

MEDICAL CRITERIA FOR DAMAGE CONTROL WET TRAINER TRAINING

REVISED: December 2005

PRIVACY ACT STATEMENT

- 1. AUTHORITY: U.S.C. 301, Departmental Regulations and E.O. 9397.
2. PRINCIPAL PURPOSE: TO assist in determining physical suitability for participation in Damage Control Wet Trainer training.
3. Routine Uses: The Blanket Routine Uses that appear at the beginning of the Department of the Navy's compilation in the Federal Register apply.
4. Mandatory or Voluntary Disclosure and Effect On Individual Not Providing Information: Providing the information is voluntary; however, failure to do so may preclude participation in Wet Trainer training.

NAME: RANK/RATE: DATE:

COMMAND: COURSE: V-9B-0003A D.O.B.:

SSN:

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during Damage Control Wet Trainer training. This information will be held in confidence, and must be completed (front and back) prior to participation in Damage Control Wet Trainer training.

SECTION A TO BE COMPLETED NO MORE THAN 96 HOURS PRIOR TO ARRIVAL AT D.C. WET TRAINER

CIRCLE YES OR NO

- YES NO 1. Do you have any fractures, sprains, splints, or casts?
YES NO 2. Do you have a hernia?
YES NO 3. Are you pregnant?
YES NO 4. Do you have pneumonia, bronchitis or asthma?
YES NO 5. Are you allergic to chlorine?
YES NO 6. Do you have conjunctivitis (eye infection)?
YES NO 7. Have you had high blood pressure, heart disease, stress related chest pains, or are you being treated/monitored for any of these? Circle all that apply.
YES NO 8. Have you had any surgery or a post-operative procedure within the past 10 days?
YES NO 9. Are you on limited/light duty or have you had a tooth extracted within the past 72 hours?
YES NO 10. Are you out of height/weight or body fat standards IAW OPNAVINST 6110.1(Series)?
YES NO 11. Are you unable to participate in or complete the PFT?
YES NO 12. Are you taking any prescription or over the counter medication? List medications:
YES NO 13. Do you have hypotension (low blood pressure) or hypoglycemia (low blood sugar)?
YES NO 14. Do you have nasal congestion or an ear/nose/throat infection?
YES NO 15. Have you tested positive for either Sickle Cell or G6PD? (If "yes" hydration brief by corpsman/EMT is required)
YES NO 16. Are you sunburned or do you have any other recent skin burns?
YES NO 17. Do you have any other existing condition or injury that might preclude you from participating in Damage Control Wet Trainer training?

*****NOTE:** This prospective student has been screened as suitable for Damage Control Wet Trainer training based on the information provided above. Specifically, the following "YES" answers have been evaluated and found not to be disqualifying factors (list question numbers for which a student answered "yes").

Members health record AVAILABLE/NOT AVAILABLE for medical screening. (Circle One)

SUITABLE____ UNSUITABLE____ Medical Representative NAME: _____

Date:_____

SIGNATURE_____

****SECTION B TO BE COMPLETED BY STUDENT UPON ARRIVAL AT THE DAMAGE CONTROL WET TRAINER.**

When a student reports for training with a listed condition, the parent command is required to provide evidence of medical evaluation specifically stating the students medical suitability for Wet Trainer training. **Additionally, the parent command is to certify that all students attending Damage Control Wet Trainer training are medically suitable for participation.** This does not alleviate the school from conducting a complete medical screening utilizing this questionnaire. The Wet Trainer corpsman/EMT shall conduct all medical screening and shall consult with the Officer In Charge of the Damage Control Wet Trainer in making the final decision regarding student suitability/unsuitability for participation in damage control training.

- YES NO 18. Did you sleep less than 4 hours last night?
- YES NO 19. Are you a non-swimmer?
- YES NO 20. Have you consumed any alcoholic beverages in the last 12 hours?
- YES NO 21. Do you have any open cuts, recent stitches or new tattoos? (Within past 72 hours)
- YES NO 22. Have you experienced any changes to your health since being screened by the medical representative?
If yes explain_____

I certify that the above fully describes my current health. I understand that I am to notify a Wet Trainer Instructor immediately if I am injured at any time during training or if my health changes at any time during this course.

Student Signature Date

Evaluated fit for training: YES / NO

EMT Date

Officer in Charge Date

Note: OIC signature required for answers with a yes.