



File Code: 5100/6180

Date:

OF-178 Medical Exam CHEAT SHEET for the Medical Provider

Review Parts A and B. If the person is required to do heavy lifting, review the “Essential Functions and Work Conditions of a Wildland Firefighter.”

PART C. (all parts are required unless otherwise noted)

1. Height and weight
2. Eyes
 - a. Distant vision
 - b. Depth perception (OPTIONAL)
 - c. Peripheral vision – temporal only is needed
 - d. Jaeger test (OPTIONAL)
 - e. Color vision – only 1 of the 3 is required, exception is if they fail the color plate test then do the red/green/yellow test as well
3. Ears: if unable to do audiogram, and don't have a handheld audiometer, do conversation test at 20 feet or whisper test at >5 feet and please document whisper test done (the audiometer readings **must be numeric** – **5, 10, 15, 20**, **40 dB, and so on**, documenting the lowest decibel able to be heard at 500, 1000, 2000, and 3000 Hz at a minimum, NOT “pass” or “25%, 50%, or 75%,” and the conversation or whisper test is a numeric result as well – number of approximate feet)
4. Rest of the physical exam: if the individual system exam is normal then say so, do not leave a system blank
 - a. EENT
 - b. Abdomen
 - c. Head and back
 - d. Peripheral blood vessels
 - e. Speech
 - f. Extremities
 - g. Skin and lymph nodes
 - h. Urinalysis – recommended but may also leave as if indicated
 - i. Respiratory – note lung exam here, CXR is only if indicated on exam
 - j. Heart – note heart exam, BP, and pulse here, EKG if indicated on exam
 - k. Back
 - l. Neurologic
5. Please note any medical diagnoses here and check whether there are or are not any limiting conditions that would affect the job in your opinion.
 - Current Medical Standards for the arduous/heavy lifting position can be found at:
http://www.fs.fed.us/fire/safety/wct/fs_version_ms.pdf
6. Printed medical provider's name with professional designation (M.D., D.O., APN/NP, PA)
7. OPTIONAL but not needed
8. Office address
9. Telephone number
10. Medical provider's signature
11. Date of exam

MAKE SURE YOU KEEP A COPY OF THE EXAM FORM AND GIVE THE ORIGINAL TO THE EMPLOYEE

