Joint Maritime Training Center
Medical Questionnaire (Staff)

Name (Last, First MI): _____Rate/ Rank: _____
Your Unit name: _____ Age: _____ Gender: M☐F☐

Do you have any past medical history, current medical conditions, mental health problems, chronic medical conditions, or underlying injuries?
(Examples: high blood pressure, diabetes, low back pain, orthopedic screws/ plates, knee pain, migraines, respiratory problems, prior heat or cold injuries, depression, anxiety, panic attacks, etc) Yes☐No☐

If yes, explain: _____
_____
_____

Are you currently Fit For Full Duty (FFFD) with no physical limitations? Yes☐No☐
If no, explain: _____
_____

Do you have any medication allergies or environmental allergies?
(Examples of Env. allergies: bee stings, fire ant bites, hay fevers, ect) Yes☐ No☐

If yes, explain:
_____
_____

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

Medication Name Dose _____What do you use the medication for?
_____
_____
_____
_____
_____

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

The answers I have provided are true and correct;

_____
Member Signature

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

_____
JMTC Health Services Technician Signature