



USDA Forest Service Fire Medical Qualifications Program

Asthma/Reactive Airway Disease/COPD/

Sleep Apnea (FAX 866-338-6630)

FOR MEDICAL PROVIDER USE ONLY

(Medical provider complete as applicable. If questions, call the Medical Qualifications Program Office at 208-387-5635)

Employee Name: _____

Date of Birth: ____/____/____

Home Unit/Forest: _____

What is the medical condition? Asthma/RAD ____ COPD ____ OSA ____

Is the individual's condition currently static and stable with good compliance of ongoing care and treatment? YES ____ NO ____ If no, please explain: _____

Medication list: _____

How often does the rescue inhaler need refilled? _____

Last hospitalization or flare that prompted medical care for the asthma/RAD or COPD? How frequently does this occur? _____

Are there any specific triggers for the asthma/reactive airway disease and if so, what? _____



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Is a CPAP machine required to be used nightly? YES ___ NO ___

Is daytime somnolence controlled, and stable? YES ___ NO ___ If no, please explain: _____

Is there any concern that the individual may be at high altitudes or in smoky environments? NO ___ YES ___ If yes, please explain: _____

Does the individual have any restrictions on their activity in regard to light, moderate, or arduous work, in extreme heat, in a wilderness environment with definitive care greater than an hour away? If they are in an arduous duty position, please review the Essential Functions and Work Conditions of a Wildland Firefighter here: https://www.fs.usda.gov/sites/default/files/media_wysiwyg/essential_functions_and_work_conditions.docx NO ___ YES ___ If yes, please specify: _____

Medical Provider Name: _____ MD/DO/NP/PA/___

Address: _____

Phone #: _____ Fax #: _____