Print Form

DOD Civilians and Contractors Pre-Deployment Medical Questionnaire

Deployment Processing Command/ Reserve Support Unit - East
Form 1 - Revision MOD 12

1. Date of Request	2. Sponsoring Command
3. Vendor	4. Contract Number and Expiration Date
5. Name of Contractor Deploying	6. SSN (last 4 digits) XXX - XX -
7. Deployment Start	8. Deployment End

References: Contractors deploying in support of the MEF (FWD) must adhere to the medical and physical guidelines and requirements outlined in the following references; failure to comply will result in immediate removal from theater at the contractor's expense:

A. DODI 3020.41, Subject: Program Management for the Preparation and Execution of Acquisitions for Contingency Operations
B. MOD 12 to USCENTCOM Protection and Individual / Unit Deployment Policy
C. DODI 6490.07 Deployment Limiting Medical Conditions for Service Members and DOD Civilian Employees

Directions: READ the entire question, check "yes" or "no". If the question is in bold, or indicates that you need to bring documentation, do so. Failure to provide documentation may delay or cancel your deployment. The principal purpose of this form is to obtain medical data for determining your medical fitness for deployment.

Yes	No	Pre-Deployment Medical Questions
		Do you have any problem doing heavy work? Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 60 pounds. **If "Yes" bring in a note from your medical provider with recommended restrictions and a statement that wearing 50 pounds of protective equipment will not significally aggravate underlying condition.**
		Do you have a disability?
		Are you receiving a disability pension? If yes, write down your % disability here_____
		Is your Body Mass Index (BMI) greater than or = to 40 or weight > 300 lbs?
		Do you have High Blood Pressure? If yes what is your average daily blood pressure? _____ systolic (higher #)/ _____diastolic (lower #) NOTE: an average blood pressure above 140/90 may need a waiver
		Do you have Diabetes Mellitus? Bring HgbA1c results drawn within 6 weeks of reporting to DPC-East. NOTE: a HbgA1c > 7.0 will need a waiver. You must be stable and medications/diet unchanged for 90 days.
		Is your Framingham 10-year CVD Risk % >14%? (http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof) If yes, bring a cardiology evaluation including a stress test done within 6 months and stating suitability to deploy.
		History of heart failure? Irregular heart beat? Medication, pacer or defibrillator to control heart beat? The cardiologist should note suitability for deployment.
		Have you ever had an Exercise Stress Test? Bring a note from your physician stating the reason and results.
		Any angina, chest pains, heart attack, heart surgery, angioplasty, surgery on arteries in past year? If yes, bring in a cardiology evaluation with stress test done within 6 months. The report should note suitability for deployment.
		Do you have any medical condition that would prevent you from safely wearing 60 pounds of body armor, ballistic helmet, gas mask, or chemical/ biological protective gear?
		Have you had a concussion or traumatic brain injury of any severity, including mild? If Yes, have you had 3 or more since your last full neurologic/psychologic evaluation? Yes/No (Guideline www.usaisr.amedd.army.mil/cpgs.html)
		Do you have a history of heat stroke?
		Did you have anything in the last year that required more than (1) doctor visit/quarter OR testing more than (2) times/yr?
		Any recent unresolved injury or illness?
		Have you had surgery in the past year? Have you had surgery in the past 6 weeks? Bring in copy of surgeon's note stating you are fully recovered.
		Do you need to have surgery or has surgery been recommended in the next year? Bring physician's notes.
		Have you had PRK, LASEK or epithelial LASIK in past 3 months? In situ LASIK eye surgery in the past month? Are you still using steroid eye drops? (Bring eye doctor's statement that recovery is complete)

DOD Civilians and Contractors Pre-Deployment Medical Questionnaire
Page 2

13. Name of Contractor Deploying	14. SSN (last 4 digits) XXX - XX -		

Yes	No	
		Do you use contacts? Is your corrected distant vision worse than 20/40? If so, you will need 2 pair of glasses.
		Do you have hearing loss that would prevent you from safely performing your duties?
		Do you have a history of Meniere's, dizziness/vertigo or motion sickness disorder?
		In your better ear do you have hearing loss (with or without hearing aid) of 30dB or more at 500Hz, 1000Hz, 2000Hz and 4000Hz or do you have >75dB hearing loss in any frequency? Bring your audiology assessment.
		Do you have dental problems? Bring a recent dental exam documented on DD 2813, a copy of your panograph <5yr old and your bite wing x-rays <2 years old.
		Do you have any dental, orthodontic or mouth conditions that require or are likely to require treatment soon?
		Have you had a tracheostomy? If so, do you require an assistive device? Yes/No
		Have you been diagnosed with asthma or COPD? Have you required hospital stay in past year, daily steroid pills, or FEV<50% with treatment? Bring a Physician's note addressing suitability for deployment with documentation of good control for the past 6 months and no expectation of deterioration in deployed environment.
		Do you have any blood borne disease? (Hepatitis B or C, HTLV, HIV) Bring all labs including viral load
		Have you had a positive PPD(TB test)? Bring proof of treatment and x-ray <90 days old or normal quantiferon Gold.
		Do you have sleep apnea? If, yes bring in your most recent Sleep study results NOTE: Any symptomatic sleep apnea (SA), untreated w/ AHI or RDI=15 or greater OR treated w/AHI or RDI= or >30 will require a waiver
		Do you use CPAP equipment (Sleep Apnea), a TENS unit, spinal cord stimulator, nebulizer or other electric medical equipment? NOTE: Waiver may be required NOTE: Bring documentation of battery back-up for CPAP.
		Do you have a history of recurrent fainting/syncope or loss of consciousness?
		Do you have or have you had gall stones?
		Have you had or do you have kidney stones? If yes, how many times? ____ When was your last stone passed?_____ NOTE: bring documentation
		Do you have any muscular or joint problem requiring medical/surgical visits in past year? (Bring copy of medical notes)
		Do you have any problem that causes pain?
		Do you use medicines that could be abused (pain, psychiatric, sleep etc.)? NOTE: No scripts >90days, no refills. Follow up is required to refill meds with the potential for abuse including antipsychotics (Seroquel).
		Have you had cancer? If so, does the cancer require ongoing treatment, frequent office visits or lab testing?
		Do you have any precancerous conditions that have not been treated, evaluated or will require evaluation during the deployment?
		Have you had a seizure disorders or are you taking medication to treat seizures? Bring documentation of stability/seizure free for at least 6 months
		Do you have a psychologic condition that requires medication? Has the dose changed in the past three months? yes/no (Bring clinical notes documenting stability for at least 90 days)
		Do you have a history of psychiatric hospitalization, suicide attempt, substance abuse (medication, illicit drug, alcohol, inhalant, etc.) or treatment for such abuse? Bring in evaluation by behavioral health practitioner.
		Do you have a psychologic condition that requires therapy but not medication?
		Do you see, hear, smell, or taste things that are not there or have a Bipolar Disorder?
		Are you taking any medications to help you sleep or to treat anxiety?
		Do you have a condition that prevents immunization or antimalarials, chemical/biological antidotes, antibiotic use?
		Are you taking any of the medications listed on the enclosed page?
		Have you been vaccinated with any of the following vaccines in the past 30 days: measles, mumps, rubella, oral polio, varicella, yellow fever, smallpox or nasal spray flu vaccine?
		Have you had a physical exam or Periodic Health Assessment within 3 months of your deployment date?
		Have you had a laboratory test for HIV within 4 months of your deployment date?
		Do you have allergies or a Medical condition that needs a Medical Warning (red) tag?
		Do you have enough prescription medications to last the entire deployment or at least 180 days with ability to get refill in theater? NOTE: Narcotics prescriptions can be no >90 days. Clinical follow-up will be required to get a refill.

DOD Civilians and Contractors Pre-Deployment Medical Questionnaire
Page 3

13. Name of Contractor Deploying	14. SSN (last 4 digits)		
	XXX - XX -		

Yes	No	Pre-Deployment Medical Questions
		NOTE: The questions on this page are only required to be completed by female applicants ONLY.
		Do you need a prescription for contraceptives that will last for the time deployed?
		Are you pregnant? Have you given birth within the past 6 months?
		Have you had a pregnancy test within 30 days?

List all: Medication	dose	how often taken

17. Comments

NOTE: For any "Yes" response to statements in bold print please bring a note from your provider, preferably a specialist, that contains the following information (if applicable):

Medical summary Including suitability for deployment to areas with minimal health care availability and stressful environments.
Hx of condition(s) Date(s) of onset
Applied treatments Current treatments
Limitations imposed by condition(s) or medication(s)
Prognosis
Required follow-up
Specialty consultation to establish Diagnosis, Treatment, Monitoring Plan, Prognosis
Reports of Operations which are pertinent, recent
Lab reports, path reports, to demonstrate a pattern of stability
Reports of x-rays, pictures, or films
Reports of procedures e.g. ECG, Holter, ECHO, Cardiac scans, caths, endoscopy, etc.
Hospital summaries
Reports of proceedings (tumor board, MEB/PEB, MMRB, VA Disability Reports, etc.)

WARNING

The Information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or $10,000 fine, or both) to anyone making a false statement.

18. Deploying Contractor *(Printed Name)*	19. Deploying Contractor *(Signature)*	20. Date

Use of certain medications is disqualifying unless a waiver is granted. These include, but are not limited to the following medications.

1. Blood modifiers:
   a. Therapeutic Anticoagulants: warfarin (Coumadin®), rivaroxaban (Xarelto®).
   b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix®), anagrelide (Agrylin®), dabigatran (Pradaxa®), Aggrenox®, ticlopidine (Ticlid®), prasugrel (Effient®), pentoxifylline (Trental®), cilostazol (Pletal®). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.
   c. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®).
   d. Antihemophilics: Factor VIII, Factor IX.

2. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, examestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).

3. Immunosuppressants: e.g., chronic systemic steroids.

4. Biologic Response Modifiers (immunomodulators) e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), etc.

5. Benzodiazepines: Chronic use or newly prescribed: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc.

6. Class II Stimulants taken for treatment of ADHD/ADD: Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, etc.

7. Sedative Hypnotics/Amnestics: Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), flurazepam (Dalmane), etc.

8. Antipsychotics. Including atypical antipsychotic medication.

9. Antimanic (bipolar) agents: e.g., lithium.

10. Anticonvulsants, used for seizure control or psychiatric diagnoses.
    a. Anticonvulsants (except those listed below) which are used for non-psychiatric diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD TWELVE. No waiver required.
    b. Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).
    c. Carbamazepine (Tegretol®, Tegretol XR®, etc.).

11. Varenicline (Chantix®)

12. Opioids, opioid combination drugs, or tramadol (Ultram®) for chronic use (greater than 30 days).

13. Insulin and exenatide (Byetta®).

14. Injectable medications of any type.