

Health Questionnaire

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Center

Name	Age	DOB	Class	Agency	Date
Address			Phone Number		

1. Check each item listed with a yes or no response:

Yes	No	Yes	No	Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	HIV (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	CNS (Neurological Disease: stroke, seizures, migraines)
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic problem (bone, joint, muscle, tendon)
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Positive TB Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal Disorders (ulcers, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Rhabdomyolysis	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Disease (Emphysema)	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use (Drinks/day) _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma			
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use (Pks/day) _____						

If any of the following apply to you, respond with a brief explanation that includes the year of occurrence. Every item must have a response. If the item does not apply, respond N/A in the space provided.

Height _____ Weight _____

2. Type of exercise performed on a regular basis and frequency _____

3. Unusual shortness of breath on exertion (or exercise) _____

4. Joint problem (any kind) past or present (Provide part of your body feeling pain/swelling, or has had dislocation, broken bones, sprains) _____

5. Back Problems (any kind) past or present _____

6. Frequent dizziness or unconsciousness _____

7. Heart problems (i.e. chest pain, racing heart/skipped beats, abnormal EKG, enlarged heart, heart murmur, family history of sudden cardiac death) _____

8. Recent infections, serious illnesses or hospitalizations (head injury, urinary problems, viral or bacterial infections, etc.) _____

9. Surgery (Include month/year, type) _____

10. Abnormal blood test, past or present (i.e. mononucleosis, anemia) _____

11. Eye problems (any type) (i.e. prior complicated OC spray exposure or allergy, & Lasik surgery and date) _____

12. Physical activity/Exercise restriction (any type) _____

13. Heat Illness/heat exhaustion Problem (how often & date of last event) _____

14. Other medical problems or deformities (any kind) _____

15. List medication(s) currently taking (prescription, over the counter, supplements) _____

16. List any allergic reactions to medications, food or insect bites _____

17. Gyn problems (specify) _____

Are you pregnant? Yes No

First day of last menstrual period _____

Menstrual period: Regular Irregular

18. Have you attended a FLETC training program prior to this training?
 Yes No

PRIVACY ACT NOTICE

The following information is provided in accordance with the Privacy Act of 1974 (5) U.S. C. 552a(e)(3): Authority for the collection of this information is 5 U.S.C. 301, 5 U.S.C. 4101 et seq., Executive Order No. 11348 and the DHS Delegation Number 7950. The primary use of this information is to evaluate fitness to participate in training activities conducted at the FLETC and provide historical health information necessary to plan and deliver treatment while on the FLETC. Routine uses of this information as established and published in accordance with 5 U.S.C. a (3)(4) (D), include transfer of this information to officials of the FLETC and your agency. Disclosure of this information is voluntary. However, it may not be possible for you to receive training at the FLETC if the information is not provided. **Under penalty of perjury, I swear or affirm that the information which I have provided is true to the best of my knowledge.**

Signature

Physician's Comments: _____