage.

Firefighter: Complete ALL of pages 3 and 4 of this form, attend the medical screening appointment, and return the "Clearance Sheet" (page 6) to your FMO. If the FMO does not receive the "Arduous Duty Wildland Firefighter Clearance Form" you will not be allowed to take the Pack Test. All "Yes" answers in the medical history sections must be explained and may require further information from your personal physician(s).

Local Health Care Professional: Review the requirements for an arduous duty wildland firefighter (page 2), review the firefighter's self disclosure responses (page 3 and 4), and complete the "Medical Screening" (page 5) and the "Arduous Duty Wildland Firefighter Clearance Form" (page 6). Provide the completed "Arduous Duty Wildland Firefighter Clearance Form" to the firefighter (page 6), unless directed otherwise. Forward pages 1 to 5 of this form via overnight courier (e.g. FedEx) to the address provided by the Central Medical Consultant. **All significant, abnormal findings are to be discussed with the firefighter.**

Personnel Office	Fire Management Officer
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone Number: _____	Telephone Number: _____
E-mail: _____	E-mail: _____
Central Medical Consultant Comprehensive Health Services, Inc. 8229 Boone Blvd, Suite 700 Vienna, Virginia 22101 800-638-8083	

PRIVACY ACT INFORMATION

The information contained in this form will be used to determine whether an individual considered for arduous level wildland firefighting can safely and efficiently perform those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of the 5 CFR 339 (Medical Qualification Determinations), 5 USC 552a (Privacy Act of 1974), 5 USC 3301 (Examination, Certification, and Appointment), and Executive Orders 12107 (Merit Systems Protection Board) and 12564 (Drug Free Federal Workplace). The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the OPM system of records notice.

**ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF AN ARDOUS DUTY
WILDLAND FIREFIGHTER**

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<ul style="list-style-type: none"> • long hours (minimum of 12 hour shifts) • irregular hours • shift work • time zone changes • multiple and consecutive assignments • pace of work typically set by emergency situations • ability to meet "arduous" level performance testing (the "Pack Test"), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO₂ max) of 45 mL/kg-minute <p><i>And up to:</i></p> <ul style="list-style-type: none"> • 14-day assignments 	<p align="center"><i>May include:</i></p> <ul style="list-style-type: none"> • use shovel, Pulaski, and other hand tools to construct fire lines • lift and carry more than 50# • lifting or loading boxes and equipment • drive or ride for many hours • fly in helicopters and fixed wing airplanes • work independently, and on small and large teams • use PPE (includes hard hat, boots, eyewear, and other equipment) • arduous exertion • extensive walking, climbing • kneeling • stooping • pulling hoses • running • jumping • twisting • bending • rapid pull-out to safety zones • provide rescue or evacuation assistance 	<ul style="list-style-type: none"> • very steep terrain • rocky, loose, or muddy ground surfaces • thick vegetation • down/standing trees • wet leaves/grasses • varied climates (cold/hot/wet/dry/humid/snow/rain) • varied light conditions, including dim light or darkness • high altitudes • heights • holes and drop offs • very rough roads • open bodies of water • isolated/remote sites • no ready access to medical help 	<ul style="list-style-type: none"> • bright sunshine/UV • burning materials • extreme heat • airborne particulates • fumes, gases • falling rocks and trees • allergens • loud noises • snakes • insects/ticks • poisonous plants • trucks and other large equipment • close quarters, large numbers of other workers • limited/disrupted sleep • hunger/irregular meals • dehydration

Federal Interagency Annual Medical History and Clearance Form Wildland Firefighters (Arduous Duty)

(Print Only)	
Firefighter's Name:	SSN:
Name of Employing Agency:	Date of Birth:
Position/Job Title:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address: (Street or PO Box)	Date of Last Physical Exam:
(City, State, Zip)	
Home Phone: ()	Work Phone: ()

Incomplete forms or missing information may result in a delay clearing you for firefighter duties and prevent you from taking the Pack Test. Submitting information that is misleading or untruthful may result in termination or failure to be cleared as a firefighter. This history form and review do not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the Interagency Medical Standards Program Manager or their representatives for the purpose of medical clearance as an arduous duty wildland firefighter.

