

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

### HEALTH SCREENING QUESTIONNAIRE (HSQ)

**Assess your health needs by marking all true statements.**

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions which were designed 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**

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I have a past waiver from the Forest Service/DOI for:

I have/carry/take prescribed medications (other than birth control, testosterone), take herbal supplements, or take over-the-counter medication regularly

I have an allergy that I have been told I should carry an Epi-pen for

I currently have a hernia

I have epilepsy or a seizure disorder

I have a history of past heat exhaustion/stroke that required medical care

My blood cholesterol is greater than 200 mg/dL or my HDL is less than 40 mg/dL

I wear corrective lenses

I have been told I have hearing loss or I wear hearing aids

I 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 (excluding murmurs as an infant that disappeared as a baby)

heart failure

heart transplantation

congenital (born with) heart disease

blood pressure greater than 139/89

diabetes (diet/exercise controlled or you take medication)

asthma

personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out or participating in strenuous activity

I have experienced in the **last 12 months**:

chest discomfort/pain with exertion

breathlessness more than others with exertion

dizziness, fainting, black-outs

muscle or bone/joint problems: spine, knees, back hips, shoulders, etc. (swelling or pain that interferes with the function of that body part or your ability to use it)

**SECTION B**

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Cardiovascular risks:

I am physically inactive (I get less than 30 minutes of physical activity less than 3 days per week)

I have a body mass index (BMI)  $\geq 30^*$

I smoke currently or in the past 6 months

I have not had my cholesterol level checked in the last 3 years

I have not had my blood pressure checked in the last year

\*(to determine BMI, go to: [National Heart, Lung and Blood Institute: Calculate Your Body Mass Index](https://www.nhlbi.nih.gov/health/heart/body-mass-index) )

**I understand that if I need to be evaluated by a physician, it will be based on the fitness requirements of the position(s) for which I am qualified.**

**Privacy Statement**

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting 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 covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974). **WARNING: The information you have given constitutes an official statement. Incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.**

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

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Unit: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HSQ Coordinator: \_\_\_\_\_