



File Code: 5100/6180

Date:

Dear Physician or Qualified Medical Provider:

\_\_\_\_\_ is a Forest Service employee or prospective employee with the  
\_\_\_\_\_ National Forest.

This employee is or will be involved in fire management activities and is required to pass a monitored Work Capacity Test (WCT). The Forest Service requires clearance from a licensed physician or other qualified medical provider before this individual takes the test. Once that has been completed, the individual will be required to pass the WCT at the following level noted below. Upon successfully passing the WCT, this employee must be physically capable of performing the requirements of this level of activity required in his/her fire position in wildland fire environmental conditions.

\_\_\_ **Arduous level** - requires the individual to complete a 3-mile walk/hike within 45 minutes while carrying a 45-pound pack;

\_\_\_ **Moderate level** - requires the individual to complete a 2-mile walk/hike within 30 minutes while carrying a 25-pound pack; or

\_\_\_ **Light level** - requires the individual to complete a 1 mile walk within 16 minutes.

Please review the enclosed Certificate of Medical Examination (Standard Form 78), the Health Screening Questionnaire, and the "The Pack Test" information sheet, and evaluate this individual's physical condition in regard to the duties and physical requirements of the physical conditioning exercise, the WCT, and position. Please complete, sign and date Parts C and F of the Standard Form 78. In the "Conclusions" block, please note any limiting factors for the individual in meeting the physical requirements of the job and/or the WCT.

Please mail the completed Standard Form 78 to the following address:

USDA Forest Service -- ASC-HCM  
Attn: HSQ-Medical Form  
Mailstop 308  
3900 Masthead Street NE  
Albuquerque, NM 87109

The Forest Service authorizes you to bill for the customary and reasonable costs incurred for a standard physical examination. If additional testing is needed beyond the customary examination, please contact \_\_\_\_\_ at \_\_\_\_\_ for prior approval.

Please forward the bill to:

Thank you for your assistance.

Sincerely,  
NAME & Title  
Enclosures

