## HIGH RISK STUDENT MEDICAL SCREENING FORM

Final determination regarding suitability for participation in high risk training remains at the training site.

TRAINEE NAME:							SCREEN DATE:			
Last First MI			First	МІ						
F	RANK/RATE:						COURSE NAME:			
F	PAREN	NT CO	AMM	ND:			COURSE CDP or CIN:			
uital e an	inee <u>MUST</u> bring completed and signed Part 1 of form to check into the training site. Students answering YES will require a decision regarding sability for participation in high risk training by appropriate health care provider. If you answered YES to questions 1-17, qualifying official must an (MD, PA, NP, or IDC). If all questions are NO, an HM may sign. Place an "X" in the appropriate box for Qualified or Not Qualified, then print ne, sign, date and include phone number. Students must inform training site of any changes in medical status upon arrival at training site.									
[PA	RT – 1	] Ans	wer ea	ch questio	n by placing ar	"X" in the appr	opriate column.			
	YES	NO	N/A	QUESTION						
1				Do you ha	ve a hernia?					
2				Are you pr	egnant? (OPNA	VINST 6000.1 se	eries)			
3				Have you	had any surgery	/ or a post-operat	ive procedure within the past 10 days? List below in remarks section.			
4				experience Have you	ed flashbacks? l ever been treate	Have you ever be ed with psychotro	natic Stress Disorder (PTSD), Acute Stress Disorder, or een diagnosed with a mental health or psychiatric condition? pic medications?			
5				Do you ha	ve hypoglycemi	a (low blood suga	ar)?			
6				Do you ha	ve any fractures	s, strains, sprains	, splints, casts or back injuries?			
7					ave pneumonia, emicals or dust		na or any other respiratory condition that can be <u>SEVERELY</u> irritated by			
8				Do you ha	ve an eye inflan	nmation (Conjunc	ctivitis, pink eye, infection)?			
9							its (either prescription or over-the-counter), other than birth control, ne in the remarks section, including over-the-counter.			
0				•	ve an artificial jo					
1				·		•	s, body piercing(s), or new tattoos (within the past 72 hours)?			
2				Do you ha	ve nasal conge	stion or an ear/no	se/throat infection?			
3				Do you ha	ve a history of h	eat related illnes	ses/injuries?			
4				Have you	had Lasik or oth	er eye surgery in	the last year?			
5						pressure, heart d d for any of these	isease, stress related chest pains, diabetes, or are you currently conditions?			
6				Do you ha	ve hypotension	(low blood pressi	ure)?			
7							nedical or psychological) or injury that could be aggravated by stress or training (to include claustrophobia, panic attacks)?			
		•								
			I	f you answ	vered <u>YES</u> to d	uestions 1-17,	please amplify in Trainee Remarks section.			
Trainee Signature:							Date:			
his c	nis questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during high risk training.									
rair	rainee Remarks:									

Checi	k One				
	QU	IALIFI	IED	PRINT: Healthcare Provider (MD, PA, NP, IDC, or HM)	PHONE
	NC	T QU	ALIFIED	SIGNATURE: Healthcare Provider (MD, PA, NP, IDC, or HM)	DATE
Medica	al (MD,	PA, N	NP, IDC)	Remarks:	
			•	ther prior to check in to the training site by the appropriate health care provider or at HM of any changes in medical status upon arrival at training site.	the training site by the supporting HM.
[PA	RT – 2]	Ansv	ver each o	question by placing an "X" in the appropriate column.	
	YES	NO	N/A Q	DUESTION	
1			Α	re you on limited/light duty or have you had a tooth extracted within the pa	st 72 hours?
2			Н	lave you tested positive for Sickle Cell Trait or G6PD Deficiency?	
3			D	o you have any issues with your vision that is not corrected with lenses?	
4			D	o you have active dermatitis or severe acne?	
5				o you have any food or environmental allergies (to include wasp/bee sting odine, chlorine, pepper, shellfish, etc.)?	s, ant bites, nuts, latex,
6				o you have an epinephrine injector (EpiPen) requirement? If yes, EpiPen r resent to train.	nust be within expiration date and
7			D	o you have a color vision deficit?	
8			D	o you have an inhaler requirement? If yes, inhaler must be within expiratio	n date and present to train.
9			D	o you become anxious when in tight, dark spaces or when you wear a mas	sk for prolonged periods?
	1		I L		
PRINT	/SIGN	ATUR	E of Hea	Ilthcare Provider:	DATE
Health	care P	rovide	r Remark		

**Note:** Part 3 is to be completed at the training site. Students arriving at the training site who answer "YES" to the below questions may be disqualified from participation in the high-risk event at the discretion of the Training Site Authority. Before commencing high risk training, the

PART – 3] Answer each question by placing an "X" in the appropriate column.						
YES	NO					
		Have you consumed any alcoholic beverages within the last 12 hours of the high-risk event?				
		Did you sleep less than 4 hours previous to the high-risk event?				
		Has anything changed since the date of initial screening?				

## **APPROVED TO TRAIN (Circle Appropriate Response)**

YES NO SIGNATURE: Training Site Authority DATE

After completion and review, this form will be stored in a locked container at all times to ensure privacy. This form shall be destroyed no later than 30 days after trainee has graduated. The screening sheet is valid for **45 Days** after the healthcare provider signs the screening sheet. Note: Training Site Authority signature is defined as that designated through formal letter, command instruction, or executive suite signature (CO, Officer in Charge, Executive Officer).

## Privacy Act Statement

- 1. Authority: U.S.C. 301, Departmental Regulations and E.O. 9397
- 2. <u>Principal Purpose</u>: To assist in determining physical suitability for participation in high risk training.

training activity shall review the form and ascertain from the student whether anything has changed.

- 3. Routine Use: The blanket routine uses that appear at the beginning of the department of the Navy compilation in the Federal Register apply.
- 4. <u>Mandatory or voluntary disclosure and effect on individual not providing information</u>: Providing the information is voluntary; however, failure to do so may preclude participation in high risk training.