

***** ARNG WARRIOR TRAINING CENTER: RTAC MEDICAL SCREENING SHEET *****

ROSTER NUMBER

PART 1. TO BE COMPLETED BY RTAC STUDENT

1. NAME (LAST, FIRST, MI)		2. DATE OF BIRTH		3. AGE		4. SEX (M/F)			
5. SSN		6. DoD ID		7. UNIT		8. SERVICE BRANCH (ARMY, USAF)		9. COMPONENT/STATE (NG, AD)	
10. GEOGRAPHICAL LOCATION PAST 2 WEEKS (STATE/COUNTRY)				11. RTAC CLASS NUMBER		12. PHONE NUMBER (PERSONAL)			

CHECK THE APPROPRIATE COLUMN FOR EACH QUESTION BELOW

READ CAREFULLY, ANSWER HONESTLY

12. HAVE YOU BEEN SEEN BY A HEALTHCARE PROVIDER FOR ANY REASON SINCE YOUR RANGER PHYSICAL?	YES	NO
13. DO YOU HAVE ANY CHRONIC MEDICAL AND/OR ORTHOPEDIC CONDITION OF ANY TYPE, AND/OR PAST SURGERIES?	YES	NO
14. HAVE YOU RECENTLY STOPPED OR ARE CURRENTLY TAKING ANY MEDICATION (LAST 3 MONTHS)? IF SO, HOW LONG, AND WHAT FOR?	YES	NO
15. HAVE YOU EVER HAD CORRECTIVE EYE SURGERY IN THE LAST 6 MONTHS? (EXAMPLE: LASIK, PRK, OR RK)	YES	NO
16. DO YOU HAVE ANY FALSE TEETH, PINS, PLATES, SCREWS, OR OTHER DEVICES IN YOUR BODY THAT YOU WERE NOT BORN WITH?	YES	NO
17. HAVE YOU EVER BEEN MEDICALLY DROPPED FROM RTAC, RANGER, RSLC OR ANY OTHER COURSE FOR ANY REASON?	YES	NO
18. DO YOU HAVE ANY ALLERGIES, NOT INCLUDING SEASONAL? (EXAMPLE: BEE STINGS, MEDICATION, ETC.) IF SO, WHAT REACTION DOES IT CAUSE?	YES	NO
19. HAVE YOU EVER BEEN DIAGNOSED WITH OR IDENTIFIED AS A HOT OR COLD WEATHER INJURY?	YES	NO
20. IN THE PAST 72 HOURS, HAVE YOU EXPERIENCED ANY NAUSEA, VOMITING, DIARRHEA, OR FEVER?	YES	NO
21. EXPLANATION OF ALL "YES" ANSWERS. GIVE <u>DATES</u> , <u>NAMES OF MEDICAL PROVIDERS</u> , AND <u>TREATMENT FACILITIES</u> , <u>TREATMENT GIVEN</u> , AND <u>CURRENT MEDICAL STATUS</u> .		

22. DO YOU AUTHORIZE THE MEDICAL PERSONNEL FROM THE ARNG WARRIOR TRAINING CENTER TO ACCESS AND DISCUSS YOUR MEDICAL RECORDS; AND PRINT AND/OR ORDER TESTS, AS NECESSARY, SPECIFICALLY FOR COMPLETION OF YOUR PHYSICAL EXAMINATION DOCUMENTATION IAW RANGER SCHOOL STANDARDS, AR 40-501, AR 40-502, DoDI 6130.03? PLEASE NOTE, DENIAL OF THIS AUTHORIZATION WILL RESULT IN YOUR MEDICAL DOCUMENTATION BEING RETURNED TO YOU WITH NO CORRECTIVE ACTION TAKEN TO RECTIFY DEFICIENCIES IAW THE AFOREMENTIONED STANDARDS AND REGULATIONS.	YES	NO
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23. I HAVE READ THE QUESTIONS ABOVE AND ANSWERED TO THE BEST OF MY KNOWLEDGE. BY SIGNING BELOW, I AM AFFIRMING I UNDERSTAND ALL STATEMENTS AND THAT IF FALSE INFORMATION IS GIVEN, I CAN BE DISMISSED FROM THE ARNG WARRIOR TRAINING CENTER RANGER TRAINING ASSESSMENT COURSE AND COULD BE SUBJECT TO DISCIPLINARY ACTION.

