



File Code: 5100/6180

Date: August 2023

Arduous Medical Exam (AME) GUIDANCE SHEET for the Medical Provider

This is not the actual exam form

****ADDITIONAL ANCILLARY TESTS beyond what is on the AME form are not approved and will not be covered by the Forest Service****

eMedical Access Directions –

1. **Access eMedical here. Please bookmark this site for all future use.**

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

2. If you are new to eMedical, click on “***Establish Username and Password***” and create a profile. This information is confidential and is used to digitally sign/submit the exam.
3. Ensure that the provider’s eMedical profile includes the **examining medical provider’s information**, as this is what is used to create the exam’s electronic signature.
4. Once logged in, click on “***Redeem Invitation***” and enter the patient exam “Invitation” code. Then verify patient DOB.
5. The patient exam “***Invitation***” code is a 25-digit alphanumeric code.
 - a. The code will be provided by the patient when they come to their exam. On employee provided emails it is found under **Step 6** of the Medical Provider Use Only section.
6. Once the code is claimed, click on “***My Packets***”, then “***Take Action***” to complete and submit the exam. You may log in/out as many times as you need. The exam will be under “***My Packets***” until it is submitted.
7. For further information, you may visit the USFS eMedical website here:
 - <https://www.fs.usda.gov/managing-land/fire/safety/emedical>

NEED HELP? Email your name, contact info (email/phone) and the employee you need assistance with to SM.FS.mqp_emedical@usda.gov or call 208-387-5628 and we will assist you ASAP.

Review Parts A and B. **Review** the “*Essential Functions and Work Conditions of a Wildland Firefighter*” document. You are not verifying that the patient can do all of these things, but rather that there is no medical contraindication for them doing those things listed. The Essential Functions document is stored here:

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

PART C. (Nursing staff can complete the * items) ***The provider may wish to complete Part C on this sheet during the exam and nursing staff/assistants may enter this information into eMedical later.***

*Review the patient’s medical history questionnaire. If the "discuss with medical provider" box is checked for any of questions 2, 3, 5, 6, 11, 12, 71, 83(a), 84, 85, or 86, have a conversation with the employee about the issue/concern and document the medical concern discussion in either of the comments boxes in Part C.

1. ***Height:** _____ ***Weight:** _____

***BMI:** _____ (this will auto populate on the electronic site)





***BP:** _____ / _____ / _____

(If first reading is equal to or greater than 130/80 mm Hg, repeat in 10 minute intervals for a total of 3 readings)

***Pulse:** _____ beats per minute _____ beats per minute

(If first reading is greater than 100 bpm, repeat in 10 minutes. If first reading is less than 60 bpm, the examinee must run in place for 1 minute and then repeat reading)

***Respirations:** _____

***Temperature:** _____ F/C

2. ***Vision:** Uncorrected Distant – Vision must be done on all examinees **except** soft contact wearers.
 Corrected Distant – Vision must be done on all examinees who wear corrective lenses.

Uncorrected Distant Vision: Right 20/_____ Left 20/_____ Both _____

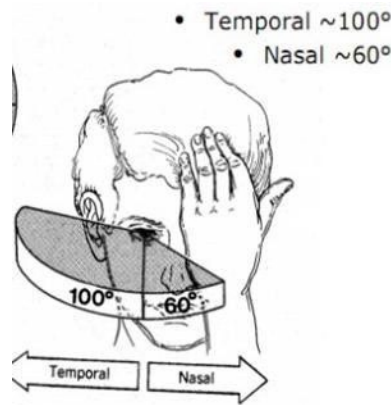
Corrected Distant Vision: Right 20/_____ Left 20/_____ Both _____

Near Vision: Can read on a dollar bill, “This note is legal tender for all debts, public and private” (size 5 or similar size printed font) with or without corrective lenses Yes_____ No _____

Color Vision: Only **one** test is required to be passed, example: if they fail the color plate test then do the red/green/yellow test as well

Can see red/green/yellow or passes Ishihara? Yes_____ No _____

Peripheral Vision: (temporal) Right:_____ degrees Left: _____ degrees
temporal only is needed (manual or by machine)





