



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.

DRO Member Pre-Assignment Health Questionnaire

This form may be completed individually or by a recruiter obtaining the information from the individual noted below.
This form must be completed for all non-DSHR members.

PERSONAL DATA

Complete each space. Indicate N/A if not applicable

Legal, proper name _____
(Last) (First) (MI)

Address _____ Home Phone () _____
(Street/Mailing)

Work Phone () _____
(City) (State) (Zip)

Email _____ Cell Phone () _____

Employer: _____ Occupation: _____

If recruiter is obtaining the information, READ THE FOLLOWING STATEMENT: "Do not give me any health information. Give me yes or no answers only". Note: ALL "yes" responses must be reviewed by Red Cross Staff Health prior to assignment to a disaster relief operation or to a group/activity/ work site. Yes answers do not necessarily indicate an individual may not participate. Red Cross Staff Health and the individual will review the information and determine whether assignment is feasible.

1. Are there any physical limitations that can prevent you from doing disaster relief work such as lifting, walking, bending or stooping? Yes No
2. Do you have difficulty lifting 50 lbs Yes No
3. Do you have difficulty lifting 20lbs? Yes No
4. Do you currently have any stitches or areas of broken skin? Yes No
5. Do you currently have a cast, brace or other device that restricts movement? Yes No
6. Do you currently use a cane or other device to assist you? Yes No
7. Have you been hospitalized or seen in the Emergency Room (ER) in the past six months? Yes No
8. Do you have any medical/laboratory tests scheduled within the next month? Yes No
9. 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 ___
10. 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 ___
11. 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 ___
12. Have you traveled outside of your normal commuting area in the past 10 days? Yes ___ Where? _____
No ___
13. Have you started, changed or stopped any medications in the past 14 days? Yes No
14. Will you need to refill any prescriptions during your assignment? Yes No
15. Do you require any special accommodations for a disability? Yes No
16. Was your job, home or anyone in your family affected by this disaster? Yes No

I understand that while health insurance is not required to volunteer on a disaster relief operation for the American Red Cross, I will be financially responsible for my health care expenses.

Signature _____ Date _____

Red Cross Use Only: Staff Health Comments:

Red Cross Staff Health Reviewer: _____ Date: _____