

SERE MEDICAL SCREENING FORM

FRONT PAGE MUST BE COMPLETED BY STUDENT PRIOR TO REPORTING

NAME (LAST, FIRST, MIDDLE INITIAL)		RATE/RANK	SSN
DATE	AGE	WEIGHT	UNIT

MAKE A STATEMENT OF YOUR PRESENT HEALTH, ALSO NOTE ANY ALLERGIES AND ANY MEDICATION CURRENTLY USED:

SECTION A: PLEASE ANSWER THE FOLLOWING QUESTIONS					
DO YOU NOW 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 TROUBLE			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. HEAT STROKE/EXHAUSTION		
9. HERNIA REPAIR/ ABDOMINAL SURGERY			25. COLD WEATHER INJURIES		
10. MUSCLE STRAINS OR SPRAINS			DENTAL WORK - DO YOU NOW HAVE:	YES	NO
11. ANY FRACTURES OR DISLOCATIONS			26. CAPS/CROWNS		
FEMALES ONLY			27. FALSE TEETH		
12. FIRST DAY OF LMP?			28. BRIDGES		
13. ARE YOU ON BIRTH CONTROL?			29. DENTURES		
14. IF YES, WHAT KIND?			30. HAVE YOU BEEN SEEN BY A MENTAL HEALTH PROFESSIONAL IN THE PAST SIX MONTHS?		
15. IS THERE ANY CHANCE YOU COULD BE PREGNANT?				31. ARE YOU UNDER EMOTIONAL STRAIN AT PRESENT (e.g. DEATH IN THE FAMILY, DIVORCE, etc.)?	
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BELOW BY ITEM #.			32. HAVE YOU RECEIVED MEDICAL TREATMENT IN THE PAST TWO WEEKS?		

MEDICAL NOTE: NO CONTACT LENSES MAY BE WORN DURING THE FIELD OR RTL PHASES OF TRAINING	I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY. SIGNATURE: _____
---	--

EXAM MUST BE COMPLETED BY PHYSICIAN/IDC PRIOR TO REPORTING

THE SERE COURSE IS ARDUOUS TRAINING, INVOLVING EXTREMES OF TEMPERATURES, EMOTIONAL AND PHYSICAL STRESS. ADDITIONAL INFORMATION MAY BE OBTAINED FROM THE SERE MEDICAL SECTION: AUTOVON 735-6320 COMMERCIAL 619-545-6320

THIS SECTION TO BE FILLED IN BY 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	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
						%	

COMMENTS BY EXAMINING PHYSICIAN/IDC

PHYSICALLY QUALIFIED
FOR SERE:

YES

NO

HEALTH RECORD RECEIVED
NO EVIDENCE FOUND TO DISCONTINUE TRAINING

EXAMINING PHYSICIANS SIGNATURE:

DATE:

BELOW FOR SERE USE ONLY

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 ANSWER IS NO, MAKE A COMMENT:

SIGNATURE:

DATE:

SERE MEDICAL OFFICER/IDC

COMMENTS:

SIGNATURE:

DATE: