

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 / STC FULL SPECTRUM MEDICAL SCREENING FORM

1/6/2016

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?			31. HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL IN THE PAST SIX MONTHS								
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ELABORATE BELOW BY ITEM #			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
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IF THE ANSWER IS NO, MAKE A COMMENT:

SIGNATURE

DATE

MSOS/SERE MEDICAL OFFICER

COMMENTS:

SIGNATURE:

DATE