

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**HEALTH SCREEN QUESTIONNAIRE**

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The purpose is to identify individuals who may be at risk in 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. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The information on this Health Screen is considered confidential and must be filed in the employee medical file.

Solicitation of this information is authorized by Title 5 CFR Part 339 – Medical Qualification Determinations, which provides for a determination of an individual’s fitness-for-duty.

The information on this form may be disclosed without your consent as permitted by the Privacy Act (5USC552a(b)) to meet employment and medical requirements.

Circle the appropriate Yes or No response to the following question.

- | <u>Yes</u> | <u>No</u> |   |
|------------|-----------|---|
| Y          | N         | 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest? |
| Y          | N         | 2) During the past 12 months have you experienced difficulty breathing or shortness of breath?  |
| Y          | N         | 3) Are you currently under a doctor’s care for a heart or lung related condition?   |
| Y          | N         | 4) Have you ever been diagnosed with, and are you currently being treated for, high blood pressure?   |
| Y          | N         | 5) Do you have a blood pressure with systolic (top#) greater than 140 or diastolic (bottom#) greater than 90?   |
| Y          | N         | 6) Do you have a resting pulse greater than 100 beats per minute?   |
| Y          | N         | 7) Do you have a bone or joint condition that could be made worse by a change in your physical activity?  |
| Y          | N         | 8) Do you know of any other medical or physical reason you should not take the Work Capacity Test?  |
| Y          | N         | 9) Do you have asthma, diabetes, epilepsy or elevated cholesterol?  |

A “Yes” answer will mean that a medical examination is required of the employee taking the WCT (Forms SF-78, Certificate of Medical Examination, and 1400-108, Physical Requirements for Firefighter and Smokejumper Positions). A doctor will then make a determination as to whether or not the employee should participate in a WCT. If the situation is being mitigated under the supervision of a doctor, the employee must provide a doctor’s statement, to the Test Administrator, indicating that the employee can safely undergo the WCT.

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

Participant \_\_\_\_\_ Administrator \_\_\_\_\_ Date \_\_\_\_\_

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