

REQUEST FOR MEDICAL EXAMINATION FOR ARDUOUS DUTY

The following information is required in order to request an arduous duty medical examination under the Interagency Wildland Firefighter Medical Qualification Standards. NOTE: Comprehensive Health Services (CHS) will call you directly to schedule your medical examination at a date and time that fits within your schedule. The contact address (home or work) is need by CHS in case they need to send any additional correspondence to you regarding your medical examination.

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Red Card Arduous Position Title(s): \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Provide at least one telephone number for contact from CHS.

\_\_\_\_\_

Work telephone number

\_\_\_\_\_

Home telephone number

\_\_\_\_\_

Cellular number

Because your official position does not require arduous level duties, supervisory approval is necessary prior to requesting a medical examination. Your supervisor’s signature is only approving a medical examination for arduous wildland firefighting duties, prior to completion of the Work Capacity Test. Supervisory approval of a medical examination does not guarantee that you will be available and/or offered fire assignment(s).

\_\_\_\_\_

Supervisor’s signature

\_\_\_\_\_

Date

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Date medical examination information was entered into CAS: \_\_\_\_\_

Information entered by: \_\_\_\_\_

This information will be place in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the Office of Personnel Management system of records notice.