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FOUO – WHEN FILLED IN

JOINT FORCE HEADQUARTERS – NY
STATE ACTIVE DUTY PRE/POST DEPLOYMENT MEDICAL SCREEN

PRE Deployment Worksheet

Name:
Last, Suffix _____ **Date:** ___/____/_____mm/dd/yyyy

First, MI _____ **DOB:** ___/____/_____mm/dd/yyyy
Unit: _____ **Gender** [ ] M [ ] F

Service Component
[ ] NYANG [ ] NYG
[ ] NYARNG [ ] Naval Militia
[ ] Other (explain) _____

Operation Name: _____

Unit/ Team/ Task Force: _____

Location: ☐ JOA 1 (NYC) ☐ JOA 1 (Long Island) ☐ JOA 2 ☐ JOA 3 ☐ JOA 4 ☐ JOA 5

1. Would you say your health in general is: [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
   Please explain: _____

2. Do you have any medical or dental conditions that affect your ability to perform the mission? [ ] Yes [ ] No

3. Are you currently on a Profile or "light duty" or are you undergoing a medical board? [ ] Yes [ ] No

4. Are you pregnant? (Females ONLY) [ ] Yes [ ] No

5. What medications are you taking? (prescribed, over the counter, vitamins, herbal) [ ] None
   Please list: _____

6. Do you NEED/REQUIRE any prescription that you do not have with you? [ ] Yes [ ] No
   (To include 30 days of medication, prescribed glasses, and/or other personal medical equipment)

7. During the past year, have you sought counseling or care for your mental health? [ ] Yes [ ] No

8. Do you currently have any questions or concerns about your health? [ ] Yes [ ] No
   Please list: _____

9. Please explain any YES answer: _____

I certify that the responses on this form are true: X _____
Signature

Administrative Review:	**Medical Review:**
Name :_____ **Date:** _____ **Title:** _____ **Initials:** _____	**Name :**_____ **Date:** _____ **Title:** _____ **Initials:** _____

This Document may contain information covered under the Privacy Act of 1974, 5USC SECTION 552 (a.) and/or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (PL 104-191) and it's various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after the appropriate authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to the application of appropriate sanction. This Information may be provided to appropriate Government agencies when relevant to civil, criminal, or regulatory investigations or prosecutions.

FOUO – WHEN FILLED IN

JOINT FORCE HEADQUARTERS – NY
STATE ACTIVE DUTY PRE/POST DEPLOYMENT MEDICAL SCREEN

POST Deployment Worksheet

Name:
Last, Suffix _____ **Date:** ___/____/_____mm/dd/yyyy

First, MI _____ **DOB:** ___/____/_____mm/dd/yyyy

Unit: _____ **Gender** [ ] M [ ] F

Service Component
[ ] NYANG [ ] NYG
[ ] NYARNG [ ] Naval Militia
[ ] Other (explain)_____

Operation Name:
_____

Unit/ Team/ Task Force:
_____

Location: ☐ JOA 1 (NYC) ☐ JOA 1 (Long Island) ☐ JOA 2 ☐ JOA 3 ☐ JOA 4 ☐ JOA 5

1. Would you say your health in general is: [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
   Please explain: _____
2. Do you have any outstanding medical or dental conditions? [ ] Yes [ ] No
3. Have you sought/received medical treatment during this deployment? [ ] Yes [ ] No
4. Do you have an illness and/or injury as a result of your deployment? [ ] Yes [ ] No
5. Do you have any Line of Duty (LOD) reports related to this deployment? [ ] Yes [ ] No
6. Do you desire any counseling, care or support for your mental health? [ ] Yes [ ] No
7. Do you currently have any questions or concerns about your health? [ ] Yes [ ] No
   Please list: _____
   _____
8. Please explain any YES answer: _____
   _____

I certify that the responses on this form are true: X _____
Signature

Administrative Review:	**Medical Review:**
Name :_____ **Date:** _____ **Title:** _____ **Initials:** _____	**Name :**_____ **Date:** _____ **Title:** _____ **Initials:** _____

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