

**STATEMENT OF PHYSICAL ABILITY FOR FIELD WORK**

THIS QUESTIONNAIRE IS DESIGNED FOR BOTH THE EMPLOYEE AND EMPLOYER. THE FOREST SERVICE IS CONCERNED ABOUT YOUR SAFETY, HEALTH, AND PHYSICAL CONDITION. THE QUESTIONS ARE ASKED TO HELP US IDENTIFY PROSPECTIVE EMPLOYEES THAT HAVE OR HAVE HAD PHYSICAL CONDITION THAT MAY REQUIRE SOME ATTENTION OR SPECIAL PRECAUTIONARY MEASURES. SUPERVISORS HAVE THE PEROGATIVE TO REQUEST A PRE OR POST EMPLOYMENT PHYSICAL AT ANY TIME AT GOVERNMENT EXPENSE.

You will be working in terrain that varies from flat and gentle to very steep, rocky and brushy. Climate changes vary from cool mornings to hot days and could include rain, sleet or snow all months of the year. You may be required to walk long distances (trail crews often walk and work up to 20 miles per day). Your job will involve bending, lifting, pushing, pulling and other physical abilities. Firefighting requires strenuous physical exertion for extended periods including walking, climbing, shoveling, throwing, lifting, frequently carrying objects weighing 50 pounds or more. Being in top physical condition will contribute to both your job performance and to your overall health, safety, and personal satisfaction.

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YES	NO	IF ANSWER IS "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE EXPLAIN IN #10.
		1. DO YOU HAVE ANY VISION AND/OR HEARING PROBLEMS?
		2. DO YOU HAVE AN AMPUTATION OR ABNORMALITY OF THE LEG, FOOT, OR ARM, HAND OR FINGER?
		3. DO YOU HAVE DIFFICULTY IN USING HANDS, ARMS OR FINGERS?
		4. DO YOU HAVE A DISEASE WHICH COULD MAKE YOUR EMPLOYMENT HAZARDOUS TO YOURSELF AND OTHERS?
		5. DO YOU HAVE ANY PREVIOUS INJURY(S) THAT REQUIRED MEDICAL ATTENTION SUCH AS BACK, KNEES, LEGS, HIPS, OR ANKLES? IF YES, EXPLAIN NATURE OF INJURY AND DATE.
		6. DO YOU HAVE ANY KNOWN CONDITION OR SITUATION THAT COULD PREVENT YOU FROM PHYSICALLY PERFORMING YOUR ASSIGNED WORK DUTIES, SUCH AS: Heart Disease, Convulsive Disorders, High Blood Pressure, Arthritis, Pulmonary or Respiratory Disorders, Other? Circle the one that may apply, and explain.
		7. DO YOU HAVE ANY SENSITIVITIES? Bee Stings, Poison Oak, Poison Ivy, Allergies (Hay Fever, Etc.) Circle any that may apply and explain.
		8. DO YOU TAKE ANY MEDICATIONS FOR ANY OF THE CONDITIONS LISTED IN #6 OR #7
		9. DO YOU HAVE ANY CONTAGIOUS DISEASE(S)?

10. EMPLOYEES DETAILED EXPLANATION TO QUESTIONS ANSWERED "YES" ABOVE. (REFER TO QUESTION NUMBER).

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I UNDERSTAND THIS FORM IS PART OF MY APPLICATION AND FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN APPROPRIATE DISCIPLINARY ACTION.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE REVIEWED AND DISCUSSED WITH ABOVE EMPLOYEE.

Work Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Officer's: \_\_\_\_\_ Date: \_\_\_\_\_