



# **eMedical AMP User Guide for PFT and PSE Employees**

**Forest Service  
Fire and Aviation Management**

**eMedical**

Last Updated July 2023





# eMedical Employee “How-to” Guide

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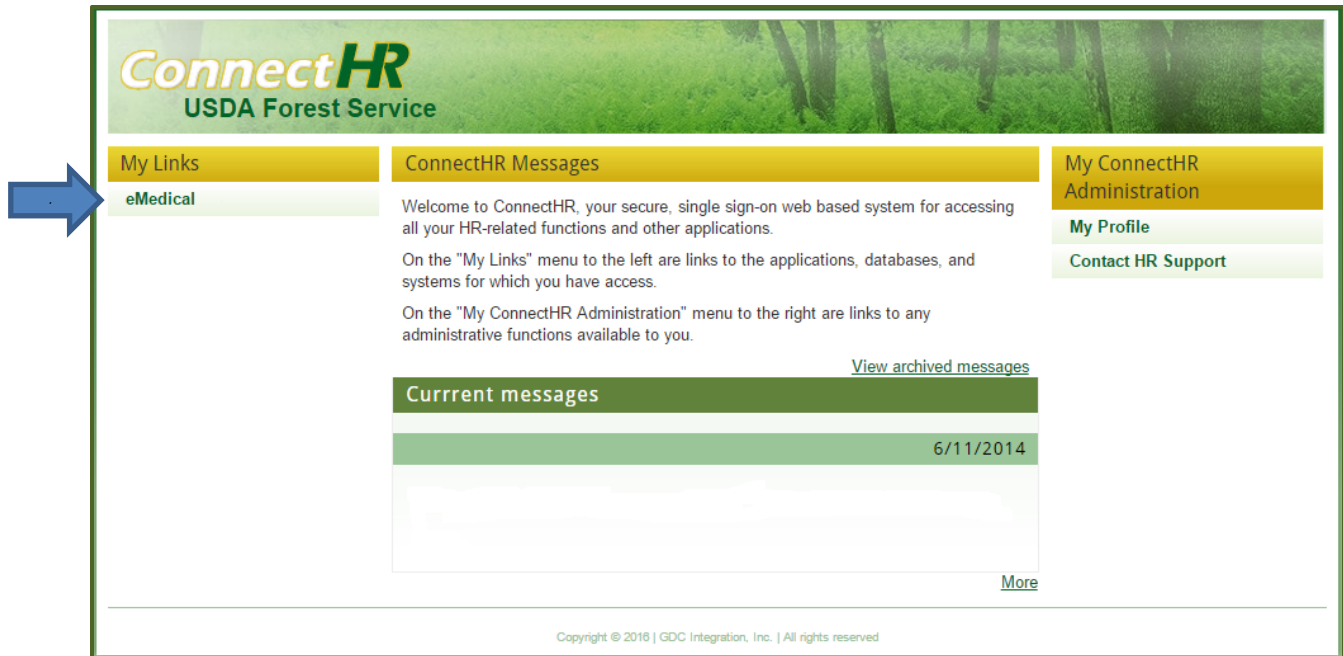


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## 1. General System Navigation and Functionality Questions Accessing eMedical WITH ConnectHR

### 1.1 How do I access eMedical through ConnectHR?

Employees can access eMedical by logging into ConnectHR (<https://usdafs.connecthr.com/>) with their LincPass or appropriate eAuth user name and password and selecting the eMedical link under My Links:



Prior to leaving pay status, Permanent or Career Seasonals can continue to access ConnectHR using their Username and Password as long as they log in at least once every 60 days. If they no longer have access to ConnectHR they can use the external site (instructions are below in Section 2).

### 1.2 When can I begin the eMedical Process?

**Employees are encouraged to get into eMedical as soon as possible to prevent any delays in taking the WCT!**

- If you are in pay status and have access to ConnectHR, you can begin the process on your own any time.
- Permanent employees *not* in pay status can still get into eMedical using our external site. Your HSQ Coordinator can initiate your packet after your 52 action is processed.



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- Interim, new, temporary/1039 employees can request that a packet be initiated for them as soon as their Tentative Selection Notice (TSN) is issued.

## 1.3 How do I initiate my eMedical packet in ConnectHR?

**NOTE:** If you do NOT have access to your ConnectHR, contact your HSQ Coordinator (HSQC) to initiate a packet for you and follow the instructions starting in Section 2.

- Select “New Packet-Self” from the navigation menu on the left side of the page to initiate the medical clearance process.
- Select the appropriate level of Work Capacity Test (WCT) (i.e., light, moderate or arduous) required by your incident qualification position(s) from the dropdown.
- Select position employment type from the following options:
  - **Permanent Fire**– Fire/FAM/Fuels permanent full-time (PFT) or permanent seasonal employee (PSE).
  - **Permanent Non-FIRE**– PFT or PSE non-fire employee who performs fire duties.
  - **Temporary/1039** – Fire and other resource area temporary employee.
- Enter an active incident qualification you possess that requires the requested level of WCT. This is to ensure you possess a qualification (either qualified or trainee) that requires the requested level of WCT.
  - Examples: FFT2, STEN, HEB1.
- Click the “Submit” button.



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**Initiate Medical Clearance**

Select the level of Work Capacity Test (WCT) and the position type, then click the Submit button.

To look up required work capacity test level by qualification, please see the following reference guides.

[Forest Service Fire & Aviation Qualifications Guide](#)  
[PMS 310-1 Supplement \(Tech Spec Positions\)](#)

An asterisk appears before the name of any input that is mandatory.

<b>Employee/AD</b>	Arthur Casey
<b>*WCT Level</b>	Arduous
<b>*Position Type</b>	Choose Position Type
<b>*Highest Incident Qualification Position that Requires WCT Level</b>	Choose Position Type Permanent Fire Permanent Non-Fire 1039/Temp

- A popup box will appear stating “Request for Medical Clearance has been sent for review. You will receive an email notifying you of next steps”.
- Your HSQC will now need to claim your packet and review your request. You will then be prompted via email to complete the Informed Consent form in eMedical.
- **If you are not approved**, you will be notified by email to review the HSQC’s reason for rejection. You will then be able to resubmit an HSQ initiation request, if needed. This is mainly in the event that your requested WCT Level is too high for the Incident Qualification listed.

## 1.4 How do I complete my Informed Consent Form?

Once an employee is cleared to submit an Informed Consent statement, they will receive an email prompting them to complete the online forms.

- Log in to eMedical.
- Select “My Packets” from the left menu.

My eMedical	Welcome to eMedical
<b>My Packets</b>	<b>ATTENTION</b> : You have logged in to a live production site for the eMedical System. All information inputted and contained within this site is considered authentic real data. ONLY initiate a packet if you have a legitimate need to start the medical screening process for a WCT that is coming up soon. This site is NOT to be used as a practice site or for testing out how the system functions. Thank you!



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- Under “Action Packets” select “Take Action” from the “Action” column.

Action Packets			
Name	Employee Information	Packet Information	Reset Search
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	<a href="#">Take Action</a>

- Review the various WCT levels and their associated risks.
- Verify the correct duty station city and state, change if needed. Then check both boxes below before clicking “Submit”. Note: You cannot proceed until both boxes are checked and submitted.
- Read the statement in the pop-up box and again click “Submit” to proceed.



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**eMedical**  
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My eMedical  
New Packet - Self  
My Packets

**Informed Consent**  
An asterisk appears before the name of any input that is mandatory.

**Work Capacity Test: Informed Consent**

**Pack Test – Arduous:**  
The 3 mile test in with a 45-pound pack in 45 minutes is strenuous, but no more so than duties of wildland firefighting.

**Field Test – Moderate:**  
The 2 mile test with a 25-pound pack in 30 minutes is fairly strenuous, but no more than the field duties assigned.

**Walk Test – Light:**  
The 1 mile walk test in 16 minutes is moderately strenuous but no more so than the duties assigned.

**Risks**  
There is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.  
If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test and to cool down after the test. By completing the Health Screening Questionnaire and/or a physical exam, the potential risk of serious consequences is reduced.

\*Duty Station City   
\*Duty Station State

I understand that there is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

I have read the information on this form and in the brochure “Work Capacity Test,” understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

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**By submitting this form, you are acknowledging your understanding of and consent to the risks associated with taking the Work Capacity Test.** You will not need to print and bring this form to your WCT.

After submitting your Informed Consent your packet you will be directed to update your profile.

## 1.5 How do I update my user profile?

Once an employee completes their “Informed Consent”, they will be directed to update their user profile. Profiles may also be updated anytime a user accesses their packet under the “**View Profile**” menu option on the left side of the screen under “Current Packet”.

Editable information includes:

- Temporary unit (if detailed, for example)





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- Gender
- Primary e-Mail address
- Secondary e-Mail address
- Fire Supervisor name
- Any non-editable profile data is being pulled over from other HR systems, and will need to be updated by contacting HR.
- Not all information is required; however, Items denoted with an asterisk \* are *required* items to proceed

## 1.6 Who is my Fire Supervisor?

- Your Fire Supervisor is often the person identified as your Supervisor in Paycheck8, but it is not required to be. Your Fire Supervisor should be a supervising fire employee who is responsible for tracking your WCT clearance process.
- For employees who do not work in fire (i.e. Recreation, Timber, etc.) your Fire Supervisor is generally an A/FMO on your district. If you are unsure who your Fire Supervisor is when making your selection, please contact your HSQC or fire management for assistance.
- To select a Fire Supervisor, click on the “Select Fire Supervisor” button and search/select using the pop-up window.
- Once you have found your Fire Supervisor, click the “Submit” button.



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<b>First Name</b>	Janet
<b>Middle Name</b>	
<b>Last Name</b>	Sobieski
<b>Duty Station</b>	Idaho City
<b>Temporary Unit</b>	<input type="text"/>
<b>SSN</b>	XXX-XX-5555 <input type="button" value="Show SSN"/>
<b>*Gender</b>	F <input type="button" value="v"/>
<b>Date of Birth</b>	1/1/1970
<b>*Primary E-mail Address</b>	<input type="text" value="hspriggs@fs.fed.us"/>
<b>Secondary E-mail Address</b>	<input type="text"/>
<b>*Street Address 1</b>	<input type="text" value="123 Main St."/>
<b>Street Address 2</b>	<input type="text"/>
<b>*City</b>	<input type="text" value="Idaho City"/>
<b>*State</b>	<input type="text" value="ID"/>
<b>*ZIP Code</b>	<input type="text" value="83836"/>
<b>*Telephone</b>	<input type="text" value="2083334444"/> <input style="float: right;" type="button" value="?"/>
<b>*Fire Supervisor</b>	HOPE KUO <input type="button" value="Select Fire Supervisor"/>

You will now be routed to the Arduous Medical Exam/Self-Certification Process.

## 2. How do I initiate a packet in eMedical if I DO NOT have access to ConnectHR?

### 2.1 When can I begin the eMedical Process?

If you are in pay status, you can begin the process any time if someone initiates the packet for you.

Interim, new, temporary/1039 employees can request that a packet be initiated for them as soon as their Tentative Selection Notice (TSN) is issued.

