Coast Guard Volunteer Self-Assessment Health Risk - Surge Capacity Force

I certify the following:

I understand that I may be asked to perform general office/customer assistance work as well as occasionally perform moderately strenuous physical activity such as lifting or moving chairs, tables, office supplies, or other objects typically weighing less than 50 lbs in extreme heat and humidity;

I understand the living conditions are often austere during deployments to include but not limited to: no running water, no electricity, sleeping in tents and weather extremes

I understand that I may be asked to work: long hours; in locations remote to medical care; in unfamiliar settings with changing or multiple supervisors; with changes in usual eating/sleeping routines.

I have consulted with a health professional and have had a medical evaluation if any of the following apply to me:

| Medications | Antihistamines Cardiac medications and anti-hypertensive agents Anticholinergic agents Antiepileptic medications Insulin or oral hypoglycemic agents Antibiotics Tranquilizers, antidepressants, mood stabilizers, anxiolytics, stimulants, and other psychotropic medications Medications that can result in photosensitivity (e.g., doxycycline, ciprofloxacin) Use of multiple medications | |
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| Medical Conditions | Cardiovascular, e.g., dysrhythmia, heart failure, cardiac disease, high blood pressure, chest pain Respiratory, e.g., asthma, chronic obstructive pulmonary disease (COPD), wheezing, shortness of breath | |

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| | Neurologic, e.g., seizures, dizzy spells, loss of balance Musculoskeletal, e.g., arthritis; back, shoulder, or knee pain; surgery Dermatologic, e.g., eczema, irritant or allergic contact dermatitis Metabolic, e.g., diabetes (high sugar), history of hypoglycemia Mental health, e.g., anxiety, depression, mood disorders Visual or hearing impairments Current infections or illness | |
| Potential Risk Factors | Age > 65 years Poor physical conditioning Alcohol use, illicit substance use Heat intolerance, history of heat stress Motion sickness Current pregnancy | |
| Physical Examination | Heart rate, resting Respiratory rate Blood pressure | < 60 or > 100 beats per minute; irregular heart beat < 12 or > 20 breaths per minute Systolic > 160 mm Hg and/or diastolic > 100 mm Hg |
| | Body mass index (BMI) | ≤30 |

My health professional has reviewed my medical information and reviewed the anticipated physical requirements of the deployment and has provided me with medical clearance to deploy.