Firefighter's Signature:	Current Date:
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MEDICAL HISTORY									
<p>Smoking History This information is needed since smoking increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your smoking status and complete the associated section:</p> <p><input type="checkbox"/> Current Smoker <input type="checkbox"/> Former Smoker</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Number of cigarettes per day _____</td> <td style="width: 50%;">Number of cigarettes per day _____</td> </tr> <tr> <td>Number of cigars per day _____</td> <td>Number of cigars per day _____</td> </tr> <tr> <td>Number of pipe bowls per day _____</td> <td>Number of pipe bowls per day _____</td> </tr> <tr> <td>Total years you have smoked _____</td> <td>Total years you smoked _____</td> </tr> </table> <p><input type="checkbox"/> Never Smoked</p>	Number of cigarettes per day _____	Number of cigarettes per day _____	Number of cigars per day _____	Number of cigars per day _____	Number of pipe bowls per day _____	Number of pipe bowls per day _____	Total years you have smoked _____	Total years you smoked _____	<p>Alcohol/Drug Use What is your average alcohol consumption (number of drinks) in a week? _____ Drinks (1 drink = 12 Oz. beer, 1 glass wine, or 1.5 oz liquor)</p> <p>If you drink, what is your usual pattern of drinking? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Both</p> <p>Do you use recreational drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe fully)</p>
Number of cigarettes per day _____	Number of cigarettes per day _____								
Number of cigars per day _____	Number of cigars per day _____								
Number of pipe bowls per day _____	Number of pipe bowls per day _____								
Total years you have smoked _____	Total years you smoked _____								
<p>Describe Your Physical Activity or Exercise Program Type of Activity or Exercise _____</p> <p>Intensity: Low _____ Moderate _____ High _____ (Examples: <i>Walking</i> <i>Jogging, cycling</i> <i>Sustained heavy breathing and perspiration</i>)</p> <p style="text-align: right;">Duration, in Minutes per Session _____ Frequency, in Days per Week _____</p>									
<p>Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)</p> <p>_____</p> <p>_____</p> <p>_____</p>									
<p>Date of last Tetanus (Td) shot: _____</p>									

MEDICAL HISTORY (continued)				Every item checked "Yes" must be explained in the spaces below, specifying the number of the item. Copies of pertinent medical records also may be necessary.
Do you have, or have you ever had:		Yes	No	
1.	Surgery, or advised to have surgery?			
2.	Treatment by doctors, healers, or other practitioners for any problem other than minor illnesses?			
3.	Treatment for a mental or emotional condition?			
4.	Allergies? (If "Yes," describe in box on right)			
5.	Any type of eye disease?			
6.	Contact lenses? Hard or Soft (circle one)			
7.	Any type of ear disease?			
8.	Problem with dizziness or balance?			
9.	Any type of skin disease (other than acne)?			
10.	Varicose veins, blood clots, or swollen and painful veins?			
11.	Anemia?			
12.	High blood pressure?			
13.	A stroke?			
14.	Poor circulation in hands or feet?			
15.	Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?			
16.	Problem with passing out, fainting, or losing consciousness?			
17.	Any type of lung disease?			
18.	Asthma, bronchitis, or emphysema?			
19.	A need to use inhalers?			
20.	Tuberculosis or a positive TB skin test?			
21.	Diabetes?			
22.	A need for insulin shots?			
23.	Unexplained weight loss or gain?			
24.	Joint pain or arthritis?			
25.	Loss of use of an arm, leg, finger, or toe?			
26.	Back pain, back trouble, or injury?			
27.	Tremors, shakiness, or seizures?			
28.	Numbness or tingling in hands or feet?			
29.	Frequent headaches or migraines?			
30.	Any type of stomach or intestine disease?			
31.	Hernia?			
32.	Hepatitis?			
33.	Any type of liver disease?			
34.	Blood in the stool or vomited blood?			
35.	Any type of kidney or bladder disease?			
36.	Kidney stones?			
37.	Difficulty or pain with urination?			