### 2.2 How do I access eMedical when in non-pay status or if I do not have access to ConnectHR?

Employees that do **NOT** have access to their ConnectHR can access eMedical by using our external website:

<https://emedicalacc.gdcii.com/user>



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The Health Screening Questionnaire Coordinator (HSQC) must start the eMedical process by initiating new packets for employees who **do not** have access through ConnectHR. Employees using our external site **can ONLY access eMedical AFTER their HSQC begins the process for them.** Wait for the email from eMedical with your Access Code and instructions to access the system.

**If this is the first time you have accessed eMedical** and just created a profile, follow the directions below. You will need the invitation code emailed to you to access eMedical.

**If you already have a profile and have used eMedical,** log in and skip to step 2.2. You will not need to use an invitation code.

The screenshot shows the eMedical Auth Administration Login page. At the top, there are two tabs: "eMedical Auth Administration Login" (highlighted in yellow) and "User Name/Password Login" (highlighted in green). Below the tabs, there is a text prompt: "To log into eMedical Auth Administration with your user name and password provide them and click the Log In button." There are two input fields: "User Name: \*" and "Password: \*". A red arrow points from a box labeled "Those with existing eMedical profiles log in here:" to the User Name field. Below the input fields is a "Log In" button. There are two links: "Need assistance with credentials? Forgot Your User Name? Forgot Your Password?" and "Need to create credentials? Establish User Name and Password". A red arrow points from a box labeled "New to eMedical? Create a user profile by clicking here:" to the "Establish User Name and Password" link.

In the email sent to you by eMedical, locate your 25-digit Invitation Code under Step 5 and copy and paste it into the Invitation Code field on the login screen.

### Example of eMedical email:

You are required to complete the Informed Consent Statement in eMedical to proceed with clearance.

### INSTRUCTIONS TO COMPLETE INFORMED CONSENT STATEMENT:

1. Please navigate to this web address:  
<https://emedicalacct.gdcii.com/user>  
to complete the Informed Consent Statement by 9/19/2020. If you are unable to click on the link provided, copy and paste the link into your internet browser and press the “Enter” key.



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2. If you have not established a USFS eMedical User Profile, click on the link “**Establish Username and Password**” below the main login fields, and follow the prompts to establish your profile. Then Click “**Submit**”.
3. If you have already established a Username and Password, log in on this screen.
4. Once logged in, you may be prompted to enter your **Unique Invitation Code**. If you are not prompted to enter your invitation code, skip to Step # 7.
5. **If prompted, enter your Unique Invitation Code**. This code is one-time use only.

2731B401199CBFD3DD4AC87E5

This is your INVITATION CODE. You will need this in the next step.

Copy/Paste your Invitation code into the appropriate field shown below. Then verify your Date of Birth and click “**Submit**”. Note, if you receive an error that states your information is incorrect, contact your HSQC to confirm your date of birth was correctly entered into your eMedical profile. You may also contact the eMedical Help Desk for assistance.

Logged in as Leia Organa | Home | Log off | Accessibility | Help

**eMedical**  
GDCII

Session has expired. Close browser and re-login.

**User Invitation Redemption**

In order to access eMedical, please provide the information requested on this page. Click the Submit button when you have entered the information.

An asterisk appears before the name of any input that is mandatory.

\***Invitation Code**

\***Your Date of Birth** Month:  Day:  Year:

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**NOTE:** After you have regained ConnectHR (Dashboard) Access, employees can complete their eMedical process through ConnectHR.

## 2.3 How do I access my packet?

Log in to eMedical.



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Click “**My Packets**” on the left menu.

My eMedical	Welcome to eMedical
<b>My Packets</b>	<b>ATTENTION</b> : You have logged in to a live production site for the eMedical System. All information inputted and contained within this site is considered authentic real data. ONLY initiate a packet if you have a legitimate need to start the medical screening process for a WCT that is coming up soon. This site is NOT to be used as a practice site or for testing out how the system functions. Thank you!

Next, click on “**Take Action**”.

Action Packets			
Name	Employee Information	Packet Information	Reset Search
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	<a href="#">Take Action</a>

From here you will be brought to the Informed Consent statement.

## 2.4 How do I complete the Informed Consent Statement?

- Review the various WCT levels and their associated risks.
- Verify the correct duty station city and state, change if needed. Then check both boxes below before clicking “Submit”. Note: You cannot proceed until both boxes are checked and submitted.
- Once you click “Submit” a pop-up box will appear verifying “The submission of the form will be electronically recorded and constitutes your signature, which thereby certifies your acknowledgement of the risks associated with WCT.”
- Check the box in the pop-up and again click “Submit”.

**By submitting this form, you are acknowledging your understanding of, and consent to, the risks associated with taking the Work Capacity Test.** You will **not** need to print and bring this form to your WCT.



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My Packets

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\*Duty Station City   
\*Duty Station State

I understand that there is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

I have read the information on this form and in the brochure “Work Capacity Test,” understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

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## 2.5 How do I update my user profile?

Once an employee completes their “Informed Consent”, they will be directed to update their user profile.

- Review the personal information submitted.
- Editable information includes:
  - Temporary unit (if detailed, for example)
  - Gender
  - Primary e-Mail address
  - Secondary e-Mail address
  - Fire Supervisor name
- Any non-editable profile data is being pulled over from other HR systems, and will need to be updated by contacting HR.



