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EMAIL TO:

MEDICAL CRITERIA FOR PARTICIPATION IN FIREFIGHTING TRAINING

PRIVACY ACT STATEMENT

1. AUTHORITY: U.S. Code, SECT 301 AND 552A TITLE 5 and SECNAVINST 5211.5D.

2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION OF MEDICAL NATURE TO DETERMINE SUITABILITY FOR PARTICIPATION IN FIREFIGHTING TRAINING. ALL INFORMATION OBTAINED SHALL BE GUARDED AGAINST UNAUTHORIZED DISCLOSURE IN ACCORDANCE WITH THE PRIVACY ACT STATEMENT OF 1974.

3. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: DISCLOSURE IS VOLUNTARY. INFORMATION IS NECESSARY TO FULLY EVALUATE MEMBER'S READINESS TO PARTICIPATE IN THIS TRAINING. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY PRECLUDE PARTICIPATION IN FIREFIGHTING TRAINING AND MAY WARRANT FURTHER MEDICAL EVALUATION OR ADMINISTRATIVE ACTION.

NAME_____ RANK/RATE_____ DATE_____

SIGNATURE_____

COMMAND_____ COURSE_____

THIS QUESTIONNAIRE IS DESIGNED TO ALERT INSTRUCTORS AND MEDICAL PERSONNEL OF ANY CONDITION WHICH MAY ENDANGER YOUR HEALTH OR OTHERS DURING TRAINING. THIS INFORMATION IS HELD IN CONFIDENCE, AND MUST BE COMPLETED (FRONT AND BACK) PRIOR TO PARTICIPATION IN LIVE FIREFIGHTING.

CIRCLE YES OR NO

YES NO 1. Do you have any fractures, sprains, splints, or casts?

YES NO 2. Do you have a hernia?

YES NO 3. Are you pregnant?

YES NO 4. Are you being or have you within the past 10 days been treated for pneumonia, bronchitis, or asthma?

YES NO 5. Have you consumed any alcoholic beverages since midnight?

YES NO 6. Have you slept less than 4 hours since midnight?

YES NO 7. Do you have conjuctivitis (eye infection)?

YES NO 8. Have you had high blood pressure, heart disease, stress related chest pains, or are you being treated/monitored for any of these?

YES NO 9. Have you had surgery or a post-operative procedure within the past 10 days?

YES NO 10. Are you on limited/light duty or have you had a tooth extracted within the past 72 hours?

YES NO 11. Are you out of reference (i) height/weight or bodyfat standards?

YES NO 12. Are you unable to participate in or complete the PRT?

YES NO 13. Are you taking any prescription or over the counter medication?

List medications:_____

YES NO 14. Do you have hypotension (low blood pressure) or hypoglycemia (low blood sugar)?

YES NO 15. Do you have any open cuts, recent stitches, or new tatoos? (within the past 72 hours)

YES NO 16. Do you have nasal congestion or an ear/nose/throat infection?

YES NO 17. Do you have a history of heat exhaustion or heat stroke?

NO YES 18. Have you been briefed on necessary hydration procedures?

YES NO 19. Have you tested positive for either Sickle Cell Trait or G6PD? (If "yes," hydration brief by corpsman is required.)

YES NO 20. Are you sunburned or do you have any other recent skin burns?

YES NO 21. Do you have petroleum-based/flammable products in your hair? (Fire Hazard)

YES NO 22. Do you have any medical plastic or metal joints?

YES NO 23. Do you have any other illness/injury not covered above?

Note condition:_____

YES NO 24. Has your medical status changed since initial command screening?

YES NO 25. Since your last screening by this school? (For courses more than one day long)

Member's health record (AVAILABLE/NOT AVAILABLE) For medical screening.
(Circle one)

When a student reports for training with a listed condition, the parent command is required to provide evidence of medical evaluation specifically stating the student's medical suitability for firefighting training. Additionally, the parent command is to certify that <u>all students attending firefighting training</u> are medically suitable for participation. This does not alleviate the school from conducting a complete medical screening utilizing this questionnaire. The fire school <u>corpsman</u> shall conduct all medical screenings and shall consult with the Director of the Firefighting School in making the final decision regarding student suitability/unsuitability for participation in firefighting training.

SUITABLE____ UNSUITABLE____ CORPSMAN'S NAME_____

SIGNATURE_____

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