

MA-TF1 Medical History (page 2)

(2) Past Surgeries (list any surgery and it's approximate date):

(3) Medications (list all medications you are presently prescribed):

(4) Allergies To Medications (list and indicate type of allergic reaction If known):

(5) Social History:

Do You use Tobacco? _____ If yes, in what form? _____
Do You use Alcohol? _____ If Yes, how often? _____

(6-9 to be completed by your Physician):

(6) Immunization History

<i>Vaccination</i>	<i>Date(s) or titer dates and results</i>
MMR	_____
OPV	_____
DT	_____
HEP A (2 shot series)	_____
HEP B (3 shot series)	_____

(7) PPD Screen:

Date of Last PPD _____
Result of Last PPD _____

MA-TF1 Medical History (page 3)

(8) Physical Exam:

HEENT: _____

(8) Physical Exam:

Neck _____

Chest _____

Abdomen _____

Extremities _____

Skin (tattoos, scars, etc) _____

Neuro _____

Additional Findings:

Please list any physical limitations that may prevent this person from participating in strenuous activity (if none, indicate none).

(9) Physician, Please Read and Sign:

Note to the Examining Physician: The duties and activities of a member of this Search and rescue team are both physically and mentally taxing. A candidate should be in good physical condition and fully capable of participation in physically demanding work without putting his or herself at risk by doing so. Likewise, the candidate's emotional state should also be excellent.

At the time of this exam and to the best of my ability, this candidate appears to be of sound physical and emotional state so that they may safely participate in exercises with the FEMA/USAR Task Force MA-TF1.

Name of Examiner _____

(Circle) MD DO PA NP

Signature _____

Date: _____

(10) Candidate Signature:

The information given above is true and complete. To the best of my knowledge, I have no limitations (physical or emotional) that would prevent me from safely participating in regular activities with the MA-TF1 USAR team.

Signature of Candidate _____ Date _____