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- Not all information is required; Items denoted with an asterisk \* are *required* items to proceed.
- Profiles may also be updated anytime a user accesses their packet under the “**View Profile**” menu option on the left side of the screen under “Current Packet”

## 2.6 Who is my Fire Supervisor?

- Your Fire Supervisor is often the person identified as your Supervisor in Paycheck8, but it is not required to be. Your Fire Supervisor should be a supervising fire employee who is responsible for tracking your HSQ clearance process.
- For employees who do not work in fire (i.e. Recreation, Timber, etc.) your Fire Supervisor is generally an A/FMO on your district. If you are unsure who your Fire Supervisor is when making your selection, please contact your HSQC or fire management for assistance.
- To select a Fire Supervisor, click on the “Select Fire Supervisor” button and search/select using the pop-up window.
- Once you have found your Fire Supervisor, click the “Submit” button.

<b>First Name</b>	Janet
<b>Middle Name</b>	
<b>Last Name</b>	Sobieski
<b>Duty Station</b>	Idaho City
<b>Temporary Unit</b>	<input type="text"/>
<b>SSN</b>	XXX-XX-5555 <input type="button" value="Show SSN"/>
<b>*Gender</b>	F <input type="button" value="v"/>
<b>Date of Birth</b>	1/1/1970
<b>*Primary E-mail Address</b>	hspriggs@fs.fed.us
<b>Secondary E-mail Address</b>	<input type="text"/>
<b>*Street Address 1</b>	123 Main St.
<b>Street Address 2</b>	<input type="text"/>
<b>*City</b>	Idaho City
<b>*State</b>	ID
<b>*ZIP Code</b>	83836
<b>*Telephone</b>	2083334444 <input style="float: right;" type="button" value="?"/>
<b>*Fire Supervisor</b>	HOPE KUO <input type="button" value="Select Fire Supervisor"/>



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You will now be routed to the Arduous Medical Exam/Self-Certification Process.

## 3. Arduous Medical Exam (AME) VS. Self-Certification VS. HSQ

### 3.1 What is the difference between the AMP and the HSQ?

- The Arduous Medical Process is for those taking the *arduous* WCT.
- The HSQ is for those employees taking the *moderate* and *light* WCTs.

### 3.2 What is the difference between the AMP Exam (AME) and Self-Certification?

- eMedical runs on a 3-year cycle.
- Year one is the **AMP Exam (AME)**: a thorough health screening questionnaire followed by a physical exam with a physician. The results are reviewed by a USFS Reviewing Medical Officer (RMO) before you obtain medical clearance to take the WCT.
- Years 2 and 3 is a **self-certification process** which requires a short questionnaire and a blood pressure check by an EMT or other qualified individual. The results are reviewed by HSQC's and, based on the answers, may be routed to the RMO or cleared to the WCT.

### 3.3 How do I know what exam/questionnaire I am supposed to take?

eMedical keeps an electronic medical history that you can reference as needed.

You can access your packet anytime (Refer to Section 8) and see when your last AME or self-certification was and when you need to do it again however ***your HSQC determines which process to direct you to*** when they initiate or approve your packet based on whichever process you last went through. When you log in to complete eMedical, you are automatically routed to the appropriate process based on what your HSQC determined.

### 3.4 How do I complete the AMP Part A?

- **Applicant Info:** Fill out required Applicant fields. Some of the fields will auto-populate from your profile. Required information is denoted with an \*asterisk and includes:





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- Name
- Gender
- DOB
- Complete address
- E-mail
- Phone

➤ **Exercise Info:** Choose boxes and drop-downs that most accurately reflect your typical exercise regiment.

### Exercise

**\*Physical Activity Intensity**

Please describe your normal exercise type, at what intensity and how many sessions per week.  
Select all that apply.

**Low (walking, etc.)**

**Moderate (jogging, cycling, etc.)**

**High (strenuous exercise such as running, etc.)**

**\*Duration in Minutes Per Session:**

**\*Average # Sessions Per Week:**

**Arduous Duty Experience:** Required information includes:

- “Position Title” (your official job title: AFMO, Fuels Technician, Biologist, Range Technician, etc.)
- Does your position require you to maintain arduous quals (i.e Primary/Secondary fire)?
- “Years/Months” performing arduous duties
- Highest level arduous qualifications (up to 3, less is fine if you do not have 3)



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## Arduous Duty Experience

Please describe your Arduous level Incident Experience

This information is needed in the event you do not meet a medical standard(s) and will be used to determine eligibility for a routine/initial waiver.

**\*What is your position title?**

**\*Does your official position description require you to possess or maintain an Arduous level qualification?**  Yes  No  I don't know

Number of years and months performing an Arduous level duty:

**\*Years**

**\*Months**

List your three (3) highest Arduous level qualifications (including Trainee positions), the year attained and the last date you performed in these positions. If you have less than three, list what Arduous quals you have.

ICS Qualification	Date Attained	Last Performed in:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Click the “**Submit**” button.
  - *Note: The Save button does not submit your form.*



- Click the checkbox in the pop-up window acknowledging the following statement:



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A screenshot of a web application pop-up window titled "Submit AMP Exam Part A". The window has a close button (X) in the top right corner. Inside the window, there is a checked checkbox followed by a paragraph of text: "I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the [Privacy Act Statement](#), I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination." Below the text are two buttons: "Submit" and "Cancel". Red circles are drawn around the checkbox and the "Submit" button.

Click the “**Submit**” button.

## 3.5 How do I Complete the AMP Part B?

Part B consists of a questionnaire. Answer the questions completely. If a question requests additional information, please add as much detail as possible.

If an employee is uncomfortable and/or unsure about answering questions 2, 3, 5, 6, 11, 12, 71, 83(a), 84, 85, and 86, then the employee can choose to not answer these questions and instead discuss those questions during the medical examination. These questions will offer a third option for the employee to select, which will be, “Discuss with medical provider.”

During the exam, have the medical provider document any medical concerns related to the unanswered questions.

