**MEDICAL SCREENING QUESTIONNAIRE PRIOR TO STASS WET DRILLS**

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| **PART A** To be completed by the individual at their own unit. | |
| **PERSONAL DETAILS** | |
| SURNAME: |  |
| INITIALS: |  |
| RANK/RATE: |  |
| SERVICE NUMBER: |  |
| Date of last periodic medical examination (PME)[[1]](#footnote-1): |  |
| MEDICAL CATEGORY: | A L M E |
| If the last PME was annotated as ‘Fit wet STASS training’ complete **PART B**, if not complete **PART C**. | |

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| **PART B** To be completed by the individual at their own unit. | | |
| **PAST MEDICAL HISTORY** | | |
| Since your last PME have you suffered from any of the following: | **YES** | **NO** |
| B1. Any lung disorder or abnormality. |  |  |
| B2. Any heart disorder. |  |  |
| B3. Any nervous system disorder |  |  |
| B4. A fractured skull. |  |  |
| B5. A penetrating chest injury. |  |  |
| B6. A collapsed lung. |  |  |
| B7. Asthma. |  |  |
| B8. Any form of recurring wheezing. |  |  |
| B9. Ear or sinus problems associated with pressure exposure. |  |  |
| B10. An operation on the heart. |  |  |
| B 11. An operation on the chest or lungs. |  |  |
| If the answers to questions B1 to B11 are all **NO** go to **PART D**.  If any of the answers to questions B1 to B11 are **YES** go to **PART C**. | | |

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| **PART C** To be completed by the individual’s Medical Officer. | | |
| **Note: Guidance for Medical Officers on fitness for Wet STASS training is available in BRd 1750A (Handbook of Naval Medical Standards) Chapter 12, Leaflet 12 - 05. Specialist advice may be sought from the Senior Medical Officer (Diving Medicine) at the Institute of Naval Medicine.**  **Applicability and more detailed information is contained in 2018DIN07-030.** | | |
| I consider to be FIT\* / UNFIT\* for WET STASS training. | | |
| Date: | Signature: | Appointment: |

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| **PART D** To be completed by the individual on the day of the WET STASS training at the Underwater Escape Trainer. | |
| I certify that I am not suffering from asthma or any chest disease, I am able to clear my ears easily and without discomfort, and I know of no illness or medical condition that that makes me unfit to dive. | |
| Date: | Signature: |

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| **PART E** To be completed by the Principal Medical Officer RNAS Yeovilton. | | |
| I consider to be FIT\* / UNFIT\* for WET STASS training. | | |
| Date: | Signature: | PMO\*  DPMO\*  MO1\*  MO2\* |

\* Delete as necessary.

1. Refer to RA 2135 – Aircrew Medical Requirements. [↑](#footnote-ref-1)