A. SIGNATURE	B. DATE
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PART 2. TO BE COMPLETED BY MEDICAL SCREENER

PHYSICAL EXAM DOCUMENTATION				FINAL	SUPPORTING MEDICAL DOCUMENTATION (PRINTED)				FINAL				
1	2	3			1	2	3						
-----Screener Initials on This Line-----					-----Screener Initials on This Line-----								
DD FORM 2807					AUDIOGRAM (DD 2216E: H2/H3 NEED WAIVER) < 18 MONTHS								
			3 DATE < 18 MONTHS					500	1K	2K	3K	4K	6K
			1-9 ADMIN DATA + TOP OF EACH PAGE (NAME, SSN/DoD ID)					<35	<35	<35	<45	<55	N/A
			10-29 ALL "YES" EXPLAINED (14C MARKED "YES")		VACCINATIONS								
			30B PA/NP/MD/DO/MC CREDENTIAL SIGNATURE (ONE SIGNATURE)					INFLUENZA (01OCT-30APR)					
DD FORM 2808								COVID-19 (VACCINATION SERIES COMPLETE)					
			1 DATE < 18 MONTHS		URINANALYSIS < 18 MONTHS								
			2-16 ADMIN DATA + TOP OF EACH PAGE (NAME, SSN/DoD ID)					SPECIFIC GRAVITY (1.005- 1.030)					
			17- 42 CLINICAL EVALUATION					PROTEIN NEGATIVE					
			43 DENTAL CLASS (1 OR 2 ONLY)					GLUCOSE NEGATIVE					
			48 BLOOD TYPE					BLOOD NEGATIVE					
			53 HEIGHT					FEMALES ONLY: HCG (NEW ORDER ONLY-NO PAST RESULTS)					
			54 WEIGHT		COMPLETE BLOOD COUNT (CBC) < 18 MONTHS								
			56 TEMP					HEMATOCRIT (M 38.3-48.6 / F 35.5-44.9)					
			57 PULSE <90					HEMOGLOBIN (13.5-17.5)					
			58 BP < 140/90					IRON PANEL (80-100)					
			59 COLOR VISION (VIVID RED/GREEN) "PASS"					G6PD (6.75-11.95)					
			61 DISTANT VISION (CORRECTED TO AT LEAST 20/40)		HIV <24 MONTHS								
			63 NEAR VISION (CORRECTED TO AT LEAST 20/40)					NEGATIVE					
			72B VALSALVA (SAT OR WAIVER IS REQUIRED)		SICKLE CELL/HGB SOLUBILITY (NO DATE REQUIREMENT)								
			74 RANGER QUALIFIED (YES OR WAIVER REQUIRED)					NEGATIVE					
			76 PULHES (111111 OR WAIVER REQUIRED)		AGE 35+								
			84 DENTIST CREDENTIAL-SIGNATURE (DMD/ DDS/ DC ONLY)					FASTING BLOOD SUGAR < 18 MONTHS					
			82-86 MD/MC/DO CREDENTIAL - SIGNATURE (ONE SIGNATURE)					FASTING LIPIDS < 18 MONTHS					
			87 WAIVER APPROVAL FROM 4TH RTB ONLY (IF NEEDED)					ECG/EKG SIGNED BY PHYSICIAN < 18 MONTHS					
					AGE 40+ or CBC outside normal <18 MONTHS								
								RECTAL (OCCULT BLOOD/GUAIAC) NEGATIVE					

SCREENING STATUS: CLEAR TO TRAIN CCIR NOT CLEAR TO TRAIN (PER MO) INITIAL SCREENER NAME (PRINT):

LAB NOTES

MEDICAL HX/ PHYSICAL NOTES

APPOINTMENTS

SICK CALL/ FOLLOW UPS