Once you have completed all fields, click “Submit”.

- Click the checkbox in the pop-up window acknowledging the following statement:



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**Submit AMP Exam Part B** [X]

certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the [Privacy Act Statement](#), I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.

After completing the questionnaire, you will be required to schedule a physical exam.

### 3.5 How do I schedule my AMP Physician exam?

After submitting the AMP Exam Parts A and B, **you will need to schedule a physical exam with a medical provider.** Every employee with arduous fire qualifications will need to get a physical exam from a medical provider every 3 years after completing the arduous medical exam questionnaire.

You will be given the option to use the services of Acuity International/Comprehensive Health Services (CHS) to schedule and pay for your physical exam.



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## Scheduling

You will now need to get a physical exam with a medical provider. Acuity International has been contracted to assist with scheduling and payment of medical exams.

If you would like assistance in scheduling and paying for your medical exam, choose YES below. You will be asked to supply additional information to initiate this process and Acuity will contact you to arrange the appointment.

If you choose not to accept Acuity’s services, choose NO below. You will receive an email from eMedical with information about your exam. You will be responsible for scheduling, paying, and obtaining reimbursement costs for your exam.”

An asterisk appears before the name of any input that is mandatory.

## Packet Summary for Kylo Ren

<b>WCT Level</b>	Arduous
<b>Position Type</b>	AD
<b>Highest Incident Qualification Position that Requires WCT Level</b>	FFT1
<b>OrgCode</b>	110811000700000000
<b>HSQ Coordinator</b>	CATHY JO CARTER

## Scheduling Assistance

\*Assistance Scheduling Exam  Yes, I would like Acuity International to assist me  
 No, I decline to use Acuity’s services.

*Name	Kylo Ren
*E-mail Address	testemedical20@gmail.com
*Telephone	123-999-9999
*Location of the Exam	Boise, ID
*Employee ID	123456789
*Type of Exam	AME
Org Code	Build Org Code 110811000700000000

Submit

If you choose to use the services, you will need to provide the following basic information to get started (some information will autopopulate):

- Name (autopopulated)
- Email address
- Phone number
- Location of where you would like the exam (City, State, Zip Code)
- Employee ID (autopopulated)
- Duty Station Org Code

Acuity/CHS will receive this information securely and contact you within 3 business days with instructions on how to proceed. You will set up an account through them and use their external (non-government) scheduling system to schedule and pay for your exam. They will identify a



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local medical provider to perform the exam and supply that provider with all the necessary documentation to complete it. You will be informed on the date/time and location of the exam once it is scheduled.

- You **must** arrive on-time to your appointment.
- If you cannot make the scheduled appointment for your exam you must reschedule through Acuity/CHS as soon as possible to avoid late/missed appointment fees.

After the exam is performed, Acuity/CHS ensures the medical provider sends the results to eMedical for review by the USFS Reviewing Medical Officer. After it is reviewed you will be notified via email of your clearance status.

- Refer to section 5 for information on how to contact Acuity/CHS. All questions regarding access to and use of Acuity/CHS’ scheduling system should be directed to them.

**If you choose to not use the scheduling services, you will need to schedule and pay for your own exam.**

**Employees that choose to make their own exam arrangements must ensure the following:**

- The medical provider must be a licensed MD, DO, NP/APN or PA. Chiropractors may not complete this exam.
- The medical provider must enter their exam results into eMedical.
- Take all necessary documents with to you the exam. The employee will receive an email from eMedical with information on what to bring to their exam.
- The employee will pay for exam costs but can be reimbursed (see section 3.4)

**emedicalacct.gdcii.com says**

I understand that by choosing this option I am responsible for scheduling and payment of my medical exam.



**What if the I cannot find a medical provider in the area to perform my exam and/or enter the results into eMedical?**



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Employees may choose to use Acuity’s services anytime in the process. If you initially opt out of using the contracted services but later change your mind, contact the eMedical Help Desk via email ([SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov)) to authorize Acuity to contact you. Please also include the following information:

- Name
- Email Address (For Acuity to contact you)
- Phone # (For Acuity to contact you)



eMedical staff will reach out to Acuity/CHS and they will contact you directly.

After choosing “No”, you will receive an email from eMedical with important information. Read this email carefully, it includes detailed instructions on what to bring to the exam.

**IMPORTANT:** ALL WCT related updates will come from [eMedical@gdcii.com](mailto:eMedical@gdcii.com). **PLEASE READ ALL EMAILS from this address fully.**

**\*\*\*FOR MEDICAL PROVIDER USE ONLY\*\*\***

**eMedical EXAM ACCESS INSTRUCTIONS:**

- To access this employee’s exam, navigate to this web address:  
<https://emedicalacct.gdcii.com/provider> 
- If you have not established a USFS eMedical User Profile, click on the link “Establish Username and Password” below the main login fields, and follow the prompts to establish your profile. Then Click “Submit”.
- If you have already established a Username and Password, log in on this screen.
- Ensure that your eMedical profile includes the examining medical provider’s information, as this is what is used to generate the provider’s electronic signature.
- Once logged in, click on the “Redeem Invitation” link on the left side of your screen.
- Enter the employee’s **Unique Physician Access Code**. This code is one-time use only.  
23D2D48738E6FD79CE3182CA9 

eMed Link for medical providers ONLY.

Code provider uses to access your exam.

**Note:** Employees must print this email with the physician access code and a copy of all “Physician Documents” stored on the eMedical website: [eMedical | US Forest Service \(usda.gov\)](http://eMedical | US Forest Service (usda.gov))

**Bring the letter and documents to the medical exam.**

**ASK FIRST!** You may use a provider of your choice, but they MUST agree to use eMedical and its online exam submission process PRIOR to you having an exam completed.

If you need assistance in scheduling an exam, please contact your HSQC. MD/DO/NPs and PAs may conduct exams. Chiropractors may not.



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Physicians and medical providers can contact the MQP Help Desk at [SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov) with any additional questions

Once your exam has been submitted by your medical provider it will be reviewed by the USFS Medical Officer.

### 3.4 How do I pay for exams?

- If you choose to use Acuity/CHS’ services, payment will be handled through them directly and you do not need to do anything.
- If you choose to not use the services, you will need to pay for the exam at the time of service and arrange for reimbursement for exam costs using the “Request for Reimbursement form” [FS 6500-229](#)
- Government Purchase Cards cannot be used to pay for exams.
- Exams costs will be charged to:

Personnel	Job Code
<b>Wildland Firefighters and Fire Support Personnel</b>	Regional WFSE
<b>Militia/Readiness Reserve Workforce</b>	Regional WFSUTR
<b>AD (Casual) Support</b>	Regional WFSUAD

### 3.7 How do I complete my Self-Certification?

After informed consent statement is completed and profile is updated, you are automatically routed to the Self-Certification questionnaire on the years you are not required to take the AME.

- The self-certification questionnaire is much shorter than the AME. Answer all the questions completely. If a question requests additional information, please add as much detail as possible.
- When you have answered all the questions, click the “Submit” button Click the checkbox in the pop-up window to proceed.
- On the years you complete the self-Certification Process, you will also need to provide your HSQC with a documented blood pressure reading obtained by someone with the appropriate medical credentials. Reference Section 3.8 for further information





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- After completing your questionnaire and getting your BP documented, your HSQC will review your documentation and, based on your answers, will either clear you to take the WCT or forward your packet to a Reviewing Medical Officer (RMO) to review
- You will receive further instructions via email.

## 3.8 How do I get my Blood Pressure checked?

Your Blood Pressure (BP) can be checked and documented by someone with one of the following medical credentials: EMT, AEMT, Paramedic, MA, LPN, RN, MD, DO, NP or PA.

Check with your supervisor and/or HSQC for instruction on how to document your BP reading. Along with your BP reading you will need to include the name and medical credentials of the person who obtained your BP. Make sure this information goes to your HSQC. You can document your BP on the form listed under “**Forms**” on the eMedical website:

<https://www.fs.usda.gov/managing-land/fire/safety/emedical>

Once they receive your documentation, your HSQC will submit it in eMedical. It will be reviewed and you will receive instructions for how to proceed.

## 4. Exam Clearance, Waivers and Mitigations

### 4.1 Notification of Medical Clearance

Once your physical exam results or self-certification has been submitted in eMedical, it will be reviewed by the appropriate person (HSQC, USFS Medical Officer or other eMedical administrator). The USFS Reviewing Medical Officer (RMO) will ultimately determine if you are “Medically Qualified” and may assign waivers and mitigations. You will be notified by email if you are medically cleared, if additional information is needed, or if you have been granted a waiver.

### 4.2 What is a waiver? How is a waiver issued?

Employees *may* be issued a waiver from the USFS RMO for their particular conditions. The waiver *may* require that employees provide specific medical information annually to be cleared to the WCT. **Waivers are ONLY issued from the USFS Medical Qualifications (eMedical) Office. They cannot be issued by personal medical providers.**



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## 4.3 What do I do if I have a waiver?

- For the **HSQ and the Self-Certification Processes**, you should check the “I have a waiver” box to inform the HSQC of your waiver. In both instances, the HSQC needs to send the packet to the RMO to review the waiver mitigation.
- For the **AME**, no need to do anything. Every Arduous Medical Exam is reviewed by a Medical Provider and a RMO so there is no waiver box to check on those questionnaires.

## 4.4 How do I view my exam Waiver and Mitigations?

When an employee is cleared after the exam/self-certification process, they are emailed notification of their clearance and directions on how to view their waiver specifics. **MAKE SURE to view your waiver and mitigations instructions after you receive it! MANY waivers require information to be submitted to the MQP Office annually.** Specific directions are found in your waiver/mitigation.

**IMPORTANT: ALL WCT related updates will come from [eMedical@gdcii.com](mailto:eMedical@gdcii.com). PLEASE READ ALL EMAILS from this address fully.**

### Employee Directions to View Waiver:

1. Log into eMedical.
2. Go to **My Packets**
3. If the waiver was issued in 2017 or later it will be highlighted in your list of packets. You can click on the link and it will take you to your waiver information.

Name	Employee Information	Packet Information	Action
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7301	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	<a href="#">View</a>
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7300	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	<a href="#">View</a>
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7299	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	<a href="#">View</a>
Maggie Barrett	testemedical20@yahoo.com 110202000000000000 Packet # 7292	WCT Level Moderate Workflow Status Packet Closed <b>Mitigation Granted</b> <a href="#">View Mitigations</a> WCT Clearance Status Cancelled	<a href="#">View</a>



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- 4. The mitigations box will give detailed directions to the employee on what type of waiver you have.
- 5. It will describe in detail what information needs to be included in an annual physician statement (if required).

## CERTIFICATE OF MEDICAL EXAMINATION OF 178 Part D

To be completed by the agency medical officer who reviews the examination results and recommends action.

### Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

<b>Subject</b>	Stuart Little
<b>Effective Date</b>	2/4/2020
<b>Please read your Mitigations carefully.</b> These requirements must be met each year to be cleared to the WCT. If an annual statement(s), is required in your mitigations, you must obtain one each year from your medical provider and submit it by eFax (866-338-6630) to the USFS MQP office to obtain clearance. <b>If your condition(s) worsen or you have a new condition after this waiver has been issued, notify your HSQ Coordinator or the eMedical Help Desk at SM.FS.mqp_emedical@usda.gov.</b>	
<b>Recommendation</b>	Hire or retain
<b>Comments</b>	
<b>Pre-Set Qualification Choices</b>	Medically Qualified
<b>Cleared to Process</b>	WCT Process – Routine Waiver Granted with Active Mitigations
<b>Routine Waiver Type</b>	Medication Chest and Respiratory System

Mitigation requirements to supply to the MQP Office annually

Mitigation requirements to follow

The respiratory waiver is for your asthma and the mitigation is that you are responsible for having with you at all times a rescue inhaler that is not expired as well as supply a statement yearly from your doctor, overseeing this diagnosis, stating that it is static and stable and a complete medication list.

The medication waiver is for your liquid medication inhaler, and one mitigation is that you will send me your complete medication list each year.

You are responsible for having an adequate supply of all of your medication and taking them as directed by your medical provider.

Should your medical condition/health status change/worsen, you are required to notify me as soon as possible.

If the waiver was issued prior to 2017, the employee needs to contact the MQP Help Desk at: [SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov)



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## 4.5 Employees with Waivers – Annual WCT Clearance Process

After the waiver is issued, each year employees should:

1. Submit required mitigations annually.
2. Check YES to “I have a waiver question” on the self-certification questionnaire.
3. If any existing condition has worsened, the employee should document it on the questionnaire at the appropriate place and give as much detail as possible. If there are any new conditions, identify them on the questionnaire and provide as much additional information as possible.
4. If there are any new conditions or if any existing condition has worsened, indicate it on your questionnaire and provide as much information as possible.
5. If the waiver *does not* require an annual update, notify the HSQC.
6. If the waiver *DOES* require an annual update, notify the HSQC and attach the information to your eMedical packet -OR- FAX or email the update to the USFS MQP office.

Clearance for both types of waivers will come by email.

### **FAXING A WAIVER UPDATE? USE A COVER SHEET:**

[https://www.fs.usda.gov/sites/default/files/media\\_wysiwyg/mqp\\_efax\\_cover\\_sheet\\_0.pdf](https://www.fs.usda.gov/sites/default/files/media_wysiwyg/mqp_efax_cover_sheet_0.pdf)

**eMedical Secure Fax: 1-866-338-6630**

## 5. Contractor Information

All questions related to Acuity and Comprehensive Health Services’ scheduling and payment systems need to be addressed with them directly using their contact information listed below. eMedical staff cannot assist with contracting-related problems.

### 5.1 How do employees contact Acuity International/CHS?

- [USDAUSFSAcuity@chs.medical](mailto:USDAUSFSAcuity@chs.medical)
- 855-462-1634 Monday through Friday 8am-5pm EST



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## 6. WCT Completion Questions

### 6.1 Once I am cleared to take the WCT, what is required?

Employees will be notified via email when receiving clearance to take the WCT.

Print a copy of the WCT clearance email and bring it to the WCT to present to your WCT Administrator (or as directed by your HSQC, some units may not require printed copies).

### 6.2 How can I view my WCT results?

**Note: Only WCT results of “Fail” or “Did Not Complete” are typically entered in eMedical.** If you passed the WCT, you are authorized to perform in whichever Incident Qualification Position level you tested for (or lower). Passing WCT results will only be recorded in IQCS. Any results can be viewed in eMedical on the packet summary page by navigating to “**View Summary**” inside of the current packet.

If an employee does not pass or complete the WCT, they can view their results in eMedical on the packet summary page by navigating to “View Summary” inside of the current packet.

The employee’s supervisor will authorize or deny any retests with your HSQC who will then authorize the retest in eMedical.

Employees will then need to agree to an additional test in eMedical before they again show on the “Cleared to Test” list.

### 6.3 How do I indicate if I want to participate in a WCT re-test?

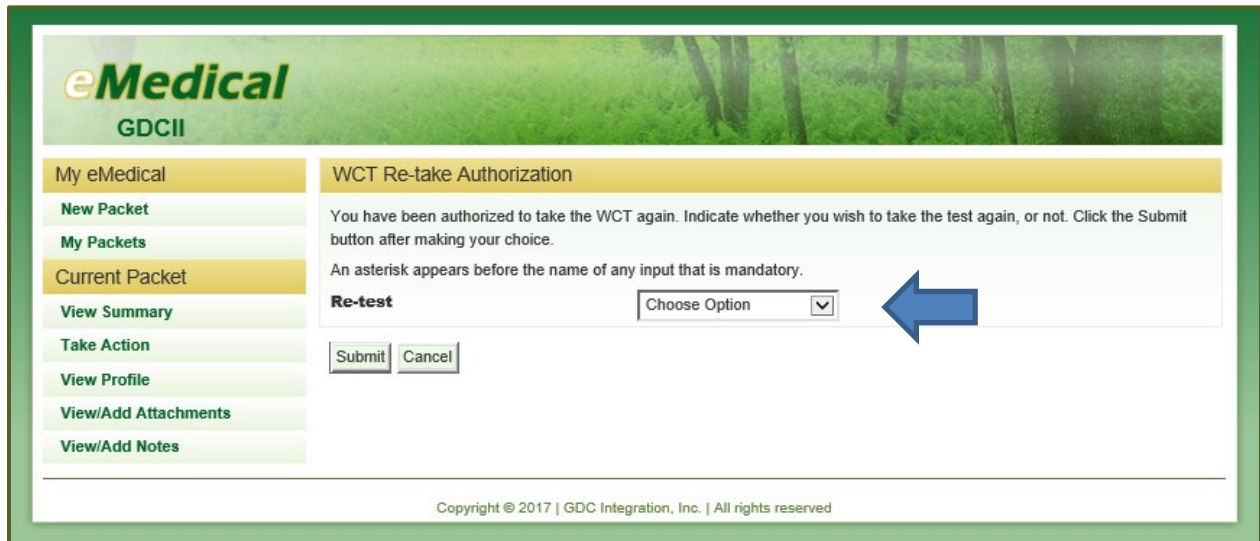
**If a WCT re-test is authorized, employees will receive an email notification and they will need to confirm in eMedical if they plan to take another test.** The following steps need to be followed to either confirm or decline a retest:

