



SMAT II NORTH CAROLINA

Medical Clearance and Check-in Form for EHPC Deployments



Name of Team member _____

Date/Time In _____

History:

- Uncontrolled hypertension
Yes _____ No _____
- Myocardial infarction
Yes _____ No _____
- Severe angina pectoris
Yes _____ No _____
- Aortic stenosis
Yes _____ No _____
- Other cardiac disease
Yes _____ No _____
- Spontaneous pneumothorax
Yes _____ No _____
- Asthma
Yes _____ No _____
- Chronic respiratory disease
Yes _____ No _____
- Severe musculoskeletal disease
Yes _____ No _____
- Severe obesity
Yes _____ No _____
- Phobias to confined spaces
Yes _____ No _____
- Skin: open sores, rash, sunburn
Yes _____ No _____
- Alcohol in past 24 hours
Yes _____ No _____
- Pregnant
Yes _____ No _____
- Symptoms of fever, N/V/D, cough
Yes _____ No _____

Member signature: _____

Pre-deployment Baseline Examination:

- Height: _____
- Weight: _____
- BP: _____
- Pulse: _____
- Respirations: _____
- Alert and Oriented x 3 _____
- Heart Rhythm: _____
- Lungs: _____

General Medical Information:

- Allergies: _____
- Past Medical History: _____
- Current Medications: _____

Do you have any other restrictions not otherwise noted?
Please explain: _____

Comments: _____

Medical Evaluator: Cleared NOT Cleared
Signature _____ / _____
Print Last Name

- Paperwork signed** (initial as reviewed):
- Deployment roster: _____
- Personal Behavior Policy: _____
- Personal Data Sheet: _____
- Insurance form and Waiver: _____

Personal Equipment Check:

- No weapons _____
- No alcohol _____
- Personal Medications _____
- Identification _____
- Uniforms, boots, and gloves _____

Assignment: _____

Planning Section:

Signature _____ / _____
Print Last Name

SMAT Equipment Assigned:

Logistics Section:

Signature _____ / _____
Print Last Name

Post-deployment examination:

- Date/Time: _____
- Weight: _____
- BP: _____
- Pulse: _____
- Respirations: _____
- Alert and Oriented x 3 _____
- Heart Rhythm: _____
- Lungs: _____
- Comments: _____

Disposition: HOME Other: _____

Medical Evaluator:

Signature _____ / _____
Print Last Name

Command Staff Use Only:
Reviewed By: _____ Date/Time _____
(within 30 days of member deployment)