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

RANK/RATE: _____ **COURSE NAME:** _____

PARENT COMMAND: _____ **COURSE CDP or CIN:** _____

Trainee MUST bring completed and signed Part 1 of form to check into the training site. **Students answering YES will require a decision regarding suitability for participation in high risk training by appropriate health care provider. If you answered YES to questions 1-17, qualifying official must be 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 name, sign, date and include phone number. Students must inform training site of any changes in medical status upon arrival at training site.**

[PART – 1] Answer each question by placing an "X" in the appropriate column.

	YES	NO	N/A	QUESTION
1				Do you have a hernia?
2				Are you pregnant? (OPNAVINST 6000.1 series)
3				Have you had any surgery or a post-operative procedure within the past 10 days? List below in remarks section.
4				Have you been diagnosed with Post Traumatic Stress Disorder (PTSD), Acute Stress Disorder, or experienced flashbacks? Have you ever been diagnosed with a mental health or psychiatric condition? Have you ever been treated with psychotropic medications?
5				Do you have hypoglycemia (low blood sugar)?
6				Do you have any fractures, strains, sprains, splints, casts or back injuries?
7				Do you have pneumonia, bronchitis, asthma or any other respiratory condition that can be **SEVERELY** irritated by smoke, chemicals or dust?
8				Do you have an eye inflammation (Conjunctivitis, pink eye, infection)?
9				Are you taking any medications/supplements (either prescription or over-the-counter), other than birth control, for a medical condition? List all by type/name in the remarks section, including over-the-counter.
10				Do you have an artificial joint?
11				Do you have any open cuts, recent stitches, body piercing(s), or new tattoos (within the past 72 hours)?
12				Do you have nasal congestion or an ear/nose/throat infection?
13				Do you have a history of heat related illnesses/injuries?
14				Have you had Lasik or other eye surgery in the last year?
15				Have you had high blood pressure, heart disease, stress related chest pains, diabetes, or are you currently being treated or monitored for any of these conditions?
16				Do you have hypotension (low blood pressure)?
17				Do you have any other existing condition (medical or psychological) or injury that could be aggravated by stress or preclude you from participating in high risk training (to include claustrophobia, panic attacks)?

If you answered **YES** to questions 1-17, please amplify in Trainee Remarks section.

Trainee Signature: _____ Date: _____

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during high risk training.

Trainee Remarks:

Check One

☐ **QUALIFIED** **PRINT: Healthcare Provider (MD, PA, NP, IDC, or HM)** **PHONE**

☐ **NOT QUALIFIED** **SIGNATURE: Healthcare Provider (MD, PA, NP, IDC, or HM)** **DATE**

Medical (MD, PA, NP, IDC) Remarks:

Note: Part 2 can be completed either prior to check in to the training site by the appropriate health care provider or at the training site by the supporting HM. **Students must inform the HM of any changes in medical status upon arrival at training site.**

[PART – 2] Answer each question by placing an "X" in the appropriate column.				
	YES	**NO**	**N/A**	**QUESTION**
1				Are you on limited/light duty or have you had a tooth extracted within the past 72 hours?
2				Have you tested positive for Sickle Cell Trait or G6PD Deficiency?
3				Do you have any issues with your vision that is not corrected with lenses?
4				Do you have active dermatitis or severe acne?
5				Do you have any food or environmental allergies (to include wasp/bee stings, ant bites, nuts, latex, iodine, chlorine, pepper, shellfish, etc.)?
6				Do you have an epinephrine injector (EpiPen) requirement? If yes, EpiPen must be within expiration date and present to train.
7				Do you have a color vision deficit?
8				Do you have an inhaler requirement? If yes, inhaler must be within expiration date and present to train.
9				Do you become anxious when in tight, dark spaces or when you wear a mask for prolonged periods?

PRINT/SIGNATURE of Healthcare Provider: _____ **DATE** _____

Healthcare Provider Remarks:

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

[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. Principal Purpose: To assist in determining physical suitability for participation in high risk training.
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. 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.