COASTAL RIVERINE FORCE DUTY MEDICAL SCREENING QUESTIONNAIRE

In questionable cases or for more information, contact the COASTAL RIVERINE GROUP ONE/TWO MEDICAL OFFICER for final eligibility determination.

Service Member Name *(Last, First, MI)*	Rate / Rank	SSN
Present Command	Date of Birth	Projected Report Date (YY/MM) to Riverine Unit

A. MEDICAL READINESS

(Explain any "YES" answers in Block 9 below.)

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 since age 12?	☐ Yes ☐ No
4. Does the member have any CHRONIC musculoskeletal condition that limits physical activity *(i.e., knee, back, shoulder, hip, neck pain, etc.)* and requires ongoing treatment?	☐ Yes ☐ No
5. Has the member suffered any type of fracture in the last 3 months, or had any bone/joint surgery in the last 6 months?	☐ Yes ☐ No
6. Has the member been evaluated, or treated, for any psychiatric problems or behavioral disorders *(including depression, anxiety, personality disorder, dyslexia, ADD/ADHD, etc.)* or been prescribed psychotropic medication?	☐ Yes ☐ No
7. Has the member ever had legal, professional or personal problems due to alcohol use, or been diagnosed with dependence, or had any level of treatment for abuse?	☐ Yes ☐ No
8. Has the member ever been diagnosed with Obstructive Sleep Apnea requiring the use of durable medical equipment *(CPAP machine)*?	☐ Yes ☐ No

9. Explain any "YES" answers from Blocks 1 through 8

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 *(Results)*	4. HIV *(Date and Results)*

D. AUDIOMETRIC REQUIREMENTS

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

3. Latest hearing thresholds *(current compared to reference)*

	1000	2000	3000	4000
AS				
AD				

E. VISION / COLOR SCREENING

(Eye exam within 1 year with a passing FALANT documented)

1. Exam Date	2. FALANT 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 *(Include Area Code)*

8. E-Mail Address	9. Signature	10. Date