



USDA Forest Service Fire Medical Qualifications Program

Coronary Artery Disease/Heart Murmur/Heart Surgery/Pacemaker/Implanted Defibrillator

(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: _____

Is the individual's condition currently static and stable with good compliance of ongoing care and treatment? YES ___ NO ___

If CAD, please list the date of the last stress test: ____/____/____

Stress test results: _____

Blood Pressure at Last Office Visit: ____/____

If Heart Murmur, please elaborate on the specific diagnosis: _____

If Heart Murmur, has the patient had any surgeries? No ___ Yes ___ please specify _____

If Heart Surgery, please elaborate on the surgery: _____

If Cardiac Pacemaker or Implanted Defibrillator, please elaborate: _____



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When was the device last checked/interrogated? _____/_____/_____

If an Implanted Defibrillator, when was the last time it discharged? _____/_____/_____

Complete medication list: _____

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: _____ please specify: _____

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

Address: _____

Phone #: _____ Fax #: _____