



Hypertension/Aneurysm/Vascular (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 no, please explain: _____

What is the individual's blood pressure running on average? _____

Location, measurements of aneurysm, and date measurements taken: _____

Diagnosis of vascular condition, date diagnosed, treatment, prognosis: _____

Medication list: _____



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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 #: _____