

## HEAT TRAINING PARTICIPANT SCREENING

Name and Rank \_\_\_\_\_ Unit \_\_\_\_\_

Age \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Medical Status (Profiles) \_\_\_\_\_

Training: Initial/Refresher

Are you currently under any medical treatment or have you been medically grounded (aircrews) in the last 30 days? If so, was it for any mechanical neck or back problems	Y	N
Have you had dental work done in the past seven days? (Bridgework, dental plate or dentures)	Y	N
Have you had any back or joint trouble in the last 30 days?	Y	N
Women: Are you or is there any possibility you might be pregnant?	Y	N
Have you previously requested to drop from any HEAT/Egress Training?	Y	N
Do you have any physical condition which might be aggravated by this training?	Y	N
Have you had any head, neck, back or any major bone fractures previously? If so, have you been released for such activity by a competent medical authority?	Y	N
Is there any reason why you should not participate in training today?	Y	N
Have you been physically ill in the last two weeks?	Y	N
Have you taken any medication in the last 24 Hours?	Y	N
Have you had any shots or immunizations in the past 12 hours?	Y	N
Have you donated blood in the last seven days?	Y	N
Have you had less than you normal amount of sleep in the last two nights?	Y	N
Have you had any alcohol in the last 12 hours?	Y	N
Have you changed your eating habits in the last 24 hours?	Y	N
Do you have any physical conditions not noted above?	Y	N
Have you ever had a traumatic experience in a vehicle and/or do you have any fear associated with being in a tactical vehicle, such as a HMMWV?	Y	N

Remarks: If my medical status should change during this training I will immediately report my status to the lead HEAT Instructor.