

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.

MARSOC SERE PGDHD MEDICAL SCREENING FORM

7/16/2014

NAME. (LAST, FIRST MIDDLE INITIAL)			RANK/RATE	DOB	EDIPI		
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				
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA)			SURGERY TO NECK OR SPINE				
3. TROUBLE WITH ANY JOINTS			17. HEAD INJURIES				
4. BACK OR NECK PROBLEMS			18. ANY FACIAL OR				
5. ANY INFECTION			JAW INJURIES				
6. ACTIVE HEPATITIS			19. KNEE INJURIES OR				
7. SUTURES IN PLACE			SURGERY				
IN THE LAST YEAR HAVE YOU HAD	YES	NO	20. ASTHMA				
8. PNEUMONIA			21. HEMO / PNEUMOTHORAX				
9. HERNIA REPAIR/ ABDOMINAL SURGERY			OR CHEST TRAUMA				
10. MUSCLE STRAIN OR SPRAINS			22. HEART TROUBLE/				
11. ANY FRACTURES OR DISLOCATIONS			OR DISEASE				
FEMALES ONLY			23. CLAUSTROPHOBIA				
12. FIRST DAY OF LMP			24. ANY ALLERGIES				
13. ARE YOU ON BIRTH CONTROL?			25. HEAT INJURIES				
14. IF YES WHAT KIND?			26. COLD WEATHER				
15. IS THERE ANY CHANCE YOU ARE PREGNANT?			INJURIES				
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ELABORATE BELOW BY ITEM #			DENTAL WORK- DO YOU NOW HAVE				
			27. CAPS/CROWNS				
			28. FALSE TEETH				
			29. BRIDGES				
			30. DENTURES				
			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
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 SERE COURSE INVOLVES ARDUOUS FIELD, EMOTIONAL AND PHYSICAL STRESS					
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)			6. RESULT LAST PRT/PFT BODY FAT	PASS %	FAIL
COMMENTS BY EXAMINING PHYSICIAN					
PHYSICALLY QUALIFIED FOR SERE	YES	NO	HEALTH RECORDS RECEIVED	YES	NO
EXAMINING PHYSICIANS SIGNATURE:			NO EVIDENCE FOUND TO DISCONTINUE TRAINING.		
			DATE:		
MSOS/SERE MEDICAL STAFF					
COMMENTS:					
			SIGNATURE		DATE
SERE STUDENT					
I AM IN THE SAME MEDICAL CONDITION NOW AS I WAS PRIOR TO SERE TRAINING				YES	NO
IF THE ANSWER IS NO, MAKE A COMMENT:					
			SIGNATURE		DATE
MSOS/SERE MEDICAL OFFICER					
COMMENTS:					
			SIGNATURE:		DATE