

Medical Screening Questionnaire Prior To Emergency Breathing System (EBS) 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 EBS 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 and Supernumerary Crew Medical Requirements.

Part C To be completed by the individual's Medical Officer.

Note: Guidance for Medical Officers on fitness for Wet EBS 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 The Royal Navy Centre of Maritime Survival Evasion Resistance Extraction and Underwater Escape Training (RNCMSUET) Defence Instruction and Notice (DIN).

I consider to be FIT* / UNFIT* for Wet EBS training.

Date: Signature: Appointment:

Part D To be completed by the individual on the day of the Wet EBS 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:

Note: If the individual is unable to certify Part D on the day of training, they are to be referred to the Principal Medical Officer RNAS Yeovilton and Part E completed in lieu of Part D.

Part E To be completed by the Principal Medical Officer RNAS Yeovilton.

I consider to be FIT* / UNFIT* for Wet EBS training.

Date: Signature: PMO*
DPMO*
MO1*
MO2*

* Delete as necessary.