

SERE MEDICAL CRITERIA FOR HIGH-RISK TRAINING

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during high-risk training. This information will be held in confidence, and **must be completed prior to participation in training**. Students should bring their medical record or attain a copy when reporting for training.

NAME (LAST, FIRST, MI.)			RATE/RANK		DODI		
DATE	AGE	WEIGHT	UNIT				
MAKE STATEMENT OF YOUR PRESENT HEALTH:							
STUDENT PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO REPORTING							
DO YOU NOW HAVE:		YES	NO	IN THE LAST YEAR, HAVE YOU HAD:		YES	NO
1. COLD or SORE THROAT, NASAL INFECTION, OR EAR/NOSE/THROAT INFECTION				16. PNEUMONIA			
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA, OR ANY RESPIRATORY CONDITION)				17. MUSCLE STRAINS or SPRAINS			
3. TROUBLE WITH ANY JOINTS OR JOINT REPLACEMENT SURGERY				18. ANY SURGERIES (including LASIK or eye surgery)			
4. NECK or BACK TROUBLE				19. ANY DISLOCATIONS or FRACTURES			
5. ANY INFECTION INCLUDING (i.e. Hepatitis, Herpes, MRSA)				HAVE YOU EVER HAD:			
6. SMALL POX VACCINATION WITHIN 30 DAYS OR OPEN LESION (if yes, cannot attend training)				20. FRACTURES or SURGERY TO NECK or SPINE			
7. ANY SUTURES IN PLACE OR OPEN CUTS				21. CHEST PAIN, HEART DISEASE, HIGH OR LOW BLOOD PRESSURE			
8. ALLERGIES (i.e. wasp/bee/ant stings, nuts, latex, iodine, chlorine, shellfish, or any food)				22. ANY FACIAL/JAW INJURIES OR SURGERIES			
9. MEDICATIONS FOR ANY MEDICAL CONDITION				23. KNEE INJURIES or SURGERY			
10. EYE INFLAMMATION(conjunctivitis, pink eye, infection)				24. ASTHMA OR SLEEP APNEA			
11. AN INHALER OR EPI-PEN REQUIREMENT (if yes, must have to train)				25. HEMO/PNEUMOTHORAX or CHEST TRAUMA			
12. A HERNIA OR REPAIR WITHIN 2MONTHS (if yes, cannot attend training)				26. HEAD INJURIES/CONCUSSIONS or HEADACHES/MIGRAINES			
13. HYPOGLYCEMIA (low blood sugar) DIABETES OR ANY ENDOCRINE DISORDERS				27. CLAUSTROPHOBIA OR PANIC ATTACKS			
14. ACUTE OR CHRONIC SKIN CONDITION				28. HEAT ILLNESS or COLD INJURY			
15. ANY CARDIAC OR VASCULAR DISORDERS (Raynaud's Disease, etc.)				FEMALES:			
DENTAL WORK – DO YOU NOW HAVE:				29. IS THIS THE FIRST DAY OF MENSTRAL CYCLE?			
16. CAPS/CROWNS/DENTURES/BRIDGES/BRACES				30. ARE YOU ON BIRTH CONTROL (List type/brand)			
17. TOOTH EXTRACTION (WITHIN 10 DAYS)				31. ARE YOU PREGNANT			
32. ARE YOU CURRENTLY OR EVER BEEN ON LIGHT DUTY, MEDICAL BOARD (LIMDU, PEB), OR A WAIVER FOR A MEDICAL CONDITION.							
33. ARE YOU OUTSIDE OF THE HEIGHT/WEIGHT BODY FAT STANDARDS ESTABLISHED IN OPNAVINST 6110.1 SERIES							
34. DO YOU HAVE ANY EXISTING CONDITION (MEDICAL OR PSYCHOLOGICAL OR INJURY THAT COULD BE AGGRAVATED BY STRESS OR PRECLUDE YOU FROM PARTICIPATING IN HIGH RISK ACTIVITIES							
MENTAL HEALTH							
IN THE LAST YEAR, HAVE YOU BEEN :						YES	NO
35. SEEN BY MENTAL HEALTH FOR ANY REASON							
36. UNDER EMOTIONAL STRAIN OR ARE YOU CURRENTLY (e.g. DEATH IN THE FAMILY, DIVORCE etc.)							
37. DIAGNOSED WITH A MENTAL HEALTH DISORDER INCLUDING DEPRESSION, ANXIETY, OR PTSD							
38. BEEN DEPLOYED WITHIN SIX MONTHS							
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BELOW BY ITEM NUMBER							
NOTE: No contact lenses may be worn during the Field phase of training. Wear prescription glasses if required.			I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY.				
			SIGNATURE:		DATE:		

EXAM MUST BE COMPLETED BY PHYSICIAN/IDC PRIOR TO REPORTING

SERE is an emotionally and physically challenging class designed for personnel that are in a high-risk-of-capture specialty. Prospective students shall be screened by a physician or other credentialed provider due to the remoteness of training and distance to the nearest medical facility. Additionally, students should be within body fat standards and have passed their last physical fitness assessment during the previous PFA cycle.

Additional information may be obtained from SERE Medical:

(SERE NORTH ISLAND, CA) DSN 735-6320 COMMERCIAL 619-545-6320 (SERE KITTEERY, ME) DSN 684-4511 COMMERCIAL 207-438-4511

TO BE FILLED BY EXAMINING PHYSICIAN / IDC

Signing Doctor: This medical screening represents the only medical history for this student during SERE training in a remote training area. This document is an integral component for an IDC or doctor to make a “return to training” decision if there is an occurrence during the remote training phase of the course. Please annotate in detail any pre-existing orthopedic, dental, and any other significant medical occurrence regardless of date. Any additional comments beyond the requirements of this document that you feel would be of assistance is greatly appreciated.

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. HEAD/EYES/EARS			4. ABDOMEN		
2. NECK / THROAT			5. SKELETOMUSCULAR		
3. CHEST			6. RESULT OF LAST PRT / PFA	PASS	FAIL
			BODY FAT % <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>

COMMENTS BY EXAMINING PHYSICIAN / IDC:

MEDICAL AND DENTAL RECORDS REVIEWED: YES NO	EVIDENCE FOUND TO DISCONTINUE TRAINING: YES NO
EXAMINING PHYSICIAN/IDC SIGNATURE:	DATE:
BELOW FOR SERE USE ONLY	
SERE MEDICAL STAFF	

COMMENTS:

SIGNATURE: _____ DATE: _____

SERE STUDENT

I AM IN THE SAME MEDICAL CONDITION NOW AS I WAS PRIOR TO SERE TRAINING: YES NO
IF ANSWER IS NO, PLEASE MAKE A COMMENT:

SIGNATURE: _____ DATE: _____

SERE MEDICAL OFFICER/IDC

COMMENTS:

SIGNATURE: _____ DATE: _____

PRIVACY ACT STATEMENT

1. Authority: 5 U.S.C. 301, Departmental Regulations and E.O. 9397.
2. Principal Purpose: To assist in determining physical suitability for participation in high-risk training.
3. Routine Uses: The Blanket Routine Uses that apply at the beginning of the Department of the Navy's compilation in the Federal Register apply.
4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Providing the information is voluntary; however, failure to do so may preclude participation in high-risk training.