**HEALTH SCREENING QUESTIONNAIRE (HSQ)**

WCT Level

 Arduous

 Moderate

 Light

***Assess your health needs by marking all true statements.***

The purpose of the HSQ is to identify individuals who may be at risk while 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 which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

**SECTION A**

You have/had:

 a heart attack

 heart surgery

 coronary (heart) angioplasty or stent placement

 a pacemaker/implantable cardiac defibrillator/ rhythm disturbance (abnormal heartbeat)

 heart valve disease or a heart murmur

 heart failure

 heart transplantation

 congenital (born with) heart disease

 personal experience or a doctor’s advice of any other physical reason that would prohibit you from carrying out or participating in strenuous activity

 blood pressure greater than 139/89, or you

 take blood pressure medication

 diabetes: diet controlled or you take medicine to control your blood sugar

You experienced in the last 12 months:

 chest discomfort/pain with exertion

 breathlessness more than others with exertion

 dizziness, fainting, blackouts

 muscle or bone/joint problems: spine, knees, back, hips, shoulders, etc. (swelling, moderate pain)

Other Health Issues:

 you have a hernia

 you take heart or asthma medications

 you have epilepsy or a seizure disorder

 you have a history of past heat exhaustion/stroke that required medical care

 your blood cholesterol level is greater than 200 mg/dL, or your HDL is less than 40 mg/dL, or you take cholesterol medication

 I have a waiver for

**SECTION B**

Cardiovascular risks:

 you are physically inactive (i.e., you get less than 30 minutes of physical activity less than 3 days per week)

 you have a body mass index (BMI) ≥ 30 \*

 you don’t know your cholesterol level

 you don’t know your blood pressure

 you smoke currently or in the past 6 months

\*(to determine BMI, go to: [National Heart, Lung and Blood Institute: Calculate Your Body Mass Index](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm) )

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

**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). **WARNING: The information you have given constitutes an official statement. Incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement.**

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**I have read and understand the above, and answered truthfully.**

Signature: Printed Name Date

Unit: City State

HSQ Coordinator: