MARITIME EXPEDITIONARY SECURITY FORCE DUTY MEDICAL SCREENING QUESTIONNAIRE

In questionable cases or for more information, contact the MESG ONE or MESG TWO MEDICAL OFFICER for final eligibility determination.

Service Member Name *(Last, First, MI)*	Rate / Rank	DODID
Current Command	Date of Birth	PRD (MM/YY) to MESF Unit

A. MEDICAL READINESS ***(Explain any "YES" answers in Block 12 below.)***

Question	Yes	No
1. Has the member ever been found medically disqualified for Operational/Sea Duty at any time?	☐ Yes	☐ No
2. Has the member been hospitalized for any reason in the last 18 months?	☐ Yes	☐ No
3. Has the member been diagnosed with asthma or wheezing after age 12?	☐ Yes	☐ No
4. Does the member have any CHRONIC musculoskeletal condition (e.g., knee, back, shoulder, hip, neck, etc.) that limits physical activity or requires ongoing treatment?	☐ Yes	☐ No
5. Has the member suffered any type of fracture in the last three (3) months, or had any bone or joint surgery in the last six (6) months?	☐ Yes	☐ No
6. Has the member received a BCA or PRT medical waiver for two (2) consecutive PFA cycles or three in the most recent four (4) year period?	☐ Yes	☐ No
7. Has the member been evaluated, or treated, for any psychiatric problems or behavioral disorders *(including but not limited to depression, anxiety, bipolar, personality disorder, ADD/ADHD)* or been prescribed psychotropic medication in the past 36 months?	☐ Yes	☐ No
8. Has the member ever had legal, professional, or personal problems due to drug or alcohol use, or been diagnosed with dependence, or had any level of treatment for substance abuse?	☐ Yes	☐ No
9. Does the member have any other chronic medical condition that requires ongoing medication management, or treatment by a specialist?	☐ Yes	☐ No
10. Has the member ever been diagnosed with obstructive sleep apnea requiring the use of durable medical equipment *(e.g., CPAP machine)*?	☐ Yes	☐ No
11. If member is a SELRES, do they receive VA compensation or disability benefits? If so, list condition(s) and any ongoing symptoms or functional restrictions associated with each.	☐ Yes	☐ No
11a. If member is a SELRES, do they currently have any medical or dental MAS code?	☐ Yes	☐ No

12. Explain any "YES" answers from Blocks 1 through 12:

B. IMMUNIZATIONS ***(Must be completed and current prior to transfer. Hepatitis B series should at least be started.)***

1. Tetanus Date:	2. Yellow Fever Date:	3. Typhoid Date:	4. HAV Date:	5. HBV Date:

C. MEDICAL RECORD SCREENING

1. Blood Type:	2. G6PD *(Results)*:	3. Sickle Cell Trait *(Results)*:	4. HIV Date:

D. AUDIOMETRIC REQUIREMENTS

Item	Yes	No
1. DD Form 2215, Reference Audiogram present in chart?	☐ Yes	☐ No
2. DD Form 2216, Hearing Conservation Data current within one year?	☐ Yes	☐ No

3. Latest hearing thresholds date:

	1000	2000	3000	4000
AS				
AD				

E. VISION / COLOR SCREENING ***(Eye exam within one (1) year with a passing color vision documented)***

1. Exam Date:	2. Test Used:	3. Color Vision Test Results ☐ Pass ☐ Fail

F. MEDICAL SCREENER

1. Name	2. Rank / Grade	3. Corps	4. MTF or Duty Station
5. Telephone Number *(Include Area Code)*	6. DSN		7. Facsimile Number
8. E-Mail Address	9. Signature		10. Date