**MILITARY**

**Medical Pre-Screen Questionnaire**

**Privacy Act Statement**

**Authority:** 10 USC 504, 505, 507, 532, 978, 1201, 1202 and 4346; and EO 9397

**Principal Purpose(s):** To obtain medical data for determination of medical fitness for deployment to the CENTCOM AOR.

**Routine Use(s):** None

**Disclosure:** Voluntary; However, failure by the applicant to provide the information may result in delay or possible rejection of the individual’s application for deployment.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your Height \_\_\_\_ Weight \_\_\_\_ Age \_\_ Last Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_ (actual numbers)

2. Have you every deployed? If so, did you require a medical waiver? If a medical waiver was required for a previous deployment, please briefly explain what condition you had that required the waiver.

3. Do you have Obstructive Sleep Apnea Yes\_\_\_\_\_ No \_\_\_\_\_

If yes explain the severity (Respiratory Disturbance Index (RDI) or Apnea-hypopnea Index (AHI), Do you have a copy of your latest sleep apnea test?

4. Are you diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

What was your HBA1C at your last medical appointment?

5. Have you ever been told you have a heart condition or history of abnormal EKG?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

6. What was your last overall Cholesterol level?

7. Please list all prescription medications you are currently taking, (include prescription, over the counter, herbal supplements and vitamins) approximately when were they started and how often are they taken.

8. Have you had any abnormal labs in the past such as kidney, liver, electrolytes, thyroid, PSA?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

9. Have you had any surgeries in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_If yes, what was the surgery for and when did occur?

10. How often are you recommended to see you medical provider?

\_\_\_\_\_\_\_\_ Every 12 months

\_\_\_\_\_\_\_\_ Every 6 months

\_\_\_\_\_\_\_\_\_Every 3 – 4 months

11. Are you currently being treated for Cancer? If yes, please explain.

12. Are you currently being evaluated for any new medical/dental /psychological conditions? If yes, please explain.

13. Are you currently receiving VA compensation? If so, what percentage are you receiving and for what conditions.

14. Are you able to lift up to 70 pounds and carry it up to 25 feet?

15. Would you have any health concerns deploying to an area with an unhealthy (AQI) air quality index? Yes\_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

16. I consent to COVID-19 testing during pre-deployment, while being deployed and upon redeployment if I am selected for this assignment.

YES\_\_\_\_\_ NO \_\_\_\_\_

**Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* If selected for a position in the CENTCOM AOR, you will be notified by one of our Admin personnel and you will send all of your pre-deployment information, to include medical to that person. Do not send it directly to the Middle East District Nurse Practitioner.**

**\*\*\***Please e-mail to the Middle East District Nurse Practitioner via encrypted e-mail to: [Magdalene.C.Hoffman.civ@mail.mil](mailto:Magdalene.C.Hoffman.civ@mail.mil)

Or FAX to: 540-665-3787