



# Psychiatric

(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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete medication list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about this person's ability to function in a wilderness fire environment and their ability to respond appropriately to protect their life or the life of another person? No \_\_\_\_

Yes \_\_\_\_, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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](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 #: \_\_\_\_\_