

Special Missions Training Center
Medical Questionnaire

Course Title: _____ Date: _____

Name (Last, First MI): _____

Rate/ Rank: _____ DOB: _____ Blood Type: _____

Unit name: _____

Do you have any history of medical problems, chronic medical conditions, or underlying injuries? (Examples: high blood pressure, diabetes, recurrent back pain, angina, knee pain, migraines, respiratory disorders, heat or cold injuries, etc) Yes / No

If yes, explain:

Are you required to wear glasses or contact lenses? Yes / No

If Yes, are you near sighted or far sighted?

If Yes, do you have a pair of prescribed eye glasses or contacts in your possession at SMTC? YES / No

Have you received PRK or Lasik Eye surgery? Yes / No

If Yes, when was your surgical correction? _____

Are you colorblind? Yes / No

Do you have medically documented Night Blindness? Yes / No

Do you have correct depth perception? Yes / No

Are you Fit For Full Duty (FFFD)? Yes / No

If no, explain:

Do you have “any” condition(s) or issue(s) that concerns you about being involved in the training that you are about to partake in? Yes / No

If yes, explain:

Do you have any medication allergies or environmental allergies? Yes / No
If yes, explain:

Are you currently taking any medications? Yes / No If “Yes” list all medications:

Medication Name and Dose: _____
Used for what Medical Condition?: _____

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Used for what Medical Condition?: _____

Do you have enough medication(s) to cover the entire training period & travel time?
Yes / No / NA

Are you a current EMS Provider (Emergency Medical Responder, EMT, Advance EMT or Paramedic)? Yes / No if “Yes” what level are you: _____

Are certified or qualified as Combat Lifesaver? Yes / No

Have you received any “Self Aid /Buddy Aid” or “Tactical Combat Casualty Care” Training? Yes / No

The answers I have provided are true and correct;

Prospective SMTC Student Signature

The above student IS / IS NOT medically qualified to participate in training.

SMTC Health Services Technician Signature
