# Center for Domestic Preparedness
# Medical Screening Form

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

Date Completed: _____

Responder'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. Responders under consideration for attendance at the Center for Domestic Preparedness for the following courses **must** complete this medical screening questionnaire: WMD Technical Emergency Response Training (TERT), Hazardous Materials Technician (HT), Hands-On Training (HOT), Hands-On Training (8-hour) (HOT8), Emergency Medical Services (EMS), Emergency Responder Hazardous Materials Technician (ERHM), Agricultural Emergency Response Training (AgERT), Law Enforcement Response Actions (LERA), WMD HAZMAT Evidence Collection (HEC), Hospital Emergency Response Training (HERT), Radiological Emergency Response Operations (RERO), Hazard Assessment and Response Management (HARM).
2. Do you now or have you previously been treated for or experienced:

| | | | | | |
|---|---|---|---|---|---|
| Heart Disease or Condition | ☐ Yes | ☐ No | Seizures or Epilepsy | ☐ Yes | ☐ No |
| Chest Pain | ☐ Yes | ☐ No | Diabetes | ☐ Yes | ☐ No |
| Frequent Fainting | ☐ Yes | ☐ No | Heat Injury (last 12 months) | ☐ Yes | ☐ No |
| Asthma | ☐ Yes | ☐ No | Hyperventilated while wearing PPE | ☐ Yes | ☐ No |
| Emphysema | ☐ Yes | ☐ No | Claustrophobia | ☐ Yes | ☐ No |
| Chronic Bronchitis | ☐ Yes | ☐ No | Taking narcotic medication | ☐ Yes | ☐ No |
| Other Lung or Chest Problems | ☐ Yes | ☐ No | Have an open wound or sutures | ☐ Yes | ☐ No |
| Perforated Eardrum | ☐ Yes | ☐ No | Pregnant (currently) | ☐ Yes | ☐ No |

3. Any question with a **YES** answer requires the responder to have a medical screening by a licensed physician certifying the responder 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.