

**Candidate Information** 

## MA-TF1 USAR CANDIDATE MEDICAL HISTORY (CONFIDENTIAL DOCUMENT)



<u>Instructions:</u> This form is to be completed by the candidate's primary care physician or physician assistant/nurse practitioner under the license of his/her primary physician. All sections of this form must be completed. The completed form is to be returned to the MATF1 with your application for review prior to participation in team activities.

Name:				
Date of Birth:				
Height V	Veight	Hair Color	Eye Color	Blood Type
City:			State:	Zip Code:
Home Phone:			Cell Phone:	
Emergency C	ontact/N	ext of Kin:		
Name:				
Street Address	S <b>:</b>			
City:			State:	Zip Code:
#1 Emergency	Phone:		#2 Emergency P	hone:
			require regular care to ble; high blood pressi	by a physician or for which you ure, asthma, etc.)
	_			

## MA-TF1 Medical History (page 2)

(2) Past Surgeries (list any surge	ry and it's approximate date):
(3) Medications (list all medication)	ons you are presently prescribed):
(4) Allergies To Medications (list	and indicate type of allergic reaction If known):
(5) Social History:	
	If yes, in what form?
Do You use Alcohol?	If Yes, how often?
(6-9 to be completed by your Ph	vsician):
	CUMENTATION / PROOF OF IMMUNIZATION REQUIRED-Please attach
	iter dates and results
MMR	
OP V	
DT	
HEP A (2 shot series)	
HEP B (3 shot series)	
(7) DDD Saraan, (Not Daguinal)	
(7) PPD Screen: (Not Required) Date of Last PPD	
Result of Last PPD	

## MA-TF1 Medical History (page 3)

Physical Exam:
EENT:
Physical Exam:
ock
est
odomen
tremities
in (tattoos, scars, etc)
euro
lditional Findings:
ease list any physical limitations that may prevent this person from participating in strenuous civity (if none, indicate none).
Physician, Please Read and Sign:  te to the Examining Physician: The duties and activities of a member of this Search and active team are both physically and mentally taxing. A candidate should be in good physical and fully capable of participation in physically demanding work without putting his or reself at risk by doing so. Likewise, the candidate's emotional state should also be excellent.
the time of this exam and to the best of my ability, this candidate appears to be of sound ysical and emotional state so that they may safely participate in exercises with the MA/USAR Task Force MA-TF1.
inted Name and signature of Examiner:
Circle) MD DO PA NP
gnatureDate:
O) Candidate Signature:  e information given above is true and complete. To the best of my knowledge, I have no nitations (physical or emotional) that would prevent me from safely participating in regular civities with the MA-TF1 USAR team.  gnature of Candidate