- Log in to eMedical.
- Click on “**My Packets**” on the left menu.
- Under the “Action Packets” section, click “**Take Action**” under the “Action” column.
- On the following page under “WCT Retake Authorization”:
  - If you wish to re-take the WCT, click “**Yes, I choose to re-test**” from the drop-down box. You will automatically be placed back on the list of employees who are ready to take the WCT. You must wait at least 48 hours after a non-passed WCT to attempt another WCT. Contact your WCT Administrator to sign up for another WCT.



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- If you do not wish to re-take the WCT, click **“No, I decline to re-test”** from the drop-down box. The packet will be closed, and no further action will occur unless a new packet is initiated.
- Click the **“Submit”** button.



## 7. Medical Review Board (MRB) Waiver Appeal Process Questions

### 7.1 How do I appeal a waiver rejection?

If you have not been Medical Cleared, and a waiver request has been denied, an MRB waiver appeal can be initiated within three business days of receiving the email notification. To appeal a waiver rejection, employees can login to eMedical and **“Take Action”** on their current packet. Employees will then select from a drop-down menu choosing to submit MRB. Employees can also add comments or attachments by navigating to **“View/Add Notes”** or **“View/Add Attachments”** from the left menu.

## 8. Additional Process Questions

### 8.1 How do I view my current packet, including submitted forms and reviewer comments?

Employees can view their packet by selecting **“My Packets”** in the navigation bar on the left side of the page.



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The packet on the top is the most recent packet. If there is action to be taken on your packet it will indicate that on the right with a link that reads, **“Take Action”**.

All former packets will be listed below and can be viewed at any time by clicking the **“View”** link on the right.

All packets will include a summary of personal information, medical clearance status, all completed medical clearance forms and any pending actions.

**My eMedical**

- New Packet - Self
- My Packets**

**View Packets**

Details regarding requests for medical qualification are displayed. You may view the current state of a request by selecting the View link. If there is an action available for you to take, you may select the Take Action link to the right of the request.

**Action Packets**

Name	Employee Information	Packet Information	Action
Abby Parsons	testemedical20@gmail.com 110305000000000000 Packet # 7309	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	<a href="#">Take Action</a>

**Associated Packets**

Name	Employee Information	Packet Information	Action
Abby Parsons	testemedical20@gmail.com 110305000000000000 Packet # 7306	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	<a href="#">View</a>
Abby Parsons	testemedical20@gmail.com 110305000000000000 Packet # 7295	WCT Level Arduous Workflow Status Packet Closed WCT Clearance Status Cancelled	<a href="#">View</a>
Abby Parsons	testemedical20@gmail.com 110305000000000000	WCT Level Arduous Workflow Status Packet Closed	<a href="#">View</a>

## 8.2 How do I respond to a request for information?

At any point in the process, the Reviewing Medical Officer (RMO) or eMedical Administrators may require additional information to determine your clearance status. If additional information has been requested, employees will be notified via an email from eMedical.

- Log in to eMedical
- Click on **“My Packets”** from the menu on the left side of your screen.
- Under Associated Packets, select **“View”** under Action on the right side.



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- Under “Current Packet” on the left menu, select “View/Add Notes” on the packet to view the request.

Logged in as Abby Parson | Home | Log off | Accessibility | Help

## eMedical GDCII

My eMedical | Viewing Notes For Packet

New Packet - Self | The table lists any existing notes for this Packet. To add a new note enter it in the text area and click the Add Note button to preserve it.

My Packets | An asterisk appears before the name of any input that is mandatory.

**Current Packet**

View Summary | Packet Summary for Abby Parsons

Take Action

View Profile

View/Add Attachments

**View/Add Notes**

**WCT Level** Arduous

**Position Type** Temporary

**Highest Incident Qualification** FFT2

**Position that Requires WCT Level**

**OrgCode** 110305000000000000

**HSQ Coordinator** CATHY JO CARTER

**Existing Notes**

Participant	Packet Status	Note	Date Created	Action
CATHY JO CARTER		Here is your note	8/11/2020 1:03:37 PM	<a href="#">View</a>
CATHY JO CARTER		more info needed	8/11/2020 1:52:16 PM	<a href="#">View Respond</a>

NOTE: eMedical staff are ONLY notified of your response if the "Respond" link above is used. Adding a note below does not notify staff and can cause delays. If you've added an attachment, please mention it in your response.

**Add Note**

\*Note:

Add Note

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- Employees can click “Respond” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed.
- First click “View” to see the information request.
- Then click “Respond” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed.
- Upon submission, the Medical Officer (or person who requested the information) will be notified via email to review the provided information in eMedical.





# eMedical Employee “How-to” Guide

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## 8.3 How do I determine who my HSQ Coordinator is?

1. If you work in the same location as previous years, log into eMedical and review the information in your previous packets. Your HSQC will be listed in your profile.
2. If you are new to eMedical or located in a new geographic area, contact the help desk at [SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov) for assistance.

**If you have any additional questions, contact your HSQ Coordinator or the eMedical Help Desk at:**

[SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov)