

SERE MEDICAL CRITERIA FOR HIGH-RISK TRAINING

This questionnaire alerts SERE medical personnel of any condition that may endanger your health or others during high-risk training. This **must be completed prior to participation in training**. Students need to bring their medical and dental records or attain a copy when reporting for training. **Non-disclosure of medical, dental, or psychological conditions may result in a drop from the course.**

NAME (LAST, FIRST, M.I.)				RANK/RATE		DODI	
DATE	AGE	WEIGHT	UNIT		GENDER (circle one) MALE / FEMALE		
HOW WOULD YOU RATE YOUR CURRENT HEALTH (circle one) GOOD / SATISFACTORY / OTHER _____							
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				18. PNEUMONIA			
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA, or ANY OTHER RESPIRATORY CONDITION)				19. MUSCLE STRAINS or SPRAINS			
3. TROUBLE WITH ANY JOINTS or JOINT REPLACEMENT SURGERY				20. ANY SURGERIES (including LASIK, PRK, or other eye surgery)			
4. NECK or BACK TROUBLE (i.e., herniated/slipped discs or anything requiring physical therapy or a chiropractor)				21. ANY DISLOCATIONS or FRACTURES			
5. ANY INFECTION (including Hepatitis, Herpes, or MRSA)				HAVE YOU EVER HAD:		YES	NO
6. SMALL POX VACCINATION WITHIN 30 DAYS or OPEN LESIONS (if yes, cannot attend training)				22. FRACTURES or SURGERY TO NECK or SPINE			
7. ANY SUTURES IN PLACE OR OPEN CUTS				23. 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)				24. ANY FACIAL/JAW INJURIES or SURGERIES			
9. MEDICATIONS FOR ANY MEDICAL CONDITION				25. KNEE INJURIES or SURGERIES			
10. EYE INFLAMMATION (conjunctivitis, pink eye, infection)				26. ASTHMA or SLEEP APNEA			
11. AN INHALER or EPI-PEN REQUIREMENT (if yes, must have to train)				27. HEMO/PNEUMOTHORAX or CHEST TRAUMA			
12. A HERNIA OR REPAIR WITHIN 2 MONTHS (if yes, cannot attend training)				28. HEAD INJURIES/CONCUSSIONS or HEADACHES/MIGRAINES			
13. HYPOGLYCEMIA (low blood sugar), DIABETES, or ANY ENDOCRINE DISORDERS				29. CLAUSTROPHOBIA or PANIC ATTACKS			
14. ACUTE or CHRONIC SKIN CONDITION				30. HEAT ILLNESS or COLD INJURY			
15. ANY CARDIAC or VASCULAR DISORDERS (Raynaud's Disease, etc.)				FEMALES ONLY:		YES	NO
DENTAL WORK- DO YOU NOW HAVE:		YES	NO	31. IS THIS THE 1ST DAY OF MENSTRUAL CYCLE			
16. CAPS/CROWNS/DENTURES/BRIDGES/BRACES				32. ARE YOU PREGNANT			
17. TOOTH EXTRACTION (WITHIN 10 DAYS)				33. ARE YOU ON BIRTH CONTROL (list name) _____			
34. ARE YOU CURRENTLY ON OR HAVE YOU EVER BEEN ON LIGHT DUTY, LIMITED DUTY (LIMDU), A MEDICAL BOARD, PEB, OR HAD A WAIVER FOR ANY MEDICAL OR PSYCHOLOGICAL CONDITION							
35. ARE YOU OUTSIDE OF THE HEIGHT/WEIGHT BODY FAT STANDARDS ESTABLISHED IN OPNAVINST 6110.1 SERIES							
36. 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
37. SEEN BY A MENTAL HEALTH PROFESSIONAL FOR ANY REASON?							
38. UNDER EMOTIONAL STRAIN? (e.g. DEATH IN THE FAMILY, DIVORCE etc.)							
39. DIAGNOSED WITH A MENTAL HEALTH DISORDER (including Depression, Anxiety, ADHD, or PTSD)?							
40. DEPLOYED WITHIN THE LAST 12 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, but bring an inexpensive set. Bring all required medications to include inhalers and Epi-Pens if applicable.				I ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY.			
				SIGNATURE:		DATE:	

IMPORTANT FOR SIGNING PROVIDER: SERE is a physically and mentally challenging course designed for personnel that are in a high-risk-of-capture specialty. Prior to reporting for SERE training, prospective students will be screened by a Physician or other credentialed provider due to the remoteness of training and distance to the nearest medical facility. This form is integral for the SERE Medical Department to make a "return to training" decision should an incident occur during the course. For any prospective SERE student with an acute or chronic medical condition that requires a waiver, frequent or annual follow-up, pharmacologic therapy (excluding OTC medications), or injuries requiring interventions to include physical therapy, chiropractic care, or acupuncture, you may contact the respective SERE Medical Department to discuss fitness for training. Examples of such conditions that should be discussed include the following: Diabetes Mellitus, cardiac conditions, asthma requiring frequent inhaler use, Post-Traumatic Stress Disorder, uncontrolled anxiety or depression, prior heat/cold injuries (i.e., heat stroke, frostbite), any condition requiring Limited Duty (LIMDU) status within the last year, recent surgeries within the last 12 months, or musculoskeletal conditions with physical limitations (i.e., decreased strength or range of motion). If you are unsure about a prospective SERE students' fitness for training, please contact the respective SERE Medical Department at least two-weeks prior to the onset of training. This will ensure the highest probability for successful completion of SERE training with the lowest risk of student injury or drop from training.

SERE NORTH ISLAND, CA: COMMERCIAL (619-545-6320). IF NO ANSWER, CALL: (619) 545-6310.
SERE KITTEERY, ME: COMMERCIAL (207-438-4511).

PHYSICAL EXAM						
	NORMAL	ABNORMAL		NORMAL	ABNORMAL	
1. HEAD/EYES/EARS			4. ABDOMEN			
2. NECK / THROAT			5. SKELETOMUSCULAR			
3. CHEST			6. RESULT OF LAST PRT / PFA BODY FAT % _____	PASS	FAIL	
MEDICAL HISTORY						
VITAL SIGNS AND MEDICAL HISTORY: Temp (°F) / BP () / Pulse () / Resp () Pain (circle one): None / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Past Medical Hx: Past Surgical Hx: Past Psychiatric Hx: Dental Hx (annotate dental procedures with corresponding tooth #): Medications (if required, member <u>must bring</u> to training): Allergies (incl. food): PCN / SULFA / OTHER: _____			7. Has the member been prescribed any medication(s) in the past 12-months, excluding OTC medications? If yes, explain below.		YES	NO
			8. Has the member been seen by Sports Medicine, Orthopedics, Physical Therapy, Acupuncture, or a Chiropractor in the past 12-months? If yes, explain below.		YES	NO
			COMMENTS BY EXAMINING PHYSICIAN / IDC:			
THIS SECTIONS CERTIFIES THAT YOU HAVE PROPERLY SCREENED THE MEMBER						
MEDICAL AND DENTAL RECORDS REVIEWED: YES NO			EVIDENCE FOUND TO DISCONTINUE TRAINING: YES NO			
EXAMINING PHYSICIAN/IDC SIGNATURE:			PROVIDER CLINIC PHONE:		DATE:	

*****BELOW FOR SERE MEDICAL STAFF ONLY *****

SERE MEDICAL STAFF

COMMENTS:

SIGNATURE: _____ DATE: _____

SERE STUDENT

I AM IN THE SAME MEDICAL, DENTAL, AND PSYCHOLOGICAL CONDITION NOW AS I WAS PRIOR TO SERE TRAINING: YES NO
IF ANSWER IS NO, PLEASE 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.

Revised: 01 August, 2017