

MARSOC SOCP MEDICAL SCREENING FORM

6/2/2015

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.								
NAME. (LAST, FIRST MIDDLE INITIAL)			RANK/RATE	DOB	SSN			
DATE	AGE	WEIGHT	UNIT					
MAKE A STATEMENT OF YOUR PRESENT HEALTH AND ANY MEDICATION(S) CURRENTLY BEING USED								
SECTION A: PLEASE ANSWER THE FOLLOWING QUESTIONS								
DO YOU HAVE:	YES	NO	HAVE YOU EVER HAD:	YES	NO			
1. COLD OR SORE THROAT			16. FRACTURE OR SURGERY TO NECK OR SPINE					
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA)			17. HEAD INJURIES					
3. TROUBLE WITH ANY JOINTS			18. ANY FACIAL OR JAW INJURIES					
4. BACK OR NECK PROBLEMS			19. KNEE INJURIES OR SURGERY					
5. ANY INFECTION			20. ASTHMA					
6. ACTIVE HEPATITIS			21. HEMO / PNEUMOTHORAX OR CHEST TRAUMA					
7. SUTURES IN PLACE			22. HEART TROUBLE/ OR DISEASE					
IN THE LAST YEAR HAVE YOU HAD	YES	NO	23. CLAUSTROPHOBIA					
8. PNEUMONIA			24. ANY ALLERGIES					
9. HERNIA REPAIR/ ABDOMINAL SURGERY			25. HEAT INJURIES					
10. MUSCLE STRAIN OR SPRAINS			26. COLD WEATHER INJURIES					
11. ANY FRACTURES OR DISLOCATIONS			DENTAL WORK- DO YOU NOW HAVE					
FEMALES ONLY			27. CAPS / CROWNS					
12. FIRST DAY OF LMP			28. FALSE TEETH					
13. ARE YOU ON BIRTH CONTROL?			29. BRIDGES					
14. IF YES WHAT KIND?			30. DENTURES					
15. IS THERE ANY CHANCE YOU ARE PREGNANT?			IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ELABORATE BELOW BY ITEM #					
						31. HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL IN THE PAST SIX MONTHS	YES	NO
						32. ARE YOU UNDER EMOTIONAL STRAIN AT PRESENT (I.E. DEATH IN THE FAMILY)	YES	NO
						33. HAVE YOU RECEIVED MEDICAL TREATMENT IN THE PAST TWO WEEKS	YES	NO

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MEDICAL NOTE: CONTACT LENSES MAY NOT BE WORN DURING FIELD OR RTL PHASE OF TRAINING	I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY. SIGNATURE:				
DOCUMENT MEDICAL EXAM RESULTS ON BACK OF FORM					
THIS SOCP COURSE INVOLVES ARDUOUS PHYSICAL ACTIVITY					
THIS SECTION TO BE FILLED OUT BY THE EXAMINING PHYSICIAN					
	NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. EENT			4. ABDOMEN		
2. NECK			5. MUSCLES AND SKELETAL		
3. CHEST (INCLUDING HEART AND LUNGS)					
COMMENTS BY EXAMINING PHYSICIAN					
PHYSICALLY QUALIFIED FOR SOCP	YES	NO	HEALTH RECORDS RECEIVED	YES	NO
EXAMINING PHYSICIANS SIGNATURE:			NO EVIDENCE FOUND TO DISCONTINUE TRAINING.		
			DATE:		