



USDA Forest Service Fire Medical Qualifications Program

Musculoskeletal/Central Nervous System/Peripheral Nervous System

(FAX 866-338-6630)

FOR MEDICAL PROVIDER USE ONLY

(Medical provider complete as applicable. If questions, call USFS Medical Officer Jennifer Symonds, D.O., 208-387-5978)

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 ___

Diagnosis: _____

Did the patient require surgery, please elaborate on the surgery: _____

Has the patient had any relapses/recurrence in their condition? No ___ Yes ___, please elaborate

Likelihood of having a future relapse/recurrence: Low ___ Moderate ___ High ___

Any neurological deficit? No ___ Yes ___, please elaborate _____



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Are there any restrictions related to operating a motor vehicle or working as a sawyer or swamper operating/working around a chainsaw? No _____ Yes _____, specify _____

Complete medication list: _____

Does the individual have any restrictions on their activity in regard to light, moderate, or arduous work, in extreme heat, on hot ground, 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 #: _____