

Center for Domestic Preparedness

Medical Screening Form

(Please fill in all fields and e-mail or fax to State Coordinator)

Date Completed: _____

Student's Name: _____

Submitting this paperwork for consideration of training at the Center for Domestic Preparedness constitutes your agreement and understanding of medical qualifications.

Course Requested: _____

1. Students under consideration for attendance at the Center for Domestic Preparedness for the following courses **must** complete this medical screening questionnaire: Technical Emergency Response Training for CBRNE Incidents (TERT), Hazardous Materials Technician for CBRNE Incidents (HT), Hands-on-Training for CBRNE Incidents (HOT), Intermediate Hands-on-Training for CBRNE Incidents (HOT-I), Emergency Medical Operations for CBRNE Incidents (EMO), Emergency Responder Hazardous Materials Technician for CBRNE Incidents (ERHM), Radiological Emergency Response Operations (RERO), Hazardous Materials Evidence Collection for CBRNE Incidents (HEC), Law Enforcement Response Actions for CBRNE Incidents (LERA), Hazard Assessment and Response Management for CBRNE Incidents (HARM), Hospital Emergency Response Training for Mass Casualty Incidents (HERT), Respiratory Protection Program Development and Administration (RP), Field Force Operations (FFO).

2. Do you now or have you previously been treated for or experienced:

Heart Disease or Condition Yes No

Chest Pain Yes No

Frequent Fainting Yes No

Asthma Yes No

Emphysema Yes No

Chronic Bronchitis Yes No

Other Lung or Chest Problems Yes No

Perforated Eardrum Yes No

Seizures or Epilepsy Yes No

Diabetes Yes No

Heat Injury (last 12 months) Yes No

Hyperventilated while wearing PPE Yes No

Claustrophobia Yes No

Taking narcotic medication Yes No

Have an open wound or sutures Yes No

Pregnant (currently) Yes No

3. Any question with a **YES** answer requires the student to have a medical screening by a licensed physician certifying the student is in appropriate health to perform tasks in personal protective clothing and respirator systems. High blood pressure (150 over 90) may preclude participation in Toxic Agent Training.

4. Forward Medical Screening Form and Physician Certification (if required) with Training Course Application. Additional medical screening will be conducted prior to entering the Toxic Agent Training Facility.