

<u>WCT Level</u>
<input type="checkbox"/> Arduous
<input type="checkbox"/> Moderate
<input type="checkbox"/> Light

## HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

The purpose of the HSQ is to identify individuals who may be at risk while 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 which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

**SECTION A**

You have/had:

- a heart attack  
 heart surgery  
 coronary (heart) angioplasty or stent placement  
 a pacemaker/implantable cardiac defibrillator/  
 rhythm disturbance (abnormal heartbeat)  
 heart valve disease or a heart murmur  
 heart failure  
 heart transplantation  
 congenital (born with) heart disease  
 personal experience or a doctor's advice of any  
 other physical reason that would prohibit you  
 from carrying out or participating in strenuous  
 activity  
 blood pressure greater than 139/89, or you  
 take blood pressure medication  
 diabetes: diet controlled or you take medicine to  
 control your blood sugar

You experienced in the last 12 months:

- chest discomfort/pain with exertion  
 breathlessness more than others with exertion  
 dizziness, fainting, blackouts  
 muscle or bone/joint problems: spine, knees,  
 back, hips, shoulders, etc. (swelling, moderate pain)

Other Health Issues:

- you have a hernia  
 you take heart or asthma medications  
 you have epilepsy or a seizure disorder  
 you have a history of past heat  
 exhaustion/stroke that required medical care  
 your blood cholesterol level is greater than 200  
 mg/dL, or your HDL is less than 40 mg/dL, or you take  
 cholesterol medication

**SECTION B**

Cardiovascular risks:

- you are physically inactive (i.e., you get less than  
 30 minutes of physical activity less than 3 days  
 per week)  
 you have a body mass index (BMI)  $\geq 30$  \*  
 you don't know your cholesterol level  
 you don't know your blood pressure  
 you smoke currently or in the past 6 months

\*(to determine BMI, go to: [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm))

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

**Privacy Statement**

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I have read and understand the above, and answered truthfully.

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Unit: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HSQ Coordinator/Fire Management Official or Delegate: \_\_\_\_\_