Firefighter Name (Print Only) _____

MEDICAL SCREENING

Screening Item	Result	Qualifying Standard	Comments
1. Height (inches)		None	
2. Weight (pounds)		None	
3. Blood Pressure (mm Hg)	/	Less than or equal to 140/90	
4. Pulse (beats per minute)		None	
5. Hearing (without hearing aids) Whispered word at 1 foot from ear (opposite ear should be covered) Spoken word at 1 foot from ear (opposite ear should be covered)	Heard? Right Whisper <input type="checkbox"/> Left Whisper <input type="checkbox"/> Right Spoken <input type="checkbox"/> Left Spoken <input type="checkbox"/>	Threshold shift not greater than 40 dB in the speech frequency range. Whisper = about 30 dB Spoken = about 60 dB (Need to hear a whisper)	
6. Vision Uncorrected far: (Soft contact lens wearers can leave contacts in) Corrected far: Color (Red/Green/Yellow)	Right -20/ _____ Left -20/ _____ Right -20/ _____ Left -20/ _____ Can see: Red <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/>	Uncorrected far vision of 20/100 or better in each eye AND Corrected far vision of 20/40 or better in each eye AND Can see red/green/yellow	

Findings:

- A. No Significant Findings** – The firefighter meets the qualifying medical standards listed above. The firefighter appears capable of performing the functional requirements of an arduous duty wildland firefighter (see page 2). **Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- B. Significant Finding (Uncorrected Far Vision ONLY)** – The firefighter does not meet the uncorrected far vision standard listed above. An acceptable accommodation is to require the possession during duty hours of a second set of corrective lenses. With this accommodation, the firefighter appears capable of performing the functional requirements of an arduous duty wildland firefighter (see page 2). **Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- C. Significant Medical Findings** - The firefighter does not meet one or more of the qualifying medical standards listed above, OR is not considered capable of performing the functional requirements of an arduous duty wildland firefighter (see page 2), OR is not considered able to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- D. Final Determination Cannot be Made Based on Available Medical Information** - The following results (Please List) were inconclusive and require that further information be provided to the Interagency Medical Review Officer from the firefighter’s personal health care provider. The firefighter and their Fire Management Officer should contact their Agency representative for further direction. Final recommendation for participation as an arduous duty wildland firefighter cannot be made at this time.

(Print Only) Name - Local Health Care Professional

Signature – Local Health Care Professional

Date

(Print Only) Address

License/Certification Number

License/Certification State

(Print Only) City, State, Zip

() _____
Telephone Number

Firefighter Name (Print Only)

ARDUOUS DUTY WILDLAND FIREFIGHTER CLEARANCE FORM

Local Health Care Professional: Complete the information required below, then detach and provide this page to the firefighter at the end of the medical screening.

Firefighter: You must return this page to the Fire Management Officer prior to taking the Pack Test.

Firefighter Name: _____

Agency, Unit, and Location: _____

- Employee **CLEARED** for Arduous Duty Wildland Firefighting and the Pack Test
(Findings **A** or **B** were marked on page 5)
- Second set of corrective lenses (glasses) to meet uncorrected vision standard is required. (Finding **B** was marked from page 5)
- Employee **NOT CLEARED** for Arduous Duty Wildland Firefighting and the Pack Test.
Further evaluation is necessary. **Findings discussed with firefighter.**
(Findings **C** or **D** were marked on page 5)

(Print Only) Name - Local Health Care Professional

Signature - Local Health Care Professional

Date

(Print Only) Address

License/Certification Number

License/Certification State

(Print Only) City, State, Zip

(_____) _____
Telephone Number