

Training Support Detachment WESTPAC

HIGH / MODERATE RISK MEDICAL SCREENING FORM "TAB B"

TRAINEE NAME:
RANK/RATE:
COMMAND:

SCREEN DATE:
COURSE NAME:

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during high/moderate risk training. This information will be held in confidence; the form must be completed prior to participation in high/moderate risk training.

Answer each question by placing an "X" in the Yes or No column.

#	YES	NO	QUESTION
1.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any fractures, sprains, splints or casts?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a hernia?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have pneumonia, bronchitis, or asthma?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Have you consumed any alcoholic beverages within the last 12 hours?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Did you sleep less than 4 hours last night?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have conjunctivitis (eye infection)?

Note: Students answering "YES" to any one of the first seven questions shall be **disqualified** from participation in high/moderate risk training. If a student answers "YES" to any of the remaining questions (8-19), an evaluation is required and a decision regarding suitability for participation in high/moderate risk training will be required by appropriate health care providers.

8.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had high blood pressure, heart disease, stress related chest pains, or are you currently being treated or monitored for any of these?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any surgery or a post-operative procedure within the past 10 days?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Are you on limited/light duty or have you had a tooth extracted within the past 72 hours?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Are you within the height/weight or body fat standards established in OPNAVINST 6110.1 (series)?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Are you unable to participate in or complete the PRT?
13.	<input type="checkbox"/>	<input type="checkbox"/>	Are you taking any medications (either prescription or over-the-counter)?
			List Medications: <input style="width: 200px;" type="text"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have hypo tension (low blood pressure) or hypoglycemia (low blood sugar)?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any open cuts, recent stitches, or new tattoos (within past 72 hours)?
16.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have nasal congestion or an ear/nose/throat infection?
17.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of heat related illnesses/injuries?
18.	<input type="checkbox"/>	<input type="checkbox"/>	Have you tested positive for Sickle Cell or G6PD?
19.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other existing condition or injury that might preclude you from participating in high/moderate risk training?

COMMENTS:

Student SIGNATURE _____
DATE:

I hereby certify that I have advised the trainee to adhere to a proper diet, get adequate sleep, and cautioned against the heavy consumption of alcohol for a minimum of 24 hours prior to training commencement.

Command Medical Department Representative place an "X" in the appropriate box for Qualified or Not Qualified, then Sign and Date.

QUALIFIED
 NOT QUALIFIED

Command Medical Dept Rep SIGNATURE

DATE: