



Prosthetic

(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: _____

Please have the patient bring their agency issued personal protective equipment with you to their exam so you can verify the safe operation of the prosthesis while wearing the personal protective equipment. Please specify any recommendations for modifying the personal protective equipment you find (e.g.: adding elastic to a cuff to prevent embers from entering the sleeve/pants leg and damaging the prosthesis) to assist with reasonable accommodation determinations, if any.

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

Please specify the location and type of prosthesis: _____

Will the patient need access to a battery charger? No ____ Yes ____, specify any special requirements for the power supply (e.g.: 240V) _____

Is this prosthesis capable of handling the strains of the job to include exposure to embers/heat from a fire? Yes ____ No ____, specify: _____



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Will this prosthesis interfere with the proper wearing of the agency issued personal protective equipment? No _____ Yes _____, specify: _____

Will the prosthesis be appropriately protected by the agency issued personal protective equipment without interfering with the safe operation of the prosthesis or the equipment? Yes _____ No _____, specify: _____

Does the patient have a drivers license? CDL _____ Regular _____ No license _____

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: _____

Can this person, with their prosthesis, fulfill the requirements listed in 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 and on the arduous duty OF-178, page 4 along with moving rapidly under conditions that include steep terrain, rocky, loose, or muddy surfaces, wet leaves and grasses, and are not subject to undue risk of harm (sudden or subtle) in performing these duties.

Yes: _____ No: _____, specify: _____



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

Address: _____

Phone #: _____ Fax #: _____