



Pre-Assignment Health Questionnaire

This form is to be filled out by the person at the unit of affiliation that is responsible for DSHR deployment or their designee. If the unit should not have deployed the member based on their DSHR record, they may be charged for the member's travel.

Member Name _____ DSHR# _____ Requested for DR# _____

1. Does the member have a current *Health Status Record* on file?
Yes____ No____ If no, have member complete Health Status Record before continuing.
2. Does the member have a medical restriction (RM) on their DSHR profile?
Yes____ No____ If yes, do not recruit. The RM needs to be resolved first.
3. Verify any hardship codes associated with the relief operation. Does the member's DSHR record include any of the hardship codes associated with this relief operation?
Yes____ No____ If yes, do not recruit without clearance from Health Reviewer.

Read the following statements to the member: "Do not give me any health information. Give me yes or no answers. If you fail to give accurate information and are not able to serve as recruited on the relief operation for health reasons, the Red Cross may request reimbursement for your travel."

1. Are there any requirements for your group/activity/position on the Physical Capacity Grid that you cannot meet? (Chapter recruiters may need to read the requirements to the member). Yes____ No____
2. Do you currently have any stitches or areas of broken skin? Yes____ No____
3. Do you currently have a cast, brace or other device that restricts movement?
Yes____ No____
4. Do you currently use a cane or other device to assist you? Yes____ No____
5. Have you been hospitalized or seen in the ER in the past six months? Yes____ No____
6. In the past three days, have you had any symptoms of illness such as fever, cough, diarrhea, pain, recurring headache, toothache, etc.? Yes____ No____
7. Do you have any medical/laboratory tests scheduled within the next month?
Yes____ No____
8. Have you started, changed or stopped any medications in the past 14 days?
Yes____ No____
9. Will you need to refill any prescriptions during your assignment? Yes____ No____

If there are any "Yes" answers to these questions, the member must be approved by the Health Reviewer before deployment.

Name of person obtaining information _____ Date _____

Retain this form in the member's DSHR file in case it is requested by Staff Health at the service area, national headquarters or the relief operation.