

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
Center for Domestic Preparedness  
**MEDICAL SCREENING FORM**

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

Student'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: \_\_\_\_\_ Date Completed: \_\_\_\_\_

1. Students under consideration for attendance at the Center for Domestic Preparedness for the following courses **must** complete this medical screening questionnaire:

Emergency Medical Operations for CBRNE Incidents (EMO)

Field Force Operations (FFO)

Hands-on-Training for CBRNE Incidents (HOT)

Intermediate Hands-on-Training for CBRNE Incidents (HOT-I)

Hazardous Materials Technician for CBRNE Incidents (HT)

Radiological Emergency Response Operations (RERO)

Respiratory Protection Program Development and Administration (RP)

Emergency Responder Hazardous Materials Technician for CBRNE Incidents (ERHM)

Hazard Assessment and Response Management for CBRNE Incidents (HARM)

Hazardous Materials Evidence Collection for CBRNE Incidents (HEC)

Hospital Emergency Response Training for Mass Casualty Incidents (HERT)

Law Enforcement Response Actions for CBRNE Incidents (LERA)

Technical Emergency Response Training for CBRNE Incidents (TERT)

Threat Hazard Recognition and Emergency Actions Training for CBRNE Incidents (THREAT)

2. Do you now or have you previously been treated for or experienced:

Heart Problems  Yes  No

Heart Attack  Yes  No

By Pass Surgery or Stent  Yes  No

Asthma (as an adult)  Yes  No

Seizures or Epilepsy  Yes  No

Heat Injury  Yes  No

(in the last 12 months, that required hospitalization)

Any condition that affects your immune system  Yes  No

Do you have physical impairments or special medical needs that will require consideration (e.g. limb prosthesis, wheelchair, etc.)

Yes  No

Please Explain

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