3. * **Urinalysis:**

Do Not Notate WNL

Glucose: _____ Ketones: _____

SpGr: _____ Blood: _____

pH: _____ Protein: _____

Nitrites: _____ Leuks: _____

4. * **Hearing:** Only **one** hearing test needs completed; use of an audiometer is preferred but *not* required.

a) **Whisper Test:**

Right ___ft

Left ___ft

(No hearing aids to be used)

The examinee is to be at least 5 feet from the examiner with the ear being tested facing the examiner. The other ear is covered. Using the breath that remains after a normal exhalation, the examiner whispers words or random numbers (eg. 66, 18, 23, 41) that the examinee has to repeat or asks a question they have to answer.

The opposite ear should be tested the same way using different words, numbers, or question. If the individual fails this test in either ear, they will require an audiometer test. (record in feet)

b) **Handheld Audiometer Test:**

(No hearing aids to be used)

The audiometer readings **must be numeric – 5, 10, 15, 20, 40 dB, and so on.**

(Record lowest number decibel, dB, that can be heard for that frequency)

Frequency	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear				
Left ear				

C) **Audiogram:** _____ (check if performed)

If audiogram is done, please give a copy of report to employee to fax in.

5. * **Peak Flow:** Please demonstrate to examinee first. Make sure the examinee is standing up straight and looking forward to perform the test.

1. _____ 2. _____ 3. _____

(check) _____ Normal for age and height





6. ***Rest of the physical exam:** Choose from “normal/abnormal”. Realize that *normal* for the individual may not be medically normal. **If the individual system exam is “abnormal” then document the abnormality.**
- a. General Appearance
 - b. Mental Status/Psychologic
 - c. Head and Neck
 - 1. Scalp, Skull, Face (No conflict with hard hat use)
 - 2. Eyelids, Ocular Mobility
 - 3. Pupils, Cornea, Conjunctiva, Retina
 - 4. External Ear, Canal
 - 5. Tympanic membrane
 - 6. Nose, Mouth/Throat/Teeth
 - 7. Speech
 - 8. Neck, Thyroid, Lymph Nodes
 - d. Lungs and Chest (CXR if abnormal exam/hx— Fax copy of report to: 866-338-6630)
 - e. Cardiac (murmur, rhythm, etc) EKG or CXR if abnormal exam/hx—Fax copy of EKG reading or XR report to: 866-338-6630
 - f. Peripheral Blood Vessels
 - g. Abdomen
 - h. Hernia (if present, please identify where. Reducible? Incarcerated?)
 - i. Testicular Exam, if applicable. Choose “Normal” if n/a
 - j. Skin
 - k. Upper Extremities
 - 1. Visual Observation/Palpation
 - 2. Strength
 - 3. Range of Motion
 - 4. Hands/Fingers
 - 5. Sensation
 - l. Lower Extremities
 - 1. Visual Observation/Palpation
 - 2. Strength
 - 3. Range of Motion
 - 4. Feet/Toes





5. Sensation

- m. Spine/Back (scoliosis, range of motion, tenderness, etc.)
- n. Neurological
 - 1. Cranial Nerves I-XIII
 - 2. DTR's
 - 3. Romberg
 - 4. Proprioception of Major Joints
 - 5. Temperature Sensation of Hands and Feet
 - 6. Heel to Toe Walk
 - 7. Balance on Each Foot
- o. Tetanus (up-to-date in last 10 years)
(If not, please offer to immunize)
- p. Other Findings

7. ***Diagnosis:** List all diagnoses found including self-limiting, such as: colds, sprain/strain, etc; as well as tobacco use disorder

Please note **any** medical diagnoses here and identify any limiting conditions that would affect the job in your opinion.

- Current Medical Standards for the arduous/heavy lifting position can be found at:
<https://www.fs.usda.gov/managing-land/fire/safety/wct>

8. Medical provider's Information:

- a. Name
- b. Professional designation (M.D., D.O., APN/NP, PA)
- c. Office address, Telephone Number, eMail address

Medical provider's signature and date of exam will digitally populate upon submittal.

MAKE SURE YOU PRINT A COPY OF THE EXAM FORM *BEFORE* SUBMITTAL

This is NOT the exam form

