



**Employee Self-Certification and Ability to Perform in
Emergencies (ESCAPE) Posts
PRE-DEPLOYMENT PHYSICAL EXAM ACKNOWLEDGEMENT FORM**

OMB APPROVAL NO. 1405-XXX
EXPIRES: XX/XX/XXXX
ESTIMATED BURDEN: X HOURS

PRIVACY ACT NOTICE

AUTHORITIES: The information is sought pursuant to the Foreign Service Act of 1980, as amended (Title 22 U.S.C. 4084).

PURPOSE: The information solicited on this form will be used to make appropriate medical clearance decisions.

ROUTINE USES: Unless otherwise protected by law or medical privacy regulations, the information solicited on this form may be made available to appropriate agencies, whether Federal, state, local, or foreign, for law enforcement and other authorized administration purposes. The information may also be disclosed pursuant to court order. More information on routine uses can be found in the System of Records Notice State-24, Medical Records.

DISCLOSURE: Providing this information is voluntary; however, failure to provide this information may result in denial of a medical clearance.

Individual's Name	Date of Birth	ID
-------------------	---------------	----

Dear Provider,

You have been asked to provide a full medical clearance evaluation for an individual preparing for deployment to _____ . One of the medical clearance requirements is to complete this 2-page form. Page two contains multiple questions the patient is required to answer that will help you in completing a full physical examination on this patient. Please use the information provided by the patient, the findings on your physical exam, and the information about living and working conditions detailed below to determine whether this individual will be able to work and live in a physically challenging and stressful environment.

Please pay special attention to any hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a significant risk of substantial harm to the individual or others and/or preclude performing the functional requirements described below in the deployed setting. Also, the amount of medications being taken and their suitability and availability in a conflict zone must be considered. The work may require unusual physical exertion under unfavorable conditions including extreme heat, high elevations, extremely dusty conditions and air pollution. The working and living conditions can also include the possibility of dealing with sleep deprivation, emotional stress, and circadian disruption. If maintaining an individual's health requires avoidance of these extremes or exertions, deployment to these areas may not be appropriate.

The individual will be required to wear personal protective equipment (PPE) that may weigh up to 39 pounds (up to 4 pounds for the helmet and up to 35 pounds for the vest). The individual may need to move quickly in such gear and carry additional equipment in an emergency. The individual should be able to perform certain emergency functions to include responding to duck and cover alarms (which could involve quickly seeking cover in a protected bunker), navigating a smoke-filled facility, going up and down stairs wearing PPE, and boarding/ de-boarding helicopters wearing PPE on an independent basis, as assistance may be unavailable in exigent circumstances. Movement in the compound requires maneuvering uneven surfaces and regularly walking up and down several flights of stairs throughout the day. Transportation may be in off-road vehicles, helicopters, military troop transport aircraft or other military transportation with confined seating. Clearances may be up to 36 inches off the ground with high step rails or ladder-type steps and small entrances when accessing a helicopter. Luggage must be lifted into the helicopter and injuries can occur to persons who are not physically capable of performing these activities.

By signing below, I acknowledge that I have read this form and I can find no apparent medical reason for this person not to be able to live and work in the above described conditions.

Medical Provider Stamp or Print Name

Medical Provider Signature	Date
----------------------------	------

Instructions: Please answer each of the following questions. Be sure to attach copies of any medical reports that can help clarify a medical condition(s). Failure to provide Medical Clearances with pertinent information will delay processing of the medical clearance decision and post assignment approval. Scan and e-mail the completed 2-page form to MEDMR@state.gov or fax to (703)875-4850.

Yes / No

- 1. Conditions that prevent the wearing of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments, regardless of the nature of the condition that causes the inability?
- 2. Conditions that prohibit required immunizations (other than smallpox & anthrax per current guidance) or medications (such as anti-malarials, chemical and biological antidotes, and other chemoprophylactic antibiotics)?
- 3. Any chronic medical condition that requires frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury, or infection?
- 4. Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment?
- 5. Asthma that has a Forced Expiratory Volume-1 < 50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids?
- 6. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity?
- 7. Diabetes mellitus?
- 8. History of heat stroke?
- 9. Meniere's disease or other vertiginous/motion sickness disorder?
- 10. Renolithiasis (Kidney stones), recurrent or currently symptomatic?
- 11. Obstructive sleep apnea (OSA)?
- 12. History of clinically diagnosed as having Traumatic Brain Injury (TBI) or concussion?
- 13. Symptomatic coronary artery disease?
- 14. Chronic cough or coughing up blood?
- 15. Myocardial infarction within past two years?
- 16. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within 2 years?
- 17. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electrophysiologic control, or automatic implantable cardiac defibrillator?

Yes / No

- 18. Hypertension not controlled with medication or that requires frequent monitoring?
- 19. Heart failure or history of heart failure?
- 20. Morbid obesity (BMI > 40) in accordance with National Heart Lung and Blood Institute guidelines?
- 21. Active or chronic blood-borne diseases (Hepatitis B, Hepatitis C, HIV)?
- 22. Active tuberculosis?
- 23. Untreated Latent tuberculosis, or is currently undertreatment?
- 24. Vision loss?
- 25. Refractive eye surgery in last year?
- 26. Currently using ophthalmic steroid drops?
- 27. Photorefractive keratectomy (PRK) or laser epithelial keratomileusis (LASiK) within the past 6 months?
- 28. Hearing loss?
- 29. On-going dental or orthodontic work?
- 30. On-going cancer therapy?
- 31. Precancerous lesions that have not been treated?
- 32. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement)?
- 33. Surgery (open or laparoscopic) within past 6 months?
- 34. Psychotic and Bipolar Disorders?
- 35. Clinical psychiatric disorders with residual symptoms, or medication side effects?
- 36. History of the following: psychiatric hospitalization; suicide attempt; substance (medication, illicit drug, alcohol, inhalant, etc.) abuse or treatment for such abuse; PTSD or/TBI?
- 37. Medications - Blood modifiers?
- 38. Medications - Antineoplastics (oncologic or nononcologic use)?
- 39. Medications – Immunosuppressants?
- 40. Medications - Biologic Response Modifiers (immunomodulators)?
- 41. Medications – Psychiatric or sleeping aides?
- 42. Medications – Anticonvulsants?
- 43. Medications – Pain medications, Opioids, opioid combination drugs?

Patient Printed Name

Patient Signature

Date

Public reporting burden for this collection of information is estimated to average XX hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to **Office of Quality Improvement, U.S. Department of State, M/MED/QI, SA-01, Washington DC 20522-0102; medqi@state.gov.**