

**Department of Health and Human Services
COMMISSIONED CORPS INACTIVE RESERVE CORPS QUESTIONNAIRE**

Instructions: The following questionnaire is designed to collect essential information from officers holding commissions in the Public Health Service Commissioned Corps Inactive Reserve Corps. Please consider carefully the questions in light of your current professional and personal situation and answer them as completely as possible. The data collected from these questionnaires will be carefully reviewed and maintained in a computerized file and will heavily influence emergency manpower planning. It will give us necessary knowledge about your skills and interests in emergency and Agency/Operating Division (OPDIV)/Program activities. Please contact the Inactive Reserve Corps program office at 301-594-3360 if you have any questions regarding this questionnaire or your responsibilities as an Inactive Reserve Corps officer.

(Type or Print)

Name _____ PHS Number _____
(Last) (First) (Middle Initial)

Home Address _____
(Street)

Phone Number (____) _____ (____) _____
(City) (State) (Zip)
(work) (home)

FAX Number (____) _____ E-Mail address _____

Current Profession _____ Practicing? YES NO Date Last Practiced _____

Specialization _____ Physicians: Board Certified YES NO
 Board Eligible YES NO
 Flight Surgeon YES NO

I. Availability

Are you available for emergency short-term service? YES NO

If YES, please indicate for what periods of time and designate the amount of notice necessary for each.

- YES NO 1. For a period of 2 weeks or less, check one:
- a. 1 - 2 days notice b. 2 days - 7 days notice c. 7 days - 2 weeks notice
 d. 2 weeks - 30 days notice e. 30 days or more
- YES NO 2. For a period of 2 weeks to 30 days:
- a. 1 - 2 days notice b. 2 days - 7 days notice c. 7 days - 2 weeks notice
 d. 2 weeks - 30 days notice e. 30 days or more
- YES NO 3. For a period of 30 to 120 days:
- a. 1 - 2 days notice b. 2 days - 7 days notice c. 7 days - 2 weeks notice
 d. over 2 weeks - 30 days notice e. 30 days or more

II. Emergency Response

1. Do you have the experience to participate in any of the following emergency situations? *(Please check as appropriate)*
- a. *Technological Hazards:* chemical and nuclear waste spills, radiological, toxic substance, hazardous materials accidents, explosions, fires. Training Experience Neither
- b. *Natural Disasters:* earthquakes, floods, hurricanes, tornadoes, blizzards, fires. Training Experience Neither
- c. *Disaster Medical Services:* medical triage or emergency field medical care. Training Experience Neither
- d. *Internal Disturbances:* refugee influxes, civil disorders, riots, prison breaks, violent strike actions, acts of terrorism. Training Experience Neither
- e. *Emergency Resource Allocation and Management.* Training Experience Neither
- f. *National Security Emergency:* nuclear, conventional, chemical, biological emergencies. Training Experience Neither

2. Have you ever directed a major medical unit or agency?

YES NO If yes, how many persons? _____ When? _____

3. Would you be interested in training for response to any of the above?

YES NO If YES, which emergency situation? _____ (in priority/preference order)
(list a, b, c, etc.)

4. If emergency response teams are formed in any of the above areas, would you be interested in participating for training and stand-by call up? YES NO

Comments: _____

III. Agency/OPDIV/Program Support Service

1. Would you be available to participate in Agency/OPDIV/Program support (short-term service, consultation, etc.)?

YES NO

2. Are you located near an Agency/OPDIV/Program facility?

YES NO

3. Do you have special interest in a particular Agency/OPDIV/Program?

YES NO If YES, indicate which (e.g., IHS, NIH, CDC). _____

IV. Other Reservist Activities

1. Would you be interested in serving as a PHS Commissioned Corps officer attached to military reserve units for weekend and 2-week summer training sessions?

a. U.S. Coast Guard YES NO b. Other Military Services YES NO
If YES, indicate preferred branch of Service _____

2. Would you be interested in serving as a PHS Commissioned Corps officer attached for longer periods of time to active duty units of the U.S. Coast Guard or other military services?

YES NO

If YES, indicate which Service and for how long _____

Indefinite 2 Years 1 Year 6 Months

V. Other Availability Data

1. If you are available for I, II, III, or IV above, do you wish to be called to serve in a particular geographic area?

YES NO If YES, please specify _____

2. Are you in a Federal/State/County/City government position which is considered essential and your supervisor would therefore appeal your recall?

YES NO

3. Other: if you are not interested in emergency response or Agency/OPDIV/Program support, how do you see your role in the inactive reserve?

4. If you are restricted in any way by your health, please include a medical confidential letter explaining this restriction.

By signing this questionnaire you are agreeing to retain your Inactive Reserve Corps commission. Please consider your responsibilities and commitments seriously.

Signature

Date