



Virginia Task Force 2 Urban Search and Rescue

Administrative Manual

3.07a Post Mission Medical
Screening

March 2019

Post Mission Medical Screening VATF-2

Deployment _____

DATE _____

NAME _____ AGE _____

POSITION _____

JURISDICTION _____

Have you experienced any of the following since deployment? Circle all that apply:

- | | | | |
|---------------------------------------|------------------------|-----------------------------------|------------------------|
| Headache | Visual Problems | Hearing Loss/Tinnitus | |
| Numbness/Tingling | Weakness | Dizziness/Loss of Balance/Vertigo | |
| Frequent colds/Respiratory infections | Cough | Wheezing | |
| Chest Pain | Shortness of Breath | Heart Fluttering/Palpitations | |
| Nausea | Vomiting | Diarrhea | Change in Bowel Habits |
| Stomach Pain | Unusual Bleeding | Skin Rashes/Skin Irritation | |
| Dark/Bloody Urine | Joint Pain/Swelling | Fevers | Night Sweats |
| Weight Loss/Weight Gain | Heat/Cold Sensitivity | Swollen Glands | |
| Seizures | Significant Infections | Yellow Jaundice | |

Please give more detail regarding above symptoms or report other problems not mentioned above:
