

Medical Pre-Screening Form

Name: _____ School: _____ Class: _____
Date: _____ SSN #: _____ Phone#: _____

Please be as complete as possible when answering these questions. A “yes” answer does not mean you are disqualified from ROTC, the information will assist us process your DoDMERB medical examination.

- 1. List any medications are you taking, even if only intermittently:
- 2. Have you ever been evaluated or treated for a psychological disorder such as depression, bipolar disorder, suicidal behavior, self mutilation, obsessive/compulsive disorder, anorexia, bulimia, attention deficit (ADD) or attention deficit hyperactivity disorder (ADHD)? Do you have a learning disorder, are you eligible for or do you receive academic accommodations such as extra time on examinations: o Yes o No
- 3. Have you ever taken medication for a psychological disorder? o Yes o No
- 4. Have you had any musculoskeletal injuries including knee injuries/pain, fractures, dislocations, back pain, or shin splints etc.? If yes, please list the injuries o Yes o No
- 5. Are you required to wear a brace, or do you have any restrictions against physical activities? o Yes o No
- 6. Have you ever had surgery including outpatient surgery? o Yes o No
If yes, list procedures
- 7. Have you had asthma, bronchospasm, or reactive airway disease after age 13? o Yes o No
If yes, when was the last time you took medication for your asthma?
- 8. Have you ever had any of the following conditions?
 - a. Diabetes o Yes o No
 - b. Ulcers/Ulcerative Colitis o Yes o No
 - c. Crohn’s Disease o Yes o No
 - d. High Blood Pressure o Yes o No
 - e. Scoliosis (curvature of the spine) o Yes o No
 - f. Seizures (epilepsy) o Yes o No
 - g. Tourette’s Syndrome o Yes o No
 - h. Head injury o Yes o No
 - i. Kidney disease o Yes o No
 - j. Cancer o Yes o No
 - k. Heart disease o Yes o No
 - l. Migraine headaches o Yes o No
 - m. Endometriosis o Yes o No
 - n. Sleepwalking o Yes o No
- 9. Have you ever had a severe reaction to a bee/wasp/yellow jacket sting or fire ant bite? o Yes o No
- 10. Are you receiving allergy shots? o Yes o No
- 11. Do you have any eye disorders including severe near sightedness, astigmatism, or double vision? o Yes o No
- 12. If prior service did you have a permanent profile, were you ever separated or denied entry into the military for medical or psychological reasons? o Yes o No
- 13. Are you receiving disability payments from any Federal, State, or local agency? o Yes o No
- 14. Do you have any other medical conditions or concerns that are not mentioned above? o Yes o No

By signing this form, I acknowledge that I have disclosed any and all pre-existing medical conditions that would make me ineligible for enrollment in the ROTC program as specified in statute, and Army regulations (AR 145-1). Failure to disclose or to have disclosed any disqualifying conditions, including any conditions I should have known about, will subject me to disenrollment from the ROTC program.

Signature: _____ Cadre Review: _____
Printed Name: _____ Medical Review (for all “yes” answers): _____
Date: _____

Contact the Brigade Nurse Counselor if you have any “yes” answers to the questions listed above.