

Page 2 INSTRUCTIONS: Please answer each of the following questions in the space provided, attach additional pages if necessary. If you have questions, please discuss the form with the Health Unit medical staff or Foreign Service Medical Specialist, or contact the Medical Clearances Division at **MEDClearances@State.gov**. Please scan the completed and signed form and email in PDF format to **MEDMR@State.gov**.

Please note: MED Clearances may request additional information in order to make a Clearance determination.

I. CURRENT MEDICATIONS:

1. Please list your current prescription and over the counter medications and dosage. Attach additional pages as needed.

II. MEDICAL HISTORY UPDATE:

2. Since your last medical clearance was issued, have you been diagnosed with a new medical or mental health condition? If yes, explain and attach additional sheets as necessary.

Yes No

3. Since your last medical clearance was issued, have you been hospitalized or medically evacuated? If yes, explain and attach additional sheets as necessary.

Yes No

III. If your current medical clearance is Post Specific - Class 2, or Domestic Assignment Only - Class 5:

- For **MEDICAL Class 2 or Class 5 Clearance status:** Please submit a written update from your medical provider(s) to include current medical treatment plan and follow up recommendations.
- For **MENTAL HEALTH or Drug/Alcohol Class 2 or Class 5 Clearance status:** Please submit a Treatment Provider Information form (TPI) (obtain from your Health Unit or the Medical Clearances Division) to be completed by your treating provider(s).

4. Since your last medical clearance, have there been any changes in your medical / mental health or drug/alcohol condition? If YES, please explain below, and use additional pages as needed.

Yes No

IV. For Pregnant Women:

If you are pregnant and currently assigned / considering assignment to La Paz, please be advised that the current recommendation is for pregnant women to leave La Paz as soon as possible after confirmed pregnancy. Extreme altitude (over 10,000 ft.) in La Paz can have a negative effect on the fetus. Please contact **MEDForeignPrograms@state.gov** with questions on this, or any other travel warnings regarding pregnancy (e.g. Zika virus).

V. For Children

5. Has your child been referred for any special educational services, accommodations or modifications? If YES, please explain below and have your child's teacher or service provider complete a School Report of Progress and submit with this form.

Yes No

6. Do you anticipate any special educational needs or requirements for your child now or in the future? If YES, please explain below, and use additional pages as needed.

Yes No

To All Employees and family members: The Bureau of Medical Services strongly encourages you to see your medical provider to review age-appropriate preventive health screening guidelines/testing.

Signature of Patient/Parent/Guardian _____	Date (mm-dd-yyyy)
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SUBMITTAL: Please scan and email the completed and signed form in a PDF format to Medical Records at **MEDMR@state.gov**. **You must include all supplemental pages, medical reports, and test results in English with your submission.** If it is not possible to send electronically, please fax the form to Medical Records at 202-647-0292. Any knowing and willful omission, falsification, or fraudulent statement regarding material medical information may constitute a criminal offense under 18 U.S.C. § 1001, and individuals committing such an offense may be subject to criminal prosecution. Employees of the United States Government also may be subject to disciplinary action, up to and including separation, for any knowing and willing omission or falsification or fraudulent statement of material information.