

# MARSOC MHIET MEDICAL SCREENING FORM

6/2/2015

PRIVACY ACT STATEMENT							
<p><b>1. Authority:</b> 5 U.S.C. 301, Departmental Regulations and E.O. 9397.</p> <p><b>2. Principal Purpose:</b> To assist in determining physical suitability for participation in high-risk training</p> <p><b>3. Routine Uses:</b> The Blanket Routine Uses that apply at the beginning of the Department of the Navy's compilation in the Federal Register apply.</p> <p><b>4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information:</b> Providing the information is voluntary; however, failure to do so may preclude participation in high-risk training.</p>							
<b>NAME.</b> (LAST, FIRST MIDDLE INITIAL)			RANK/RATE	DOB	SSN		
DATE	AGE	WEIGHT	UNIT				
<b>MAKE A STATEMENT OF YOUR PRESENT HEALTH AND ANY MEDICATION(S) CURRENTLY BEING USED</b>							
SECTION A: PLEASE ANSWER THE FOLLOWING QUESTIONS							
<b>DO YOU HAVE:</b>	<b>YES</b>	<b>NO</b>	<b>HAVE YOU EVER HAD:</b>	<b>YES</b>	<b>NO</b>		
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				
<b>IN THE LAST YEAR HAVE YOU HAD</b>	<b>YES</b>	<b>NO</b>	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			<b>DENTAL WORK- DO YOU NOW HAVE</b>				
<b>FEMALES ONLY</b>			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?			31. HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL IN THE PAST SIX MONTHS				
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ELABORATE BELOW BY ITEM #</b>			<b>YES</b> <b>NO</b>				
			32. ARE YOU UNDER EMOTIONAL STRAIN AT PRESENT (I.E. DEATH IN THE FAMILY)			<b>YES</b> <b>NO</b>	
			33. HAVE YOU RECEIVED MEDICAL TREATMENT IN THE PAST TWO WEEKS			<b>YES</b> <b>NO</b>	

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