

STRENUOUS ACTIVITY LETTER

Dear Doctor:

Your patient, _____, is applying for a position with the Federal Bureau of Investigation (FBI). The position is physically demanding and requires the ability to perform strenuous exercise in the normal course of duty to protect the life of the applicant and others. These duties can be expected to place stressful demands on the respiratory system. Accordingly, in view of the history provided by the applicant, you are requested to provide the following supplemental information to the FBI. Your patient has provided consent to you for the release of this information.

1. Does your patient have a lung disease or disorder?
2. What is the medical diagnosis?
3. Does your patient use medicine typically prescribed for a lung disorder e.g. bronchodilator?
4. How long have you treated this patient?
5. If your diagnosis is asthma, can you provide copies of PFT, spirometers, peak flows and chest x-rays?
6. If asthma, would you characterize it as mild, moderate severe?
7. If asthma, when was your patient's last attack?
8. If asthma, has your patient ever been treated in an emergency room, urgent care center, hospital, or your office for SOB or dyspnea on exertion?
9. Does the airway obstruction clear with use of the bronchodilator e.g. albuterol inhalation aerosol?
10. Has your patient ever been hospitalized to monitor and treat breathing difficulty?
11. Has your patient ever been intubated for respiratory distress?
12. Has your patient ever been treated with I. V. or oral steroids e.g. prednisone?
13. Are you aware of any stimuli that trigger asthma attacks, e.g. pollen, dust, fumes, exercise, sinus infections, cold weather, emotional stress, physical activity (please be specific _____)?
14. If you suspect triggering agents have there been any provocative tests e.g. methacholine challenge or immunological testing e.g. skin or RAST testing?
15. Do you know whether immunology therapy (e.g. allergy shots) have been recommended for your patient?

Physician signature _____ Date _____

Board Certified Y ___ N ___ (Specialty _____) Print Name _____

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