UNITED STATES ARMY COMBATIVES COURSE
1/29 Infantry Regiment, Fort Benning GA

ARMY COMBATIVES TOURNAMENT
INJURY SCREENING FORM

Instructions – Fill in the information requested. If you have any condition that might be a source of concern or may be aggravated by your participation in this activity, indicate below:

NAME (Please print): _____UNIT: _____CO: _____

SSN: _____MAC LEVEL: _____ HEIGHT: _____ WEIGHT: _____

When was your last physical? _____ (MM-DD-YYYY)

Current physical condition: **EXCELLENT / GOOD / FAIR / BELOW STANDARD**

Are you currently on profile? **Y / N** If yes, for what? _____

Did you require a waiver for vision to enter the military? **Y / N**

If so, why? _____

Have you ever had LASIC or any other eye surgery? **Y / N** If yes, when? _____

Have you **EVER** been knocked unconscious? **Y / N** If yes, When _____ have you been cleared Y/N

* Have you been in contact with anyone that has Hepatitis? Y/N Must have a HEP Screening done within 6 months of competition: date test was administered _____

* MACE exam date and score must be within 6 months of competition: date test was administered _____

* Must have an HIV screen done within 6 months of competition: date test was administered _____

(FEMALES ONLY) Are you pregnant or feel you may become pregnant? Y/N Pregnancy test must be within 48 hrs. of competition. date test was administered: _____

(FEMALES) Have you undergone breast augmentation? Y / N

Do you have, or have you had, any injuries in the following areas?

	YES	NO		YES	NO
1. Head	____	____	**11. Wrist**	____	____
2. Nose	____	____	**12. Hand**	____	____
3. Jaw or teeth	____	____	**13. Arm**	____	____
4. Facial Bones	____	____	**14. Knee**	____	____
5. Neck	____	____	**15. Ankle**	____	____
6. Back	____	____	**16. Foot**	____	____
7. Elbow	____	____	**17. Leg**	____	____
8. Shoulder	____	____	**18. Kidney/Spleen**	____	____
9. Headaches	____	____	**19. Memory Loss**	____	____
10. Dizziness	____	____	**20. Numbness**	____	____

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Do you have any other injuries not listed above? If yes, provide details of the injury on the back of this sheet. If you answered "Yes" to any of the above items, please provide details of the incident on the back of this sheet.

I understand that under the provisions of 5 USC 552a, The Privacy Act of 1974, that it is prohibited to release any of the information contained in this file to agencies or individuals outside the U.S. Government without my consent. I also understand that I am under no obligation to authorize or allow such release for whatever purpose it deems appropriate or necessary; and should I withhold such authorization, the information will not be released to private third parties and no consequences of any kind will result.

SIGNATURE: _____ DATE: _____

* Hepatitis/ HIV screening must be completed no more than 6 months prior to competition. You must provide a printout of AHLTA/CHCS showing negative on both screenings.