

TC-005A Current Health Status Report Email Instructions

Attached you will find the Current Health Status Report. Please complete this report by identifying any medical conditions that you may have. If you reported any of the conditions on your Medical History Statement submitted with your application, please indicate utilizing the Yes, Previously Reported box. If there are any new conditions that have changed since your Medical History Statement, please provide us with that information. This Current Health Status Report shall be submitted prior to participating in the PRET provided by NLETC or at least 7 days prior to Basic Training.



CURRENT HEALTH STATUS REPORT



PRINTED NAME _____

AGENCY _____

BASIC SESSION _____

The following areas need to be addressed prior to attending PRET or Basic Training. Please identify any areas previously listed on your prior Medical History Form and any changes to your health conditions.

Do you have any Cardiac Issues? No Yes Yes – Previously Reported

If yes, what medications, if any are you taking? _____

Do you have Asthma? No Yes Yes – Previously Reported

If yes, do you have an inhaler? Yes No

Do you have any medical restrictions? _____

Do you have any Allergies? No Yes Yes – Previously Reported

If yes, what are the allergies? _____

Do you have a prescribed EPI Pen? Yes No

Have you ever had a seizure or have a seizure disorder? No Yes Yes – Previously Reported

If yes, do you currently take medications? Yes No

Are you Diabetic? No Yes Yes – Previously Reported

If yes, if you require insulin, do you have a pump or need a sharps container while attending training?

Pump Utilized Sharps Container

Are there any other Medical Conditions NLETC Staff should be made aware of while attending Basic Training?

Yes No

If yes, please explain _____

Please complete the following:

I certify that I have not had any significant changes in my health condition since my Medical History Statement was submitted.

I certify that I am not taking any medications (prescription/over-the-counter) other than the ones previously listed on the Medical History Statement.

If no, please list and give reason for taking the medications _____

Applicant's Signature _____ Date _____