

ADDITIONAL MEDICAL QUESTIONS
ANSWER "YES" OR "NO"

(Y) (N) Have you ever had any middle ear or inner ear dysfunction or ear surgery?

(Y) (N) Have you ever had tubes in your ears?

(Y) (N) Are you able to complete the valsalva maneuver?
(applicant demonstrate)

(Y) (N) Have you ever had surgery to correct poor vision? If yes, when?

(Y) (N) Have you ever been diagnosed with Keratuconus? (vision)

(Y) (N) Since the age of 12, have you had asthma or wheezing at any time?

(Y) (N) Have you ever had to take any daily medications for Asthma after age 13?

(Y) (N) Have you ever had a collapsed lung, (pneumothorax)?

(Y) (N) Have you ever had kidney stones?

(Y) (N) Do you have a history of ulcers?

(Y) (N) Have you ever had an appendectomy?

(Y) (N) Have you ever been diagnosed with or treated for a hernia?

(Y) (N) Have you had any broken bone or joint within the past 6 months?

(Y) (N) Have you had any surgery within the past 6 months?

(Y) (N) Have you had a stress fracture within the past 6 months?

(Y) (N) If any ortho surgery greater than 6 months, are there any symptoms?

(Y) (N) Have you ever had contusions to the knees?

(Y) (N) Have you ever had seizures, convulsions, or a head injury resulting in loss of consciousness, concussion, or skull fracture?

(Y) (N) Have you ever had a concussion that resulted in a coma or have persistent neurologic deficits?

(Y) (N) Have you ever been diagnosed with or treated for a heart condition/heart murmur? (I.E. wolff parkinson white syndrome)

(Y) (N) Have you ever had central blood clots (strokes, pulmonary emboli)?

(Y) (N) Have you ever been diagnosed with Tuberculosis?

(Y) (N) Have you ever been diagnosed with Anaphylaxis?

(Y) (N) Have you ever been diagnosed with Angioedema? (hives)

(Y) (N) Have you ever been diagnosed with Emphysema?

(Y) (N) Have you ever been diagnosed with COPD?

(Y) (N) Do you suffer from motion sickness or fear of enclosed spaces?

(Y) (N) Have you ever been diagnosed with ADHD? Have you ever taken Ritalin, Strattera, Concerta, or anything like that?

(Y) (N) Have you ever experienced any anxiety at all?

(Y) (N) Have you ever suffered from anxiety disorder?

(Y) (N) Do you have a history of Suicidal Ideation?

(Y) (N) Have you ever had a mental health issue / disorder?

(Y) (N) Have you ever had any surgery? If so list all types and for what reasons below.

(Y) (N) Are you or any of your family members currently citizens or dual-citizens of any other country than the U.S?

I, (print name) _____ have answered these questions honestly and to the best of my ability. I understand that if I have not answered these questions honestly and to the best of my ability, that the consequence will be immediate disenrollment from any and all Warrior Challenge programs., indefinitely.

SIGNATURE: _____
DATE: _____