

Enclosure 4 (Medical Screening Form-Ranger) to Commander's Validation of Ranger School Prerequisites

MEDICAL RECORDS REVIEW / HEALTH SCREENING FOR RANGER SCHOOL

Note to Provider: This soldier is a candidate for Ranger School, one of the most physically demanding courses in the military. Preventable deaths have occurred in this course due to unrecognized or undisclosed medical conditions.

Due to the closed records system we are unable to obtain health records for screening. Please thoroughly evaluate the PMH of this soldier and document all medical conditions as outlined below.

A medical interview and health records screening has been conducted on the following soldier:

LAST NAME	FIRST NAME	SSN		
			1. Any changes to health since date of last physical examination.	NO YES
			2. Any medical conditions that would post a risk to their health while attending the Ranger Course.	NO YES
			3. Any medical conditions that require further examination or treatment.	NO YES
			4. Any current or chronic use or recent discontinuation of any medications or supplements of any type.	NO YES
			5. Any previous history of Hot or Cold Weather Injury.	NO YES
			6. Evaluation by a medical provider since the date of last physical.	NO YES
			7. Any other medically related issue that the provider feels is pertinent to the medical staff of Ranger School.	NO YES

COMMENTS: _____

Medical Provider PA/DO/MD:

NAME RANK TITLE DATE