



# Seizures/Syncope

(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 \_\_\_

Date of last seizure/syncopal episode: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any known triggers: No \_\_\_ Yes \_\_\_ specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Likelihood of having a seizure/syncopal episode: Low \_\_\_ Moderate \_\_\_ High \_\_\_

What were the results of the most recent diagnostic testing (e.g.: EEG)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complete 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](https://www.fs.usda.gov/sites/default/files/media_wysiwyg/essential_functions_and_work_conditions.docx)

No: \_\_\_\_\_ Yes: \_\_\_\_\_ please specify: \_\_\_\_\_

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Medical Provider Name: \_\_\_\_\_ MD/DO/NP/PA/ \_\_\_\_\_

Address: \_\_\_\_\_

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Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_