

# MASSACHUSETTS STATE POLICE SEARCH AND RESCUE

## MEDICAL HISTORY AND PHYSICAL EXAMINATION REPORT

**NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons**

NAME: (Last, First, Middle)

SSAN:

SEX:

DOB:

HOME ADDRESS: (Street; City or Town; State; zip code)

HOME PHONE NO.

EMERGENCY CONTACT:

### HEALTH ASSESSMENT:

WOULD YOU SAY YOUR HEALTH IN GENERAL IS:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
ARE YOU PREGNANT? (females only)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHAT IS YOUR BLOOD TYPE & RH FACTOR?	<input type="checkbox"/> A__	<input type="checkbox"/> B__	<input type="checkbox"/> AB__	<input type="checkbox"/> O__
DO YOU WEAR A MEDIC ALERT BRACELET OR NECKLACE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU TAKING ANY MEDICATIONS?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIST MEDICATIONS YOU ARE TAKING:	_____			

### DO YOU NOW, OR HAVE YOU EVER HAD:

- ALLERGIES
- ASTHMA
- BACK PROBLEMS
- COMMUNICABLE DISEASE
- DIABETES MELLITUS
- DIZZINESS OR FAINTING
- HEARING DEFICIENCY

- DEFECTIVE VISION
- EPILEPSY OR SEIZURE
- EASY FATIGABILITY
- FOOT PROBLEMS
- HEART TROUBLE
- HEART PALPITATIONS
- BLOOD PRESSURE PROBLEM

- "TRICK" OR LOCKED KNEE
- JOINT PROBLEM /DISABILITY
- PSYCHOLOGICAL PROBLEMS
- SHORTNESS OF BREATH
- TETANUS VACCINATION
- HEPATITIS VACCINATION

PLEASE EXPLAIN ANY AFFIRMATIVE ANSWERS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the responses on this form are true.

Examinee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:  
Massachusetts State Police Tactical Operations  
Westover Metropolitan Airport  
255 Padgette St. Suite 3 Chicopee, MA 01022

SAR Team Affiliation: **Central Massachusetts Search and Rescue Team**

**MEASUREMENTS AND OTHER FINDINGS**

BLOOD PRESSURE: \_\_\_/\_\_\_ PULSE: \_\_\_ RESPIRATIONS: \_\_\_ HEIGHT: \_\_\_ WEIGHT: \_\_\_

<b>DISTANT VISION</b>	<b>NEAR VISION</b>	<b>COLOR VISION</b>	<b>FIELD OF VISION</b>
OD: 20/___ CORR. TO 20/___	20/___ CORR. TO 20/___	(test used & result)	OD: ___
OS: 20/___ CORR. TO 20/___	20/___ CORR. TO 20/___		OS: ___

URINALYSIS: S.G. \_\_\_ ALBUMIN \_\_\_ URINE SUGAR \_\_\_ MICROSCOPIC \_\_\_

BLOOD CHEMISTRY: HEMOGLOBIN-S \_\_\_ HEMATOCRIT \_\_\_ CHOLESTEROL \_\_\_ Mg/dl (140-240)

<b>AUDIOMETRY ( R )</b>	<b>AUDIOMETRY ( L )</b>	<b>PSYCHOLOGICAL AND PSYCHOMOTOR (test used and score)</b>
500hz db	500hz db	_____
1000hz db	1000hz db	_____
2000hz db	2000hz db	_____
3000hz db	3000hz db	_____
4000hz db	4000hz db	_____
6000hz db	6000hz db	_____

**CLINICAL EVALUATION**

**NOTES**

<i>(Enter "NE" if not evaluated)</i>		<i>(Describe every abnormality)</i>
<b>NORMAL</b>	<b>ABNORMAL</b>	
_____ HEAD, FACE, NECK AND SCALP	_____	_____
_____ EARS GENERAL, DRUMS	_____	_____
_____ NOSE	_____	_____
_____ SINUSES	_____	_____
_____ MOUTH AND THROAT	_____	_____
_____ OPHTHALMOSCOPIC	_____	_____
_____ LUNGS AND CHEST	_____	_____
_____ HEART	_____	_____
_____ VASCULAR SYSTEM	_____	_____
_____ ABDOMEN & VISCERA	_____	_____
_____ PROSTATE (over 40)	_____	_____
_____ TESTICULAR	_____	_____
_____ ANUS AND RECTUM	_____	_____
_____ ENDOCRINE SYSTEM	_____	_____
_____ G-U SYSTEM	_____	_____
_____ UPPER EXTRTEMITIES (ROM)	_____	_____
_____ FEET	_____	_____
_____ LOWER EXTREMITIES (ROM)	_____	_____
_____ SPINE	_____	_____
_____ OTHER MUSCULOSKELETAL	_____	_____
_____ SKIN, LYMPHATICS	_____	_____
_____ NEUROLOGIC	_____	_____
_____ BREASTS	_____	_____
_____ PELVIC (female only)	_____	_____

**SUMMARY OF DEFECTS AND DIAGNOSES**

*(Use additional sheets if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINING PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

REVIEWING TACTICAL E.M.T. \_\_\_\_\_ I.D.# \_\_\_\_\_ STATION \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SAR Team Affiliation: **Central Massachusetts Search and Rescue Team**