

**NCTC GULFPORT  
CRITERIA FOR PARTICIPATION IN HIGH RISK COURSES**

Privacy Act Statement

**AUTHORITY:** USC 5701,37 USC 404-427, EO 9397,31 USC 3322,32 CFR 209 and/or 210.

**PRINCIPLE PURPOSE(S):** Used for medical screening for participation in high-risk training courses.

**ROUTINE USE(S):** To screen personnel for medical qualification for participation in high-risk training courses..

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in not being able to attend high-risk training courses.

NAME (LAST, FIRST, MI)		RATE/RANK:	SEX:	AGE:
CIN:	COURSE TITLE:		DATE:	

	YES	NO
1. Have you ever been through a high-risk course before?		
2. Have you ever been set-back or dropped from a high risk course before? If yes, explain:		

**Medical Screening**

Answer "YES" or "NO" to the following questions. A "YES" answer to any of the questions will require evaluation by a medical doctor and a decision rendered regarding training suitability prior to an individual's participation in any field training evolution.

3. In the last 10 days, have you or are you currently being treated for pneumonia, bronchitis, or asthma or any other medical condition?		
4. Have you any fractures, sprains, splints, or cast within the last three months?		
5. If you are female, are you currently pregnant? <input type="checkbox"/> N/A		
6. Do you have a history of heart disease or stress related chest pains?		
7. Have you had post-operative procedures (minor surgery) within the last 10 days?		
8. Do you have a history of heat exhaustion or stroke?		
9. Are you unable to participate in or complete the Physical Fitness Test? Explain any restrictions in the remarks.		
10. Are you currently on light or limited duty?		
11. Are you currently taking medication(s) or vitamin supplements? If so, list them in the remarks section.		
12. Any other conditions that may affect your ability to complete this course, i.e. back injury, fear of tight enclosed or high places, allergies, past heat injuries, etc.		

**A "YES" answer to questions 3 through 12 requires a medical doctor's signature in block 13**

13. The above named individual is medically cleared to participate in all training evolutions.

MEDICAL STAFF SIGNATURE:	DATE:
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Having completed the above questionnaire, I hereby agree to notify the school if there is any change to my physical condition, i.e. if I attend sick call for any reason, if placed on medication or have received treatment for any injury or illness.

STUDENT'S SIGNATURE:	DATE:
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REMARKS:

**This form is to be retained in the student's training record with a copy forwarded to the Command Safety Officer.**

PLATOON COMMANDER	DATE	COMPANY COMMANDER	DATE
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