ACTIVE GUARD RESERVE MEDICAL SCREENING FORM

NOTE: TO BE COMPLETED BY SERVICE MEMBER. PLEASE READ QUESTIONS CAREFULLY.
Answer all questions by placing an X in the appropriate block. This information constitutes an Official Statement. Certain medical conditions and/or limitations may indicate need for further evaluation and/or additional information and/or change in Profile and/or referral to Medical Evaluation Board (MEB) and/or MMQ ?bkglgqrp_rgml Pcrclrgml Pctgcu (M?P0). Please describe any YES in the space on page 2, enter item number and description.

1.	Are you able to carry and fire an individual assigned weapon? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
2.	Are you able to evade direct and indirect fire? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
3.	Are you able to ride in a military vehicle for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
4.	Are you able to wear a helmet for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
5.	Are you able to wear body armor for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
6.	Are you able to wear load bearing equipment? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
7.	Are you able to wear military boots and uniform for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
8.	Are you able to wear protective mask and MOPP 4 for at least 2 continuous hours per day? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
9.	Are you able to move 40 lbs (e.g., duffle bag) while wearing usual protective gear (helmet, weapon, body armor, and LBE) at least 100 yds? If limited, what is the maximum distance you can lift and carry? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
10.	Are you able to live in an austere environment without worsening your medical condition(s) or behavioral health problem(s)? There may be environmental hazards (heat, cold, altitude, aerosol particles), limited access to electricity, and prolonged use of body armor and/or chemical protection equipment may be required. If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
11.	The following 4 questions are related to the Army Physical Fitness Test (APFT). Are you able to run or jog 2 miles? If NO, what is the medical condition that prevents you from doing so? If you cannot perform the APFT 2 mile run, you must perform an aerobic alternate APFT. Indicate all aerobic alternate APFT events you can perform: ☐ Walk [2] ☐ Swim [2] ☐ Bicycle [2]	☐ YES	☐ NO
	I cannot perform the APFT 2 mile run or any alternate aerobic APFT events (walk, swim, bike).	☐ YES	
12.	Are you able to do APFT sit-ups? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
13.	Are you able to do APFT push-ups? If NO, what is the medical condition that prevents you from doing so?	☐ YES	☐ NO
14.	Have you been diagnosed with asthma? If YES, answer all questions below. If NO, go to #15. a. Have you been admitted to a hospital, visited an emergency department, or lost time from work due to asthma and/or asthma related conditions? ☐ Yes ☐ No If YES, how many? _____ Admissions _____ Emergency Department Visits _____ Lost Work Days b. Have you taken oral and/or inhaler steroid medications for your asthma in the past 12 months? ☐ Yes ☐ No If YES, how many times? _____ x daily _____ x weekly _____ x monthly c. If you can use your inhaler beforehand, would your asthma still prevent you from taking and passing the APFT 2 mile run event? ☐ Yes ☐ No d. Does your asthma prevent you from wearing a protective mask? ☐ Yes ☐ No	☐ YES	☐ NO

Name: _____ SSN: _____ Unit: _____

Address: _____

Email: _____

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15.	Do you have a medical condition that requires any breathing assistive device and/or supplemental oxygen? If YES, what is the medical condition and length of time device used (e.g., 12 months)?	☐ YES	☐ NO
16.	Have you been treated for any behavioral health condition in the past 12 months? If YES, what is the condition?	☐ YES	☐ NO
17.	Do you take any medication to control your blood sugar? If YES, indicate type: ☐ Pills ☐ Shots List Medication Names:	☐ YES	☐ NO
18.	Do you currently take any prescription and/or non prescription medications? If YES, specify medications and medical conditions:	☐ YES	☐ NO
19.	Have you ever had a medical board? ☐ MEB ☐ PEB ☐ MMRB/MAR2 If YES, date: _____ PULHES? _____ If YES, what is (are) the medical conditions evaluated? What is (are) the recommended limitation(s) stated by the Board? Please attach a copy of your board results and the board profile including any DA Form 199, DA Form 3349.	☐ YES	☐ NO
20.	Do you currently have a permanent/temporary profile? If YES, what is the date of issue (month/day/year)? What is (are) the medical conditions? What is (are) the recommended limitations?	☐ YES	☐ NO
21	During the last 12 months have you been seen by any civilian, mgjgr_pw or VA provider? If YES, what is (are) the date(s) (month/day/year)? What is (are) the medical conditions? What is (are) the treatment(s)?	☐ YES	☐ NO
00	Are the reported limitations due to a duty related condition? If YES, do you have a copy of your Line of Duty DA Form 2173? ☐ Yes ☐ No	☐ WCQ	☐ NO

Notes: Please write item number and a brief description on the space below:

_____

_____

Name: _____ SSN: _____ Unit: _____

Address: _____

Email: _____ Service Member Signature and Date: _____