

AZ-1 DMAT  
Pre-Deployment Medical Screening Form Instructions

To complete On-Line, fill in all the requested data. Click on a box to check it.  
To "electronically" sign the document, enter your First and Last INITIALS and the last four of your SSN. Art Bean 123-45-1234 would enter the following:

Acute Medications taken in last 2 weeks: (include over-the-counter medications)	Degree of alcohol screening: <input type="checkbox"/> Yes <input type="checkbox"/> No 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:
	Date: <input checked="" type="checkbox"/> AB1234

Part B: To be completed by Team Medical Director

When complete, print a copy for your records

**AZ - 1 DMAT**  
**PRE-DEPLOYMENT MEDICAL SCREEN**

Part A. To be completed by team member

Name: \_\_\_\_\_ Past Medical History: \_\_\_\_\_

Then click the EMAIL box to send.

Send the data to [caren.prather@pima.gov](mailto:caren.prather@pima.gov);  
 Part [carentucson@cox.net](mailto:carentucson@cox.net); [Susan.Newberry@pima.gov](mailto:Susan.Newberry@pima.gov);  
 Name: [SueTucson1@netscape.net](mailto:SueTucson1@netscape.net); [rxstar@cox.net](mailto:rxstar@cox.net)