

CAYMAN ISLANDS CADET CORPS MEDICAL EXAMINATION FORM

To confirm that you are physically fit to join the Cadet Corps please complete the following medical checklist and attend for medical examination by your doctor.

Name:		DOB	____/____/____
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I _____ parent/guardian of _____ agree to the examination and release of medical information for the purpose of entering the Cayman Islands Cadet Corps. I also understand that my child may need to do a blood test.

Signed _____

MEDICAL CHECKLIST		
1. Do you have any ongoing or recurring medical illness?	Yes	No
2. Have you ever been admitted to the hospital?	Yes	No
3. Have you ever been told you have a heart murmur or other heart problem?	Yes	No
4. Has anyone in your family under 50yrs died suddenly or with a heart problem?	Yes	No
5. Do you have any allergies	Yes	No
6. Do you take any medication or use an inhaler?	Yes	No
7. During exercise, have you ever passed out, felt chest pains shortness of breath or wheezing?	Yes	No
8. Do you have any skin problems?	Yes	No
9. Have you ever had a seizure?	Yes	No
10. Do you have frequent or severe headaches?	Yes	No
11. Do you have any problem with your vision or hearing?	Yes	No
12. Have you ever had any serious injury?	Yes	No
13. Do you experience any pain or swelling in your muscles bones or joints	Yes	No
14. Do you feel stressed out or depressed?	Yes	No

MEDICAL EXAMINATION			
Name _____		DOB _____	
Height _____	Weight _____	BMI _____	Blood Type _____
BP _____	Pulse _____	Vision R _____ L _____	
Results from drug screening should be sent separately to The Cadet Corps, Govt Admin Bldg, Grand Cayman KY1-900			
A URINE SAMPLE IS ALSO REQUIRED FOR DRUG SCREENING			Comments
General Appearance	Normal	Abnormal	
ENT	Normal	Abnormal	
Heart	Normal	Abnormal	
Chest	Normal	Abnormal	
Abdomen	Normal	Abnormal	
Skin	Normal	Abnormal	
Musculoskeletal	Normal	Abnormal	
I, Dr. _____ examined _____ on _____ and confirm that in my opinion he/she is /is not physically fit to participate in the Cayman Islands Cadet Corps.			<i>Kindly affix official stamp to validate medical</i>
Comments:		Signed _____	
HQ CADET CORPS USE ONLY			
Comments:			
Signed: _____ CICC MO			
Comments:			
[] Accepted [] Not Accepted			
Signed: _____ Adjutant/ CEO			