

**U.S. FISH AND WILDLIFE SERVICE CREDENTIALLED LAW ENFORCEMENT REFUGE OFFICER
ADDENDUM
to the ANNUAL
FEDERAL INTERAGENCY
MEDICAL HISTORY, EXAMINATION, and CLEARANCE FORM for
Wildland Firefighters (Arduous Duty)**

(Note: To be valid for review purposes, this form MUST be attached to a completed full form by this name)

Firefighter's Name _____ (Print legibly)			
MEDICAL HISTORY ADDENDUM			Every item checked "Yes" must be explained in the spaces below, specifying the number of the item(s). Copies of pertinent medical records also may be necessary.
Do you have, or have you ever had:	Yes	No	
1. Radial keratotomy (a specific type of eye surgery to correct poor vision)?			
2. Nose, mouth, or throat diseases (other than minor, short-term problems)?			
3. A problem with speaking, making it difficult for others to understand you?			
4. A problem with missing teeth, or gaps between your teeth, that affects your appearance or ability to eat?			
5. Untreated cavities in your teeth?			
6. Untreated gum infections?			
7. A limited range of motion or limited flexibility in your legs, hands, or arms?			
8. Heart valve problems?			
9. Shortness of breath, due to a medical problem?			
10. Pain when taking a breath?			
11. A problem with passing urine while you are sleeping?			
12. A problem with pass urine accidentally, while awake?			
13. A sexually transmitted disease?			
MEN ONLY:			
14. An enlarged prostate gland?			
15. Pain or lumps in your testicles?			
WOMEN ONLY:			
16. An abnormal Pap smear test?			
17. An abnormal mammogram?			

MEDICAL SCREENING ADDENDUM

(Note: These items are either *in addition* to those required for a wildland firefighter medical clearance, *or the standard is different*, for the law enforcement clearance.)

Screening Item	Result	Qualifying Standard	Comments
1. <u>Blood Pressure</u>	/	Less than or equal to 150/90 and greater than or equal to 100/60	
4. <u>Pulse</u> (beats/minute)		Less than or equal to 110	
5. <u>Hearing</u> (without hearing aides) Wh=Whispered words at 1 foot from ear Sp=Spoken words at 1 foot from ear (opposite ear covered)	Heard? R – Wh <input type="checkbox"/> L – Wh <input type="checkbox"/> R – Sp <input type="checkbox"/> L – Sp <input type="checkbox"/>	Thresholds no greater than 35 dB in speech range. Wh= about 30 dB Sp= about 60 dB (Need to hear <i>whisper</i>)	
6. <u>Vision</u> Uncorrected far: Corrected far: Near (corrected or uncorrected):	R -20/_____ L -20/_____ R -20/_____ L -20/_____ 14/ ____ at 14"	-Uncorrected far vision of 20/200 or better, each eye -Corrected far vision of 20/20 (in one eye) and 20/30 (in other eye), or better -Read Jaeger Type 2 at 14 inches (14/18)	
Stool for Occult Blood	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Pulmonary Function Test	Attach printout	FVC, FEV ₁ , FEV ₁ /FVC greater than or equal to 70% of predicted values	
Laboratory Tests (CBC, Chemistry Panel, Urinalysis, Blood Lead, Serum Iron)	Attach printout	Normal variation	
Electrocardiogram (All applicants or initial exams, and all incumbents over age 40)	Attach printout and interpretation	Normal variation	
Exercise Tolerance Test (Stress ECG) Maximal, symptom-limited graded exercise test using Bruce protocol (baseline for all applicants, and incumbents age 45 and over)	Attach printout and interpretation	No ischemic changes that would indicate a need for restrictions on arduous exertion.	
Other Comments:			

Medical Screening Performed By:

Print Name

Signature

Date

License or Certification (e.g., MD, DO)

State of License/Certification

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(*Arduous Duty*)**

Medical Review Officer's Qualification Statement

(Note: This is NOT an examination-site review. This review may be performed ONLY by an agency-designated official.)

Based upon a review of the complete *ANNUAL FEDERAL INTERAGENCY MEDICAL HISTORY, EXAMINATION, and CLEARANCE FORM for Wildland Firefighters (Arduous Duty)*, AND this Addendum form, PLUS any additional information provided by the law enforcement officer's health care providers, my opinion for this law enforcement officer is:

- No Significant Findings** - The officer appears to meet the medical standards for law enforcement.
- A Final Determination Cannot be Made Based on Available Medical Information** - The following results remain inconclusive and require that further information be provided to the Agency Medical Review Officer from the examinee's personal health care providers (see 5 CFR 339.104, attached). Final recommendations cannot be made until this has been completed.
- Significant Medical Findings** - The individual does not appear to meet one or more of the medical standards.

Medical Review Officer's Signature: _____ Date: _____
