

# CA-ANG HEALTH ASSESSMENT FOR WILDFIRE MISSION SUPPORT

**Instructions: Answer all questions on this page.**

Name (First, Last):		SSN:
Date of Birth:	Rank:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>1. Have you been seen or treated by a <u>dentist or physician or surgeon</u> since your last military physical exam?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:
<b>2. Do you currently have or have you had dental problems?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:
<b>3. List the medications you are taking -- including over the counter medications, prescription medications, and/or supplements</b>
<b>4. Are you currently receiving any VA disability, workman's compensation, or other type of compensation for health or physical reason?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:
<b>5. Are you on a profile or do you have a medical condition that keeps you from doing your military job duties?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:
<b>6. Have you had any recent respiratory or breathing problems?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:
<b>7. Are you currently pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable    If "Yes," for how long?
<b>8. Have you ever had a severe reaction to poison oak (or poison ivy or poison sumac)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes" please explain:

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***This page is to be completed by the Medical Provider.***

<b>Member's Current Profile</b>		
P:	U:	L : H : E: S:

Member Deployable to fire support mission? <sup>2</sup>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Comments:			
Provider Name:		Date:	
Provider Signature:			
X			