**NWCG Wildland Fire Heat Illness Report**

Complete this report for any wildland firefighter heat illness or suspected heat illness (including during any training and/or operational activities). A list of “Heat-Related Injuries” (HRI) is listed in NWCG Incident Response Pocket Guide (IRPG), pink pages. The reporting of wildland firefighter HRI is necessary to fully understand HRI within the wildland fire environment/job duties, which in turn will result in improved mitigation measures to further protect firefighters against heat illnesses. This reporting will also augment the Missoula Technology and Development Center (MTDC) Heat Illness Study. This report does not replace official accident/illness agency reporting requirements. There is NO patient Personal Identifiable Information (PII) requested within this report form.

**Submit report to:**

MTDC  
Attn: Dr. Joe Domitrovich, Heat Illness Study Program  
5785 Highway 10 West  
Missoula, MT 59808; or email to:  
jdomitrovich@fs.fed.us

Submitted by: _______________  
Agency: _______________  
Phone: _______________  
Email: _______________

**General Information (No names please!)**

- **Date of event:** ______  
- **Time:** ______  
- **Fire/Incident Name and Location:** _______________  
- **State Where Patient(s) is/are Based:** _______________  
- **Days on Current Assignment:** ______  
- **Level of Medical Treatment:**  
  - [ ] Crew/Agency EMR/EMT  
  - [ ] Incident Medical Unit  
  - [ ] Local Clinic or Hospital  
  - [ ] Other: _______________  
- **Brief description of incident:** _______________  
- **Illness Occurred During:**  
  - [ ] Fire Operations  
  - [ ] Training  
  - [ ] Other: _______________  
- **Exertion level:**  
  - [ ] Low  
  - [ ] Moderate  
  - [ ] High  
  - [ ] Direct fireline  
  - [ ] Indirect fireline

**Environmental Information (day of the incident)**

- **Temperature (Degrees F):** ______  
- **RH (%):** ______  
- **Wind (mph):** ______  
- **Cloud Cover (%):** ______  

**Sources of Heat:**  
- [ ] Single layer  
- [ ] Kevlar pant  
- [ ] Non-kevlar pant  
- [ ] Other PPE: _______________  
- [ ] Fireline pack weight: ______

**Fuel Model (1-13):** ______  

<table>
<thead>
<tr>
<th>Grass and grass-dominated</th>
<th>Timber litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Short grass (1 foot)</td>
<td>8 Closed timber litter</td>
</tr>
<tr>
<td>2 Timber (grass and understory)</td>
<td>9 Hardwood litter</td>
</tr>
<tr>
<td>3 Tall grass (2.5 feet)</td>
<td>10 Timber (litter and understory)</td>
</tr>
</tbody>
</table>

**Chaparral and shrub fields**  

<table>
<thead>
<tr>
<th>Slash</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Chaparral (6 feet)</td>
</tr>
<tr>
<td>5 Brush (2 feet)</td>
</tr>
<tr>
<td>6 Dormant brush, hardwood slash</td>
</tr>
<tr>
<td>7 Southern rough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grass and grass-dominated</th>
<th>Timber litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Chaparral (6 feet)</td>
<td>11 Light logging slash</td>
</tr>
<tr>
<td>5 Brush (2 feet)</td>
<td>12 Medium logging slash</td>
</tr>
<tr>
<td>6 Dormant brush, hardwood slash</td>
<td>13 Heavy logging slash</td>
</tr>
</tbody>
</table>
### Individual Information

<table>
<thead>
<tr>
<th>Age: ________</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
<th>Height (feet and inches): ______</th>
<th>Weight (lbs): ______</th>
</tr>
</thead>
</table>

**Position assignment when illness occurred:** ______________________________

**Seasons worked on crew/position (count current season): _____**

Is individual new to position?:

- Yes
- No

Has individual ever been diagnosed by a doctor with:

- Rhabdomyolysis
- Compartment Syndrome
- Heat Stroke

Which of these major signs and symptoms were present:

- Fatigue
- Weakness
- Dizziness
- Nausea/vomiting
- Muscle pain
- Headache
- Profuse Sweating
- Increased heart rate
- Decreased blood pressure
- Decreased coordination
- Agitation
- Increased respiratory rate
- Numbness/tingling
- Confusion
- Unresponsive/Unconscious

Was there an illness within two weeks of incident?:

- Yes, Type of illness and duration
- No

Was over-the-counter or prescribed medication taken at any point prior to illness:

- Yes, type and dose of medication
- No

Supplements taken prior to and/or day of incident (energy drinks are considered a supplement):

- Yes, supplement name and amount
- No

Does the patient train with any specific exercise program (i.e.; CrossFit, JonesGym, P90X, etc.)

- Yes, Name
- No

**Other comments or observations considered pertinent to the incident:**

- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________