

# MARSOC SERE MEDICAL SCREENING FORM

## 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

NAME (LAST, FIRST, M.I.)				RANK/RATE		SSN		
DATE	AGE	WEIGHT	UNIT		GENDER (circle one) MALE / FEMALE			
ARE YOU CURRENTLY IN GOOD HEALTH? (circle one) YES / NO								
<b>STUDENT PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO REPORTING</b>								
<b>DO YOU NOW HAVE:</b>			YES	NO	<b>IN THE LAST YEAR, HAVE YOU HAD:</b>		YES	NO
1. COLD or SORE THROAT, 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)					<b>HAVE YOU EVER HAD:</b>		YES	NO
6. SMALL POX VACCINATION WITHIN 30 DAYS or OPEN LESIONS					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 INJURIES or SURGERIES			
9. MEDICATIONS FOR ANY MEDICAL CONDITION (list all medications being taken in the space below)					25. KNEE INJURIES or SURGERIES			
10. EYE INFLAMMATION (conjunctivitis, pink eye, infection)					26. ASTHMA or SLEEP APNEA			
11. AN INHALER or EPI-PEN REQUIREMENT					27. HEMO/PNEUMOTHORAX or CHEST TRAUMA			
12. A HERNIA OR REPAIR WITHIN 2 MONTHS					28. HEAD INJURIES or CONCUSSIONS			
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.)					<b>FEMALES ONLY:</b>		YES	NO
<b>DENTAL WORK- DO YOU NOW HAVE:</b>			YES	NO	31. IS THIS THE FIRST DAY OF LMP			
16. CAPS/CROWNS/DENTURES/BRIDGES/BRACES					32. ARE YOU PREGNANT			
17. HISTORY OF JAW TROUBLE					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								
<b>MENTAL HEALTH</b>								
<b>HAVE YOU BEEN:</b>						YES	NO	
37. SEEN BY A MENTAL HEALTH PROFESSIONAL IN THE PAST 6 MONTHS 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. RECEIVING MEDICAL TREATMENT IN THE PAST 2 WEEKS?								
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BELOW BY ITEM NUMBER</b>								

**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:**

**\*\*\*EXAM MUST BE COMPLETED BY PHYSICIAN/IDC PRIOR TO REPORTING\*\*\***

**\*\*\*EXAM MUST BE COMPLETED WITHIN 60 DAYS OF SERE START DATE\*\*\***

PHYSICAL EXAM					
	NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. HEAD/EYES/EARS			4. ABDOMEN		
2. NECK / THROAT			5. MUSCULOSKELETAL		
3. CHEST			6. RESULT OF LAST PRT / PFA  BODY FAT % _____	PASS	FAIL
MEDICAL HISTORY					
<b>VITAL SIGNS AND MEDICAL HISTORY:</b>  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 <b>must bring</b> 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 had any conditions/ hospitalizations/ new medications since last PHA? 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 AND STAMP:			PROVIDER CLINIC PHONE:		DATE:

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

**SERE MEDICAL STAFF**

COMMENTS:

SIGNATURE: \_\_\_\_\_ STAMP: \_\_\_\_\_ DATE: \_\_\_\_\_

**SERE STUDENT**

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SERE MEDICAL OFFICER/IDC**

COMMENTS:

SIGNATURE: \_\_\_\_\_ STAMP: \_\_\_\_\_ DATE: \_\_\_\_\_