

Joint Maritime Training Center
Medical Questionnaire

“Failure to provide accurate and complete medical information will result in immediate disenrollment from JMTC training programs” CAPT S. A. Weiden, CO, JMTC

Course Title: _____ **Date:** _____

Name (Last, First MI): _____

Rate/ Rank: _____

Unit name: _____

DOB: _____ **SS#:** _____ - _____ - _____ **Blood type:** _____

Do you have any history of medical problems, chronic medical conditions, or underlying injuries? (Examples: high blood pressure, diabetes, recurrent back pain, angina, knee pain, migraines, respiratory disorders, heat or cold injuries, etc) Yes / No

If yes, explain:

Are you required to wear glasses or contact lenses? Yes / No

If Yes, Are you near sighted or far sighted?

If Yes, do you have a pair of prescribed eye glasses or contacts in your possession at JMTC? YES / No

Have you received PRK or Lasik Eye surgery? Yes / No

If Yes, when was your surgical correction? _____

Are you colorblind? Yes / No

Do you have medically documented Night Blindness? Yes / No

Do you have correct depth perception? Yes / No

Are you Fit For Full Duty (FFFD)? Yes / No

If no, explain:

Do you have any medication allergies or environmental allergies? Yes / No
If yes, explain:

Are you currently taking any medications? Yes / No (List all medications)

Medication Name :

Dose

Used for what Medical Condition?

**Are you EMT or first responder? Circle one or both if applies. EMT/
First Responder / N/A**

Do you have enough medication to cover the entire training period & travel time?
Yes / No / NA

The answers I have provided are true and correct;

Prospective JMTC Student Signature

The above student IS / IS NOT medically qualified to participate in training.

JMTC Health Services Technician Signature