

AZ - 1 DMAT

PRE-DEPLOYMENT MEDICAL SCREENING

Part A. To be completed by team member

Name:	Past Medical History
Age: <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Allergies:	Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Newly Diagnosed Illness/Injury (last 6 months:)
	Date of Diagnosis:
Latex Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic Medications:	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	In the Last 72 Hours:
	Fever > 38 C (100.4 F) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nausea/Vomiting/Diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cough or trouble breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Acute Medications taken in last 2 weeks: (include over-the-counter medications)	In the Last 21 Days:
	Extensive surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No
	In the Last Year:
	Low blood sugar & confusion <input type="checkbox"/> Yes <input type="checkbox"/> No
	Seizure in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I attest that the information provided by me is complete and accurate.
	Team member signature: X
	Date: X

Part B: To be completed by Team Medical Director

Vital Signs (MUST be measured pre-deployment)

Date	Time	BP:	P:	R:	T:	Wt (lbs)	Ht (in.)	BMI:	BMI Calculation	Initials:
									$\frac{(\text{Weight in lbs})}{(\text{Height in inches})^2} \times 703$	

Relevant Physical Findings:

Exceptions previously granted by NDMS: No Previous Previous (date _____)

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Go No Go

Go No Go

Signature of Team Medical Director:

Signature of Team Commander:

Caren Prather	Fred Paavola
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Date:

Date: