



STATE OF TEXAS PRE-DEPLOYMENT SELF-HEALTH SCREENING



INCIDENT NAME	DEPLOYING AGENCY / TEAM	DATE

RE-ENTRY TASK FORCE ASSIGNED - (If applicable)

LAST NAME	FIRST NAME	MI	DATE OF BIRTH

YOUR GENERAL HEALTH CONDITION PLEASE COMPLETE PRIOR TO DEPLOYMENT CHECK ONE BOX	Excellent	Very Good	Good	Fair	Poor

VACCINATIONS

IT IS RECOMMENDED TO HAVE TDAP OR TD (IN LAST 10 YEARS), MMR, CHICKEN POX, AND THE 3 SHOT HEP B SERIES	TDAP/TD	MMR	CHICKEN POX	HEP B
IF YOU ARE CERTAIN YOU ARE CURRENT WITH THESE VACCINATIONS, CHECK THE APPROPRIATE BOX				

IF UNSURE OF YOUR VACCINATION STATUS, IT IS RECOMMENDED TO SEE YOUR PHYSICIAN TO UPDATE YOUR VACCINATIONS PRIOR TO PARTICIPATING IN AN EMERGENCY RESPONSE DEPLOYMENT.

BASIC HEALTH QUESTIONS	Answer
IS THERE ANY PERSONAL REASON THAT YOU THINK YOU SHOULD NOT DEPLOY ?	Y / N
DO YOU HAVE ANY SIGNIFICANT MEDICAL PROBLEMS ?	Y / N
ARE YOU CURRENTLY ON A MEDICAL PROFILE WHICH LIMITS YOUR WORK ?	Y / N
DURING THE PAST YEAR, HAVE YOU SOUGHT COUNSELING OR CARE FOR MENTAL HEALTH ?	Y / N
ARE YOU PREGNANT ?	Y / N / NA
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, THEN YOU SHOULD CONSIDER NOT PARTICIPATING IN AN EMERGENCY RESPONSE DEPLOYMENT	

DEPLOYMENT PERSONAL HEALTH SUPPLIES	Answer
DO YOU HAVE LESS THAN TWO PAIRS OF PRESCRIPTION GLASSES ?	Y / N / NA
DO YOU HAVE LESS THAN 2 SETS OF NEEDED PERSONAL MEDICAL EQUIPMENT ?	Y / N / NA
DO YOU HAVE LESS THAN A TWO WEEK SUPPLY OF PRESCRIPTION MEDICATION ?	Y / N / NA
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, THEN YOU SHOULD EVALUATE THE RISK OF DEPLOYING WITHOUT THESE ITEMS.	

INFECTION CONTROL STATEMENT

IF YOU ARE CURRENTLY EXPERIENCING A FEVER OVER 100 F; HAVE A WOUND INFECTION; HAVE A PERSISTENT SORE THROAT OR COUGH; ARE EXPERIENCING NAUSEA, VOMITING, DIARRHEA, OR ABDOMEN PAIN, IT IS NOT LIKELY YOU WILL BE PERMITTED TO DEPLOY.

DO ANY OF THE ABOVE SYMPTOMS APPLY TO YOU ? (AT THE TIME OF DEPLOYMENT)	Y / N
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IF YOU HAVE ANY CONCERNS ABOUT YOUR HEALTH WHILE PARTICIPATING IN AN EMERGENCY RESPONSE DEPLOYMENT, IT IS RECOMMENDED CONSULTING WITH YOUR PHYSICIAN PRIOR TO DEPLOYMENT.

EMERGENCY CONTACT NAME	RELATIONSHIP	NUMBER
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THE FOLLOWING INFORMATION IS OPTIONAL

CURRENT MEDICATIONS:

ALLERGIES (DRUG, FOOD, OTHERS):

MEDICAL HISTORY (ONLY MAJOR MEDICAL HISTORY OR ILLNESS/DIAGNOSIS):

PLEASE TURN IN DURING DEPLOYMENT PROCESSING TO THE MEDICAL BRANCH STAFF
Revised 3/15/10