CADET BASIC COURSE (BC) – MEDICAL OPERATIONS PRE-PARTICIPATION PHYSICAL FORM

MEDICAL HISTORY FORM Name (Print:) _____ DATE OF EXAM: ____/____/____

Gender: ☐ Male ☐ Female Age: ____ Date of birth: ____/____/_____

Preferred Gender: ☐ Male ☐ Female

Are you now or have you ever been treated for any of the following:

	YES	NO	EXPLAIN
Asthma	☐	☐	
Diabetes	☐	☐	
Hypertension (high blood pressure)	☐	☐	
Heart Condition	☐	☐	
Skipped or irregular heart beats	☐	☐	
Migraine Headaches	☐	☐	
Ear/Sinus problems/ear tubes	☐	☐	
Heat Injury/stroke/rhabdomyolysis	☐	☐	
Psychiatric/psychological and emotional difficulties	☐	☐	
Learning Disorders (i.e. ADHD, ADD)	☐	☐	
Bleeding disorders	☐	☐	
Fainting spells/passed out/head injury	☐	☐	
Thyroid Disease	☐	☐	
Kidney Disease	☐	☐	
Sickle Cell Disease	☐	☐	
Seizures	☐	☐	
Sleep disorders (i.e. sleep apnea)	☐	☐	
GI Problems (i.e. abdominal, digestive)	☐	☐	
Surgery List when and what type:	☐	☐	
Serious injury/concussion When and what:	☐	☐	
Mononucleosis	☐	☐	
Have you ever had an injury (e.g. sprained muscle or ligament tear, or tendonitis, that caused you to miss an athletic event) If yes, circle affected area below:	☐	☐	
Have you had any fractured bones or dislocated joints? If yes, circle below:	☐	☐	
Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, Physical Therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐	

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

FEMALES ONLY	
Have you ever had a menstrual period ☐ ☐	
How old were you when you had your first menstrual period?	AGE:
How many periods have you had in the last 12 months	#

Allergies:

MEDICATIONS:
List all medications currently used. (If additional space is needed, please photo copy this part of the health form.)
Inhalers and EpiPen Information must be included, even if they are for occasional or emergency use only.

Medication:

Strength: _____Frequency_____
Reason for medication:

Date Started _____
Temporary ☐ Permanent ☐

Medication:

Strength: _____Frequency_____
Reason for medication:

Date Started _____
Temporary ☐ Permanent ☐

Medication:

Strength: _____Frequency_____
Reason for medication:

Date Started _____
Temporary ☐ Permanent ☐

Medication:

Strength: _____Frequency_____
Reason for medication:

Date Started _____
Temporary ☐ Permanent ☐

Medication:

Strength: _____Frequency_____
Reason for medication:

Date Started _____
Temporary ☐ Permanent ☐

Be sure to bring medications in the original containers and make sure they are NOT expired, including inhalers and EpiPens (approved). You SHOULD NOT STOP taking any maintenance medications.
If applicable, ensure you bring two pairs of glasses and prescription.

CADET BASIC COURSE (BC) – MEDICAL OPERATIONS PRE-PARTICIPATION PHYSICAL FORM

MEDICAL EXAM FORM

Name (Print): _____ Date of birth: _____

Height: _____ Weight: _____ No Pulse: _____ BP: _____ / _____ (_____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: □ YES □ NO Pupils : □ EQUAL □ UNEQUAL

	NORMAL	ABNORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL				
Eyes	□	□		
Ears	□	□		
Nose	□	□		
Throat	□	□		
Pulses	□	□		
Lungs	□	□		
Heart	□	□		
Abdomen	□	□		
Skin	□	□		
Genitalia (males only)	□	□		
Inguinal Hernia	□	□		
Emotional Adjustment	□	□		
MUSCULOSKELETAL				
Neck	□	□		
Back	□	□		
Shoulder/arm	□	□		
Elbow/forearm	□	□		
Wrist/hand	□	□		
Hip/thigh	□	□		
Knee	□	□		
Leg/ankle	□	□		
Foot	□	□		
OTHER				
Glasses (contacts)	□	□		
Braces	□	□		
	□	□		

Allergies (to what agent, type of reaction, treatment)

_____

_____

_____

_____

Activties at BC each Cadet must be able to fully participate in are:

1) Obstacle Coures involving running, jumping, climbing/scaling and lifting.
2) A two mile run for time.
3) Maximum pushups for time.
4) Maximum sit-ups for time.
5) Small unit patrols involving walking many miles wearing metal plated vest, knee/elbow pads, military helmet, rifle and military uniform.
6) 10 mile mark wearing 45 lbs of weight in a large backpack.
7) Land navigation involving walking 4-5 miles at a rigorous pace over rugged terrain.
8) Daily Physical Fitness Training (PRT) using calisthentics, weights and repetitive movements.

I certify that I have, today, reviewed the health history, examined this person and approved this individual for participation in the above listed activities:

□ BC Cleared without restriction

□ BC Cleared with recommendations for further evaluation or treatment for:

_____

□ Not cleared for: □ Physical Fitness Activities, □ Specific Activities:

_____

Reason:

_____

_____

HCP Printed Name_____
MD / DO / NP / PA-C

Signature:_____

Address: _____

City, State, Zip_____

Office Phone: _____

Date: _____