

# **CONFIDENTIAL HEALTH-SCREENING QUESTIONNAIRE FOR TACTICAL DELTA FIREARM PRIVATE COURSE - Participants**

## **SECTION 1 – GENERAL INFORMATION**

Full Name:

Date:

Emergency Contact Name & Phone:

## **SECTION 2 – GENERAL PHYSICAL HEALTH**

Do you have any medical condition that could impair safe firearm handling?

Are you experiencing pain, injury, or physical limitations today?

Have you consumed alcohol in the last 12 hours?

Have you used recreational drugs in the last 24 hours?

Are you taking medications that may cause drowsiness or impaired reaction?

Are you feeling fatigued or lacking sufficient sleep?

Do you have significant hearing or vision impairments?

## **SECTION 3 – MENTAL HEALTH & EMOTIONAL READINESS**

Are you feeling stressed, anxious, or emotionally distressed today?

Are you experiencing anger or agitation?

Have you recently had panic attacks or episodes of lost awareness?

Do you feel mentally focused and alert?

Are you under the influence of mood-altering medication?

Have you had a recent mental-health crisis affecting stability?

Are you able to stay calm under pressure or loud noise?

## **SECTION 4 – COGNITIVE AWARENESS & SAFETY UNDERSTANDING**

Do you understand and agree to follow all safety rules?

Are you capable of clearly following verbal instructions?

Are you comfortable handling firearms under supervision?

Do you feel capable of making safe decisions while shooting?

## **SECTION 5 – FIREARM SAFETY HISTORY**

Have you ever been advised not to handle firearms for medical reasons?

Have you ever been involved in an unsafe firearm incident?

Do you currently have any legal or personal restrictions on firearm use?

## **SECTION 6 – PERSONAL CONFIRMATION**

By signing below, you confirm that all answers are truthful.

Signature:

Date: