

WWR WAR-P MEDICAL QUESTIONNAIRE

Name: \_\_\_\_\_  
Last First Middle Name you go by Rank (for AD)

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
DD / MM / YYYY

Emergency Info:

Emergency Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Name Relationship to you (Area Code) + Number

Physician Name: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Name Medical Facility (Area Code) + Number

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_  
TRICARE / VA / Other

Do you have any allergies (if yes, specify): \_\_\_\_\_

CURRENT MEDICAL CONDITIONS

MEDICATIONS (Including occasional & over-the-counter meds)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

1)	Med name	Strength / Dosage	When taken
2)	Med name	Strength / Dosage	When taken
3)	Med name	Strength / Dosage	When taken
4)	Med name	Strength / Dosage	When taken
5)	Med name	Strength / Dosage	When taken
6)	Med name	Strength / Dosage	When taken

- 1. Do you have any metal / shrapnel / foreign material in your body? Yes  No
- 2. Do you have bleeding, clotting, or bruising problems? Yes  No
- 3. Have you had a head injury resulting in loss of consciousness or concussion? Yes  No
- 4. Do you have any heart or lung problems? Yes  No
- 5. Do you have Sickle Cell trait? Yes  No
- 6. Have you had problems with exertion or exercise in heat, heat exhaustion or heat stroke? Yes  No

- 7. Do you wear corrective lenses (glasses / contacts) Yes  No
- 8. Do you have problems with:
  - a. Lightheadedness, passing out, or other difficulties with exercise Yes  No
  - b. Chest tightness Yes  No
  - c. Shortness of breath Yes  No
  - d. Tolerating loud noise Yes  No
  - e. Dealing with crowds or crowded places Yes  No
  - f. Small, tight or confined spaces Yes  No
  - g. Nervousness or anxiety symptoms Yes  No

Please explain "Yes" responses and provide any additional medical or health information not covered above:

Do you have any Functional or Activity Impairments? If so, please list:

- If necessary, please use additional paper to explain answers. -