**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**

\_\_\_ I have a past waiver from the Forest Service/DOI for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I have/carry/take prescribed medications (other than I have/had:

birth control, testosterone), take herbal supplements, \_\_\_ a heart attack

or take over-the-counter medication regularly \_\_\_ heart surgery

\_\_\_ I have an allergy that I have been told I should carry \_\_\_ coronary (heart) angioplasty or stent placement

an Epi-pen for \_\_\_ a pacemaker/implantable cardiac defibrillator

\_\_\_ I currently have a hernia \_\_\_ rhythm disturbance (abnormal heartbeat)

\_\_\_ I have epilepsy or a seizure disorder \_\_\_ heart valve disease or a heart murmur (excluding

\_\_\_ I have a history of past heat exhaustion/stroke that murmurs as an infant that disappeared as a baby)

required medical care \_\_\_ heart failure

\_\_\_ My blood cholesterol is greater than 200 mg/dL or \_\_\_ heart transplantation

my HDL is less than 40 mg/dL \_\_\_ congenital (born with) heart disease

\_\_\_ I wear corrective lenses \_\_\_ blood pressure greater than 139/89

\_\_\_ I have been told I have hearing loss or I wear hearing \_\_\_ diabetes (diet/exercise controlled or you take

aids medication)

\_\_\_ asthma

\_\_\_ personal experience or a doctor’s advice of any other

I have experienced in the **last 12 months:** physical reason that would prohibit you from carrying out

\_\_\_ chest discomfort/pain with exertion or participating in strenuous activity

\_\_\_ breathlessness more than others with exertion

\_\_\_ dizziness, fainting, black-outs

\_\_\_ muscle or bone/joint problems: spine, knees, back

hips, shoulders, etc. (swelling or pain that interferes with

the function of that body part or your ability to use it)

**SECTION B**

Cardiovascular risks:

\_\_\_ I am physically inactive (I get less than 30 minutes \_\_\_ I have not had my cholesterol level checked in the

of physical activity less than 3 days per week) last 3 years

\_\_\_ I have a body mass index (BMI) ≥ 30\* \_\_\_ I have not had my blood pressure checked in the last

\_\_\_ I smoke currently or in the past 6 months year

\*(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: