

# SEAL/SWCC/DIVER/EOD/AIRR Programs

## NRD Minneapolis Pre Physical Training- Medical Briefing Sheet

*This questionnaire is designed to alert mentors/coordinators and medical personnel of any condition that may endanger your health or others during physical training. This information will be held in confidence; the form must be completed prior to participation in any physical training.*

Answer each question by placing an "X" in the Yes or No column.

#	YES	NO	QUESTIONS
1			Do you have <u>any</u> injuries at this time, sprains or fractures?
2			Do you have <u>any</u> open cuts, recent stitches (within past 72 hours)?
3			Do you have <u>any</u> respiratory or asthma (or ever been told you have asthma) issues at this time?
4			Do you have <u>any</u> allergies? (Medications for Bee/Stings/Ants)?
5			Do you have high blood pressure, heart disease, stress related chest pains, or are you currently being treated or monitored for any of these?
6			Are you on limited/light duty prescribed by a physician?
7			Are you taking any medications, (prescription or over-the-counter)?
8			Are you on or have ever taken medication for ADD/ADHD?
9			Do you have hypotension (low blood pressure) or hypoglycemia (low blood sugar)?
10			Do you have <u>any</u> nasal congestion or an ear/nose/throat infection?
11			Are you able to complete the vasalva maneuver?
12			Have you had <u>any</u> surgical or post-operative procedures since your physical at MEPS?
13			Have you ever been diagnosed with or treated for a heart condition/heart mummurs?
14			Do you have a history of heat related illnesses/injuries?
15			Have you tested positive for Sickle Cell or G6PD?
16			Do you have any other existing condition or injury that might preclude you from participating in physical training?
17			Have you ever had kidney stones?
18			Have you incurred any injuries during high school or college sports?
19			Are you within the height/weight and body fat standards established in OPNAVINST 6110.1 (series) for Naval service?
20			Have you ever experienced an anxiety attack?

<b>COMMENTS :</b>

All candidates shall inform mentors/coordinators of any changes with their medical history.

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_