

VFMC ROTC MEDICAL PRE-SCREENING FORM

NAME _____ SCHOOL _____

TIME/DATE _____ PHONE _____

1. Do you have a history of asthma? If so, when was the last time you had an asthma attack and are you using medication? Have you ever taken the Methacholine Challenge Test (MCT)?

2. Have you ever been treated by a medical professional for psychological disorders (i.e. Depression, ADHD)? If so, were any prescription medications prescribed? Are you currently taking medication? If so, for how long?

3. Do you currently have, or have you ever had joint injuries? (i.e. knee pain, hip or shoulder dislocation).

4. Do you have any allergies? (i.e. seasonal, food, bee sting) Have you ever undergone immunotherapy?

5. Have you ever worn a support brace (i.e. metal or cloth, this is not a neoprene type support band) Do you currently wear one? If so, for what injury? How long did you wear the brace?

6. Have you ever been treated for any ocular disorders (disorders of the eye)? Have you undergone Lasik Surgery? If so, when?

7. Have you ever undergone a surgical procedure? If so, what?

8. Are there any medical conditions, not mentioned in this document, which you have been diagnosed with?

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

SIGNATURE: _____ CADRE REVIEW _____

PRINTED NAME: _____ DATE: _____