



# 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 the Chapter Health Reviewer. If the chapter does not have a Health Reviewer, the Division Health Consultant must be notified to review the information prior to assignment and deployment.**

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 >100 degrees, cough, sore throat, diarrhea, headache, flu -like symptoms etc.? Yes\_\_\_\_ No\_\_\_\_
- 7 Has anyone in your immediate family had the flu or flu like symptoms (fever >100 degrees, cough, sore throat, diarrhea, headache within the past 7 days? Yes\_\_\_\_ No\_\_\_\_
- 8 Have you been around anyone with the flu or flu like symptoms (fever >100 degrees, cough, sore throat, diarrhea, headache in the past 7 days? Yes\_\_\_\_ No\_\_\_\_
- 9 Have you traveled outside of your normal commuting area in the past 10 days? Yes\_\_\_\_ Where? \_\_\_\_\_ No\_\_\_\_
- 10 Do you have any medical/laboratory tests scheduled within the next month? Yes\_\_\_\_ No\_\_\_\_
- 11 Have you started, changed or stopped any medications in the past 14 days? Yes\_\_\_\_ No\_\_\_\_
- 12 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 \_\_\_\_\_

Name of Health Reviewer given the "yes" information above: \_\_\_\_\_

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