



**Assistant Secretary for Preparedness and Response
Office of Preparedness and Emergency Operations
National Disaster Medical System**



AFFIDAVIT OF PHYSICAL AND MEDICAL FITNESS FOR DUTY

The information below must be completed and submitted as part of your physical and medical screening to determine suitability for deployment. The purpose is to gather information regarding your health and physical condition. This information will be used only to determine whether you have any adverse health conditions that may affect your ability to safely perform your duties during this deployment, or to assist with your medical care on the deployment. Please answer all questions as fully and completely as possible. If you do not understand a question or are unsure how to respond, please contact the Team Medical Director or designee (TMD), or NDMS Office of the Chief Medical Officer (CMO).

Confidentiality Statement

The attached information shall be kept confidential and shall be kept and maintained in a confidential manner during this deployment. The record maintenance shall comply with HIPAA regulations.

Disclosure Statement

I hereby authorize the release of medical information pertaining to my medical records to the care of the TMD, Team Commander, and CMO. In addition, authorization is hereby given to the TMD to perform any and all tests or procedures relative to my physical examination or treatment as deemed necessary by the TMD. This authorization is effective immediately and will remain effective as long as I desire to deploy with NDMS. This authorization is subject to the Americans with Disabilities Act (ADA) and OSHA regulations. I further understand that I have a right to receive a copy of this authorization upon request.

Last Name: _____ First Name: _____ Last 4 SSN: _____

DOB: _____ Gender: _____ Height (inches): _____ Weight (lbs): _____

Do you use tobacco products? _____ Is there a possibility that you are pregnant? _____

If you wear a medical alert bracelet, why? _____

List hospitalizations or surgeries in the past 10 years, including approximate dates:

Date	Hospitalization or Surgery (and Outcome)

List allergies to medications, and all severe allergies:

Allergy	Allergy

List all medications you are currently taking, including OTC, herbal and dietary supplements:

Name & Dose	Name & Dose

In the past 5 years, have you had or been diagnosed with any of the following?

- Change in vision
- Eye surgeries
- Change in hearing
- Ear disorder
- Allergies
- Sinus conditions
- Change in weight >25 lbs
- Fatigue
- Lung disease
- Heart disease
- Heart murmur
- Thyroid disorder
- Anemia
- Shakiness or tremor
- Weakness in an extremity
- Kidney disease
- Bladder disease
- Blood in urine
- Prostate disease
- Headaches requiring modified work or schedule
- Head injury or concussion
- Neck injury
- Pain when lifting
- Frequent backache
- Back surgery
- Arthritis
- Joint injury
- Swollen or painful joints
- Broken bones
- Dislocations
- Tendonitis
- Hernia or rupture
- Muscle pain
- Any medical disability
- Any medical illness or condition you believe was related to your job
- High blood pressure
- Diabetes
- Stomach or digestive problems requiring modified work schedule
- Gallbladder disorder
- Fainting spells/blackouts
- Dizziness or vertigo
- Persistent numbness
- Persistent tingling
- Uncoordination or imbalance
- Skin disorder requiring modified work schedule

In the past 5 years, have you had any restriction in your ability to do any of the following?

- Lift
- Sit for 1 hour or longer
- Bend at the waist
- Twist at the waist
- Turn your head
- Bend or twist your neck
- Kneel
- Grasp forcibly for a sustained period
- Squat
- Climb stairs
- Stand for 1 hour or longer
- Rapidly walk
- Reach overhead
- Push or pull
- Repetitively move any joint
- Twist or move your wrist repetitively
- Lift, transfer and/or roll a person
- Kick
- Run
- Jump
- Crawl
- Walk on an uneven surface

I affirm that the above answers are complete and accurate to the best of my knowledge.

Initial here: _____

The mission of the Office of the Assistant Secretary for Preparedness and Response is to bring medical resources to a disaster environment, save and sustain lives, and ensure the integrity of the healthcare infrastructure and the safety and health of all deployed personnel. This frequently means that disaster responders are functioning in extreme, austere, and ever-changing work and living environments. Past duties in these situations have included:

- Working for more than 24 continuous hours with limited breaks
- Shifts lasting 12 or more hours
- Standing for 8 or more hours at a time
- Regular walking or climbing on non-level surfaces
- Dusty or dirty air requiring wearing a mask or respirator for hours at a time
- Temperature extremes (< 32°F, > 100°F degrees with 90%+ humidity)
- Working at night or in the dark
- Repeated lifting / carrying of heavy equipment or patients for hours at a time
- Driving unfamiliar vehicles in unfamiliar surroundings
- Working and living without basic services (water, electricity, telephone, heating/cooling, warm meals, showers, laundry, lack of privacy)
- Poor sleeping environment: cots or ground, noisy, daylight

