FS-5100-31 (Rev. date 12/20/00)
OMB 0596-0164

HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

SECTION A—HISTORY

YOU HAVE HAD:

- ❒ A heart attack
- ❒ Heart surgery
- ❒ Coronary angioplasty (PTCA)
- ❒ Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- ❒ Heart valve disease
- ❒ Heart failure
- ❒ Heart transplantation
- ❒ Congenital heart disease
- ❒ Personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out the duties of a wildland firefighter

SYMPTOMS:

- ❒ You experience chest discomfort with exertion
- ❒ You experience unreasonable breathlessness
- ❒ You experience dizziness, fainting, blackouts
- ❒ You have musculosketetal problems, spine, knees, etc.

OTHER HEALTH ISSUES:

- ❒ You are pregnant
- ❒ You take prescription or over-the-counter medication(s), list:_____
- ❒ You take heart medications

SECTION B—CARDIOVASCULAR RISK FACTORS

- ❒ You are a man 45 years of age or older
- ❒ You are a woman over 55 years old, or you have had a hysterectomy, or you are postmenopausal
- ❒ Your blood pressure is greater than 140/90, or you don't know your blood pressure, or you take blood-pressure medication
- ❒ You are more than 20 pounds overweight
- ❒ You are physically inactive (i.e., you get less than 30 minutes of physical activity at least 3 days per week)
- ❒ Your blood cholesterol level is greater than 240 g/dl, or you don't know your cholesterol level, or you take cholesterol medication
- ❒ You have a close blood relative who had a heart attack before age 55 (father or brother), or age 65 (mother or sister)
- ❒ You are a diabetic or take medicine to control your blood sugar

PRIVACY STATEMENT—The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland fire-fighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

PAPERWORK REDUCTION ACT STATEMENT—Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control for this information collection is 0596-0164. Public Report Burden hour is estimated to average 2.5 minutes per response including the time for reviewing instruction (if any) hearing a description of the project. Send comments regarding burden estimate of any other aspect of this survey, including suggestions for reducing burden to: Information Collection Officer, USDA Forest Service; 1621 North Kent St., Room 800 RPE; Arlington, VA 22209, and to the Office of Management and Budget, Office of Regulatory Affairs, Desk Officer for Forest Service, Washington, DC 20503.

NAME:_____ DATE:_____