

HEADQUARTERS BATTALION COMBATIVES INJURY SCREENING FORM

Instructions – Fill in every blank line with information requested. If you have any condition that might be a source of concern or may be aggravated by your participation in this activity, indicate below.

Print Last Name, First Name, MI

NAME: _____ **UNIT:** _____ **CO:** _____

SSN: _____ **MAC LEVEL:** _____ **HEIGHT:** _____ **WEIGHT:** _____

Have you completed any martial arts training: **Y / N** _____

If so, what type or style: _____

When was your last physical? _____ (dd-MMM-yy)

Current physical condition: **EXCELLENT / GOOD / FAIR / BELOW STANDARD**

Are you currently on profile? **Y / N** If yes, for what? _____

Did you require a waiver for vision to enter the military? **Y / N**

If so, why? _____

Have you ever had LASIC or any other eye surgery? **Y / N** If yes, when? _____

Have you **EVER** been knocked unconscious? **Y / N**

If you are a female are pregnant or do you feel you may be pregnant? Y / N

Do you have, or have you had any injuries in the following areas?

	YES	NO		YES	NO
1. Head	_____	_____	11. Wrist	_____	_____
2. Nose	_____	_____	12. Hand	_____	_____
3. Jaw or teeth	_____	_____	13. Arm	_____	_____
4. Facial Bones	_____	_____	14. Knee	_____	_____
5. Neck	_____	_____	15. Ankle	_____	_____
6. Back	_____	_____	16. Foot	_____	_____
7. Elbow	_____	_____	17. Leg	_____	_____
8. Shoulder	_____	_____	18. Kidney/Spleen	_____	_____
9. Headaches	_____	_____	19. Memory Loss	_____	_____
10. Dizziness	_____	_____	20. Numbness	_____	_____

If you answered “Yes” to any of the above items, please provide details of the incident on the back of this sheet.

I understand that under the provisions of 5 USC 552a, The Privacy Act of 1974, that it is prohibited to release any of the information contained in this file to agencies or individuals outside the U.S. Government without my consent. I also understand that I am under no obligation to authorize or allow such release for whatever purpose it deems appropriate or necessary; and should I withhold such authorization, the information will not be released to private third parties and no consequences of any kind will result.

SIGNATURE: _____ **DATE:** _____