



United States
Department of
Agriculture

Forest
Service

Ottawa National Forest
Watersmeet Ranger District

E24036 Old US 2 East
Watersmeet, MI 49969
(906) 358-4551
(906) 358-4829 (FAX)
(906) 358-0289 (TTY)

File Code: 5100

Date: October 23, 2006

Route To:

Subject: Work Capacity Test

To: Firefighters

As a USDA Forest Service employee, prospective employee or casual who may be or is currently assigned wildland fire duties, you are required to fill out the Health Screening Questionnaire (HSQ) prior to conditioning for or taking the Work Capacity Test (WCT) at any level. The HSQ must be returned to your local Servicing Human Resource Office. Upon review, you will be notified to either engage in physical activity related to the WCT or to seek further medical review.

To participate in assigned fire duties you must pass the WCT at the required fitness level for your position to ensure that you are physically fit to perform the required duties. If you do not pass the test, your employment may be terminated effective the following day. (Applies to temporary employees only.) Employees taking the WCT are expected to make themselves available for assignments. The three levels are: **Arduous** – complete a 3 mile walk/hike within 45 minutes while carrying a 45 pound pack; **Moderate** – complete a 2 mile walk/hike within 30 minutes while carrying a 25 pound pack and **Light** – complete a 1 mile walk within 16 minutes.

The following material is enclosed for your review and completion:

“The Pack Test” Brochure
Health Survey Questionnaire (HSQ)
WCT Informed Consent Form

Upon completion of the HSQ and Informed Consent Form, you are responsible for returning them in the enclosed envelope to ~~Ted Fancher, USDA Forest Service, 626 East Wisconsin Ave., Suite 500, Milwaukee, WI 53202~~ within three days of receipt of this letter. Be sure to include your mailing address and print your name under your signature on the HSQ. After agency review of the HSQ, you will be notified, in writing, whether you may begin training for the WCT or whether a medical examination is required (prior to training). If a medical examination is required, it may be paid for by the Forest Service. Please contact Robert Garrison at 906/358-4551 ext. 38 if you have questions about any of the above.

Sincerely,


DEAN KARLOVICH
Fire Management Officer

Send Form To:
Ottawa National Forest
Supervisor's Office
Randy Charles
E6248 US Hwy 2
Ironwood, MI 49938



HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

Check 'Yes' or 'No' in response to the following questions:

- Y N 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
- Y N 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
- Y N 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- Y N 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- Y N 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
- Y N 6) Do you have a resting pulse greater than 100 beats per minute?
- Y N 7) Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- Y N 8) Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- Y N 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate. For Arduous Duty Employees, if you do not have a personal physician determination allowing you to take the Work Capacity Test, the FMO may request an Annual Form examination through the Interagency Wildland Firefighter Medical Standards Program.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

NAME: _____ DATE _____

Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0164. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 975-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.