

WCT Level <input type="checkbox"/> Arduous <input type="checkbox"/> Moderate <input type="checkbox"/> Light

HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health

HSQ Coordinators: Evaluate Section A and B separately. Send employee to OF-178 exam if:

The purpose of the HSQ is to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

SECTION A

ONE item is checked in Section A...

- You have/had:
- a heart attack
 - heart surgery
 - coronary (heart) angioplasty or stent placement
 - a pacemaker/implantable cardiac defibrillator/rhythm disturbance (abnormal heartbeat)
 - heart valve disease or a heart murmur
 - heart failure
 - heart transplantation
 - congenital (born with) heart disease
 - personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out or participating in strenuous activity
 - blood pressure greater than 139/89, or you take blood pressure medication
 - diabetes: diet controlled or you take medicine to control your blood sugar

- You experienced in the last 12 months:
- chest discomfort/pain with exertion
 - breathlessness more than others with exertion
 - dizziness, fainting, blackouts
 - muscle or bone/joint problems: spine, knees, back, hips, shoulders, etc. (swelling, moderate pain)

- Other Health Issues:
- you have a hernia
 - you take heart or asthma medications
 - you have epilepsy or a seizure disorder
 - you have a history of past heat exhaustion/stroke that required medical care
 - your blood cholesterol level is greater than 200 mg/dL, or your HDL is less than 40 mg/dL, or you take cholesterol medication **** Waiver directions below**
 - I have a waiver for _____

SECTION B

...OR - THREE items are checked in Section B

- Cardiovascular risks:
- you are physically inactive (i.e., you get less than 30 minutes of physical activity less than 3 days per week)
 - you have a body mass index (BMI) ≥ 30 *

- you don't know your cholesterol level
- you don't know your blood pressure
- you smoke currently or in the past 6 months

*(to determine BMI, go to: National Heart, Lung and Blood Institute: Calculate Your Body Mass Index)

If an employee checks no items in Section A, and has two or fewer items selected for Section B, they may be cleared to the WCT.

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**** WAIVER exception: If employee has previous waiver, choose the "Send to RMO" option.**

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I have read and understand the above, and answered truthfully.

Signature: _____ Printed Name _____ Date _____
 Unit: **Forest and District or Other** _____ City _____ State _____
 HSQ Coordinator: _____