



Thyroid

(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 ___

Hypothyroid ___ Hyperthyroid ___ Other ___

Complete medication list: _____

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: ___ please specify: _____



Thyroid

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

Address: _____

Phone #: _____ Fax #: _____