

**WARNING:** The information contained on this Form is Classified as MEDICAL CONFIDENTIAL, Inappropriate disclosure to unauthorized persons in or outside GaSDF can result in disciplinary action up to and including court martial.

Individual's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Last 4 SSN # \_\_\_\_\_ Today's Date \_\_\_\_\_

**GENERAL:**

GaSDF training and missions often require significant physical exertion and possible emotional duress. In order to avoid assigning troops to unsuitable tasks, current medical status information must be collected. Complete the following information fully, and return this completed form to your designated commander for review. **The Medical Officer's estimate as certified on the first page of this form and cosigned by the unit commander, will be considered the official level of duty classification for the above named individual unless or until superseded by a more current, written re-certification.**

GaSDF soldiers are obliged to use reasonable judgment and avoid injuring themselves during training or while carrying out operational or other assignments. Soldiers are also obliged to disclose significant health risks or factors in order to give GaSDF commanders sufficient information to make informed decisions regarding their assignments.

**DEFINITIONS**

**Restricted Duty:** restricted duty limits the individual to duty assignments where physical or situational stress factors are likely to be appropriate to his or her capabilities and where the individual will have the opportunity to stand down or fall out for rest if necessary without affecting the overall mission.

**Unrestricted Duty:** Unrestricted duty presumes that the individual will likely be physically able to perform the tasks inherent in GaSDF METL assignments without risk to his or her health, or wellbeing based on factors known to commander, medical officer, and the individual at the time of this certification.

**YOUR ESTIMATE OF YOUR PROPER DUTY CLASSIFICATION:**

(check one)

Restricted Duty \_\_\_\_\_ Unrestricted Duty \_\_\_\_\_

Your Signature \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_

(Proceed to next Page)

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**GaSDF MEDICAL OFFICER'S ESTIMATE OF THIS INDIVIDUAL'S PROPER DUTY CLASSIFICATION**

Restricted Duty \_\_\_\_\_ Unrestricted Duty \_\_\_\_\_

DUTY LEVEL ASSIGNED / REASSIGNED: \_\_\_ DL 1 \_\_\_ DL 2 \_\_\_ DL 3

Reviewing Medical Officer's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewing Medical Officer's Signature \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_ Unit or Organization \_\_\_\_\_

Commander's Comment's: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Commander's Signature \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_ Unit or Organization \_\_\_\_\_

To be filled out by the individual member and filled in his or her confidential file with their GaSDF HH02-02 form at Brigade or higher level

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**MEDICAL CONDITION AND MEDICATIONS**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Vision: (if known) \_\_\_\_\_ Blood Type \_\_\_\_\_

Do you wear a medic alert bracelet or tag? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you wear any type of prosthesis? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, describe: \_\_\_\_\_

**Do you have any of the following conditions or ailments?**

- Emotional or mental problems      yes \_\_\_\_\_      no \_\_\_\_\_
- Heart trouble                              yes \_\_\_\_\_      no \_\_\_\_\_
- Diabetes                                      yes \_\_\_\_\_      no \_\_\_\_\_
- Epilepsy                                      yes \_\_\_\_\_      no \_\_\_\_\_
- Stroke                                        yes \_\_\_\_\_      no \_\_\_\_\_
- Previous heat injury (heat stroke or prostration)      yes \_\_\_\_\_      no \_\_\_\_\_
- Previous cold injury                      yes \_\_\_\_\_      no \_\_\_\_\_
- Visual impairment                        yes \_\_\_\_\_      no \_\_\_\_\_
- Hearing impairment                      yes \_\_\_\_\_      no \_\_\_\_\_
- Respiratory condition (asthma, emphysema, etc)      yes \_\_\_\_\_      no \_\_\_\_\_
- Allergies                                      yes \_\_\_\_\_      no \_\_\_\_\_      List: \_\_\_\_\_

Describe any limitations you may have as a result of any of the conditions noted above:

Other injury or condition that may affect your ability to carry out any task:

List prior surgery(s) and approximate date(s):

List Prescription Medications (Dosage and Frequency) you are taking:

**I certify that the above information is true and complete to the best of my knowledge.**

GaSDF Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be filled out by the Reviewing GaSDF Medical Professional:**

Blood Pressure \_\_\_\_\_ Pulse Rate \_\_\_\_\_ Temperature \_\_\_\_\_

Duty Level on file before Medical Profile Assessment was filled out: \_\_\_DL1 \_\_\_DL2 \_\_\_DL3

REVIEWING GaSDF MEDICAIL OFFICER NOTES:

Reviewing GaSDF Medical Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME,	FIRST NAME	MI	SOCIAL SECURITY NUMER
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**MEDICAL PROFILE STATEMENT AND CONDITIONS – STATEMENT OF MEDICAL PROFILE, LIMITATIONS INPOSED BY PROFILE, DISPOSITION AND / OR EXPECTED RELEASE FORM PROFILE IF TEMPORARY PROFLIE.**

**THIS IS AN OFFICAL RECORD**

**COPY: 1BDE MEDET / 2MEDCO - 1BDE XO – 1BDE S-1 – UNIT OF ASSIGNMENT COMMAND - INDIVIDUAL**

DATE	PROFILE DESCRIPTION
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	<p><b>DUTY LEVEL ASSINGMENT:      ASIGNED / REASIGNED</b></p> <p><b>DL 1 – ADVANCED. NO KNOWN PHYSICAL LIMITATIONS</b></p> <p><b>DL2 – NORMAL DUTY</b></p> <p><b>DL 3 – MEDICAL PROFILE:</b></p> <p style="text-align: center;"><b>DETAILS / NOTES / COMMENTS:</b></p>
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**BY:**

**Name: (print)** \_\_\_\_\_ **GASDF ID NUMBER** \_\_\_\_\_

**Grade / Rank** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:**

\_\_\_\_\_