

<u>WCT Level</u>
<input type="checkbox"/> Arduous
<input type="checkbox"/> Moderate
<input type="checkbox"/> Light

### HEALTH SCREENING QUESTIONNAIRE (HSQ)

**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.

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

I have/carry/take prescribed medications (other than birth control, testosterone), take herbal supplements, or take over-the-counter medication regularly

I have an allergy that I have been told I should carry an Epi-pen for

I currently have a hernia

I have epilepsy or a seizure disorder

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

My blood cholesterol is greater than 200 mg/dL or my HDL is less than 40 mg/dL

I wear corrective lenses

I have been told I have hearing loss or I wear hearing aids

I 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 (excluding murmurs as an infant that disappeared as a baby)

heart failure

heart transplantation

congenital (born with) heart disease

blood pressure greater than 139/89

diabetes (diet/exercise controlled or you take medication)

asthma

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

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I have experienced in the **last 12 months**:

chest discomfort/pain with exertion

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)

Cardiovascular risks:

I am physically inactive (I get less than 30 minutes of physical activity less than 3 days per week)

I have a body mass index (BMI)  $\geq 30^*$

I smoke currently or in the past 6 months

I have not had my cholesterol level checked in the last 3 years

I have not had my blood pressure checked in the last year

\*(to determine BMI, go to: [National Heart, Lung and Blood Institute: Calculate Your Body Mass Index](#).)