Work in this austere out-of-hospital environment carries increased risk of injury, illness, and death. Leading causes of pre-hospital healthcare worker (HCW) occupational fatality include (Maguire et al, 2002):

- Ground transportation
- Air ambulance crash
- Sudden cardiovascular death
- Assault-homicide

Leading causes of pre-hospital HCW occupational morbidity and disability include:

- Cardiovascular events
- Musculoskeletal injuries
- Transportation events
- Infectious diseases
- Assaults
- Stress and psychological trauma, both acute and accumulative

Identified, historical-based NDMS occupational morbidity and mortality include:

- Sudden cardiac death
- Stress and behavioral issues (common)
- Musculoskeletal injuries (common)
- Acute and chronic respiratory complaints
- Heat- and cold-related maladies (common)

To perform adequately and safely in the situations and environment described above, it has been determined that the following physical or medical conditions are prohibitive to deployment:

- Any acute injury or illness that affects performance of response team duties under the conditions described above
- Any surgery within 21 days that was extensive, relatively difficult, involved vital organs, or was itself hazardous to life
- Sustained systolic blood pressure above 150 mmHg or diastolic blood pressure above 90 mmHg, with or without prescribed medications (as average of 3 measurements on 3 different days)
- Symptomatic or unstable cardiovascular or pulmonary conditions (including but not limited to any symptomatic arrhythmia, including bradycardia or tachycardia)
- History of myocardial infarction or congestive heart failure
- Spine, joint or any musculoskeletal condition that precludes normal performance of response team duties under the conditions described above
- Durable medical equipment requirements, such as but not limited to wheelchairs, canes, crutches, braces, casts
- Presence of a prosthetic limb that precludes normal performance of response team duties under the conditions described above
- Acute respiratory conditions requiring CPAP, supplemental oxygen, frequent inhaler use, etc.

- Uncorrected visual or auditory impairment that precludes normal performance of response team duties under the conditions described above
- Corrected vision worse than 20/50
- Any anxiety disorder that interferes with wearing PPE
- Seizure activity within the last year
- Hypo- or hyperglycemic event causing altered mental status within the last year
- Current conditions or medications causing drowsiness, dizziness, or altered mental capacity
- Medications or medical devices requiring refrigeration, electricity, or that cannot function in the physical conditions described above
- Pregnancy
- Body Mass Index (BMI) ≥ 40
- NDMS-required immunizations are not current
- Any condition requiring monitoring by a medical practitioner during the period of a mission
- Personal medical practitioner's advice against deployment or situations described above

I certify that I am aware of the increased risks and hazards associated with deployment, and have discussed them as appropriate with my family, significant others, and healthcare provider(s). Initial here: _____

I understand that insurance policies typically exclude or limit coverage for claims resulting from acts of war or terrorism, air travel incidents, high-risk activities, etc., and that my Federal coverage for such incidents is also extremely limited. As appropriate, I have reviewed my medical, disability and life insurance policies to ensure my desired coverage is established for this activity, including possible duties aboard military, unscheduled, and/or non-traditional conveyance (aircraft, bus, train, ship, boat, etc). Initial here: _____

I certify that I am physically capable of performing my duties in the situations described above and that I currently meet the medical conditions described above, with the certain exceptions which I have described below. Initial here: _____

I understand that the TMD or CMO may grant a specific exemption to a written request submitted in advance, or may grant general exemptions or impose additional restrictions based on the requirements or environment of a specific mission. I agree to inform the TMD or CMO if I am not sure I can perform any or all of these activities. Initial here: _____

I agree to inform the TMD or CMO if any of the conditions or responses herein change, either on a temporary or permanent basis, and I agree to abide by the determination of the TMD or CMO as to my fitness for duty and any limitations or restrictions imposed thereof. Initial here: _____

Signature

MEDICAL REVIEW

The information below is to be completed by the Team Medical Director or designee.

BMI Calculation: $(703 \times \text{Weight (lbs)} \text{ ______}) / (\text{Height (inches)} \text{ ______})^2 = \text{______}$

Immunizations are current?

Relevant findings

Exceptions previously granted by Team Medical Director

Exceptions previously granted by NDMS Chief Medical Officer

Limitations to deploy

Is deployment approved, subject to the limitations above?

Team Medical Director:

Date

Name

Signature

Team Commander:

Date

Name

Signature