30 DAY MEDICAL QUESTIONNAIRE

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
	NAVAL HEALTH CLINIC QUANTICO - JOHN H. BRADLEY BRANCH HEALTH CLINIC 3259 CATLIN AVE, QUANTICO, VA 22134
DATE	NEURO/ MUSCULOSKELETAL SPORTS MEDICINE SCREENING

			Comments: Place Question Number and describe all answers
YES NO	1	Have you been treated by a doctor in the last year?	
YES NO	2	Have you **EVER** been diagnosed with asthma or used an inhaler?	
YES NO	3	Have you **EVER** had difficulty breathing, chest pain, light-headedness or dizziness, or passing out or nearly passing out?	
YES NO	4	Frequent or severe headaches?	
YES NO	5	Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Marfan's syndrome?	
YES NO	6	History of absent or irregular menstrual cycle (females only)?	
YES NO	7	History of heat exhaustion, heat illness, or cold weather injuries (i.e hypothermia, frostbite)?	
YES NO	8	Concussion or other head and neck injury?	
YES NO	9	Have you **EVER** had any fractures, stress fractures, sprains, strains, ligament, tendon, or muscle injuries?	
YES NO	10	Have you **EVER** had any subluxation or dislocations of your shoulders?	
YES NO	11	Any surgeries done on the musculoskeletal system **EVER**?	
YES NO	12	Have you **EVER** had any back or neck pain or injury?	
YES NO	13	Have you **EVER** had shin splints, shin pain or leg pain?	
YES NO	14	Have you **EVER** been seen by an Orthopedist or Podiatrist for any treatment?	
YES NO	15	Have you **EVER** experienced any pain or treated for any musculoskeletal injury?	
YES NO	16	Previous attendance at OCS? (List Program and Dates and successfully completed or not)	

Yes / No	**Secondary Screening Needed** _____ **(Screener's Initials)**
Yes/ No	**Secondary Musculoskeletal Screening Needed** _____ **(Screener's Initials)**

RECORDS MAINTAINED AT:	John H. Bradley Branch Health Clinic, Quantico, VA 22134	
PATIENT'S NAME (*Last, First, Middle Initial*)		SEX MALE / FEMALE
RELATIONSHIP TO SPONSOR SELF	STATUS ACTIV	RANK/GRADE OC
SPONSOR'S NAME SELF		ORGANIZATION CO: _____ PLT: _____
DEPART./SERVICE DOD/ USMC	SSN/IDENTIFICATION NO. 20/	DOB (YY/MM/DD)

ENCLOSURE (2)