



File Code: 5100/6180

Date: August 2023

eOF-178 Medical Exam **GUIDANCE SHEET** for the Medical Provider

***This is not the actual exam form***

**\*\*ADDITIONAL ANCILLARY TESTS beyond what is on the OF-178 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.gdci.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](mailto:SM.FS.mqp_emedical@usda.gov) or call 208-387-5628 and we will assist you ASAP.

**Review Parts A and B.** If the person is required to do heavy lifting (arduous duties), also 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.***

1. **\*Height:** \_\_\_\_\_

**\*Weight:** \_\_\_\_\_





**\*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)

2. **\*Eyes:** Does pt. wear corrective lenses? (circle) Yes No

**a.** 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.

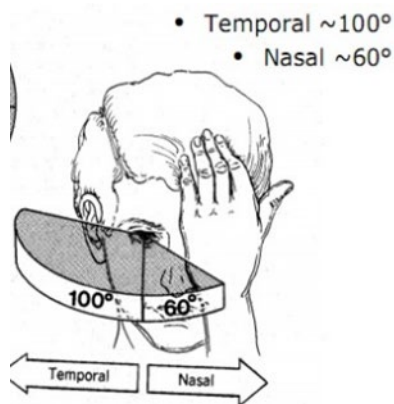
Uncorrected Distant Vision: Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Both \_\_\_\_\_

Corrected Distant Vision: Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Both \_\_\_\_\_

**b.** *Depth perception (OPTIONAL)*

- *Type of test:* \_\_\_\_\_
- *Seconds of Arc:* \_\_\_\_\_
- *Number Correct:* \_\_\_\_\_ of \_\_\_\_\_ tested.
- (circle) *Normal* *Abnormal*

**c.** Peripheral Vision: temporal only is needed (manual or by machine)



Nasal: R _____
L _____
*Temporal: R _____
L _____

**d.** Jaeger No.2 Type test (OPTIONAL)

Uncorrected Distant Vision: Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Both \_\_\_\_\_

Corrected Distant Vision: Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Both \_\_\_\_\_



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

Passes Ishihara? Yes \_\_\_\_\_ No \_\_\_\_\_

Can see red/green/yellow? Yes \_\_\_\_\_ No \_\_\_\_\_

3. **\*Ears:** 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)

*Document results in the comments box*

**b) Audiometer Test:**

The audiometer readings **must be numeric – 5, 10, 15, 20 ....., 40 dB, and so on.** Document the lowest decibel able to be heard at 500, 1000, 2000, and 3000 or 4000 Hz at a minimum, NOT “pass” or P, “25%, 50%, etc.” If unable to do audiogram and don’t have a handheld audiometer, do conversation test at 20 feet **or** whisper test at >5 feet (and please document whisper test findings at the end of the exam in the Conclusion comments box). The conversation or whisper test is a numeric result as well (number of feet). If doing a conversation test, put “999” in the \* audiometer boxes; if doing an audiogram/using an audiometer, put “999” in the \* conversation test boxes.

• Audiometer in dB for Right Ear:

250	500	1000	2000	3000	4000	5000	6000	7000	8000

• Audiometer in dB (if given) for Left Ear:

250	500	1000	2000	3000	4000	5000	6000	7000	8000

• Ordinary Conversation (at 20 ft): Right \_\_\_\_\_/20 ft Left \_\_\_\_\_/20 ft

4. **Rest of the physical exam:** Choose from “normal/abnormal” and **if the individual system exam is “abnormal” then DOCUMENT what the abnormality is.**

a) EENT

b) Abdomen





- c) **Head and back**
- d) **Peripheral blood vessels**
- e) **Speech**
- f) **Extremities**
- g) **Skin and lymph nodes**
- h) **\*Urinalysis** – preferred done, but may also leave as if indicated
- i) **Respiratory** – note auscultatory lung exam here, CXR is only if indicated on history/exam – please record findings if done
- j) **Heart** – note auscultatory heart exam, \*BP, and \*pulse here, EKG is only if indicated on history/exam – please record findings if done
- k) **Back**
- l) **Neurologic**

5. **Conclusion Comments Box:** Please note any medical diagnoses here and check whether there are or are not 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>
6. Medical provider's name with professional designation (M.D., D.O., APN/NP, PA) - prepopulated
7. License Number: OPTIONAL but not needed
8. Office address and Telephone Number - prepopulated
9. 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

