Portsmouth Emergency Management Agency (PEMA) Staff Medical Screening Form

This form shall be completed at both the commencement & completion of each work-day.

Name: _____ Date: _____

Municipality or Organization Affiliation: _____

Contact Information: Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact: Name: _____ Phone No.: _____

Relationship: _____

PRE-DEPLOYMENT SCREENING (to be completed by team member). The following questions regarding your health & physical condition are being asked to determine whether you have any limitations that may affect your ability to safely perform your duties during this deployment & to assist with your medical care, should it become necessary. Answering affirmative to any question will not necessarily disqualify you from service, so please answer all questions as fully & completely as possible. If you do not understand a question or are unsure how to respond, please discuss it with your screening provider or the incident Safety Officer.

Do you feel well today? _____ YES _____ NO (If not, why: _____)

Do you have any restrictions or difficulty in your ability to:	Y	N		Y	N
Sit for 1 hour or longer?			Lift and put down 10 pound load?		
Stand for 1 hour or longer?			Lift and put down 25 pounds load?		
Bend at the waist?			Lift and put down 50 pounds load?		
Twist at the waste?			Kneel?		
Turn your head?			Run?		
Bend or twist your neck?			Jump?		
Grasp forcibly for a sustained period?			Squat?		
Climb or descend stairs or a ladder?			Walk on an uneven surface?		
Walk rapidly?			Get up when seated in a chair?		
Reach overhead?			Get up when seated on a floor?		
Repetitively move any joint?			Other Restrictions:		
Twist or move your wrist repeatedly?			Push or pull a load?		
Reach fully forward?					
Hear normal volume conversation?			Any accommodations needed?		

If you answer YES to any of the above, please explain: _____

_____

Do you wear a medical Alert bracelet or necklace: _____ YES _____ NO.

READ: *I affirm that the information I have provided is complete & accurate to the best of my knowledge. I also hereby authorize the release of this information to emergency medical personnel to the extent it is needed, in the event I experience a medical emergency during this deployment.*

Team Member Signature / Date: _____ *(over)*

Name: _____

OFFICIAL USE ONLY – to be completed by PEMA screening provider or Safety Officer

Restrictions? _____ YES _____ NO.

Explain restrictions and actions taken to mitigate as appropriate. _____

_____

_____

Screener Signature / Date:

_____

POST-DEPLOYMENT SCREENING (to be completed by team member at end of deployment/shift)

Do you feel well today? _____ YES _____ NO (If not, why: _____

_____

Did you experience an **injury / illness** during your deployment? _____ YES _____ NO

If YES, please describe the injury / illness, as well as where and how it happened: _____

_____

_____

Where you exposed to any **hazardous substances** today? _____ YES _____ NO

If YES, please describe the substance, as well as where and how it happened: _____

_____

_____

Did you report the above incident(s) to the Safety Officer or other official? _____ YES _____ NO

If NO, why was it not reported? _____

Did you receive any on-site or off-site treatment for any injury or exposure to hazardous materials? _____YES _____ NO

If YES, please describe treatment: _____

READ: *I affirm that the information I have provided is complete & accurate to the best of my knowledge. I also affirm that I have been informed of appropriate procedures for reporting any injuries, illness or exposure to hazardous substances that I may experience in the future that I feel may be related to my response activities today.*

Team Member Signature / Date: _____

Screener Signature / Date: _____

(end)