

**Justification for no material, non-substantive change to OMB 0596-0164:
Fire & Aviation Management Medical Qualifications Program – Health Screening Questionnaire
April 2015**

We are requesting approval for a non-substantive change to OMB 0596-0164: Fire & Aviation Management Medical Qualifications Program – Health Screening Questionnaire.

The revised form being submitted with this request is:

- FS-5100-30 Work Capacity Test: Informed Consent

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The Work Capacity Test (WCT) Informed Consent form is being changed to reflect that even the WCT can cause serious injury to those that are not healthy or physically fit. The wording changes in the “Risks” box and the testifying statement are to get the employee to acknowledge that this is not an innocuous physical test. The unit/city/state information requested helps to determine the appropriate Fire Manager to give the pass/fail information to.

Work Capacity Test: Informed Consent	
<ul style="list-style-type: none"> • Pack Test- Arduous The 3-mile test with a 45 pound pack in 45 minutes is strenuous, but no more so than the 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 so than the field duties. • Walk Test-Light The 1-mile walk in 16 minutes is moderately strenuous, but no more so than the duties assigned. 	<p>Risks</p> <ul style="list-style-type: none"> • There is a slight risk of <u>complications from participating in this test, including injuries (blisters, sore legs, sprained ankles) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death, especially for those who have not practiced the test.</u> 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. The risk of more serious consequences (such as respiratory or heart problems) is diminished <u>By completing the (Health Screening Q) physical activity readiness Qquestionnaire_ and/or a physical exam, the potential risk of serious consequences is reduced.</u>

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

~~I have read the information, understood, and truthfully answered the HSQ.~~

Test to be Taken (check one) Pack test Field Test Walk Test

Signature _____ Date _____

Printed Name _____

