

MEDICAL SCREENING QUESTIONNAIRE PRIOR TO STASS WET DRILLS

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:

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**.

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:

	<u>YES</u>	<u>NO</u>
B1. Any lung disorder or abnormality.	<input type="checkbox"/>	<input type="checkbox"/>
B2. Any heart disorder.	<input type="checkbox"/>	<input type="checkbox"/>
B3. Any nervous system disorder	<input type="checkbox"/>	<input type="checkbox"/>
B4. A fractured skull.	<input type="checkbox"/>	<input type="checkbox"/>
B5. A penetrating chest injury.	<input type="checkbox"/>	<input type="checkbox"/>
B6. A collapsed lung.	<input type="checkbox"/>	<input type="checkbox"/>
B7. Asthma.	<input type="checkbox"/>	<input type="checkbox"/>
B8. Any form of recurring wheezing.	<input type="checkbox"/>	<input type="checkbox"/>
B9. Ear or sinus problems associated with pressure exposure.	<input type="checkbox"/>	<input type="checkbox"/>
B10. An operation on the heart.	<input type="checkbox"/>	<input type="checkbox"/>
B 11. An operation on the chest or lungs.	<input type="checkbox"/>	<input type="checkbox"/>

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**.

¹ Refer to RA 2135 – Aircrew Medical Requirements.

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:

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:

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.