Finnish Defence Forces

Questionnaire on military service and for examination of health

Personal data

Surname	Given names	Personal identity code

Present address	Postal code	Post office	Tel	E-mail

Next of kin	Tel	E-mail

Current state of studies

☐ I am not a student ☐ I am currently studying, expected graduation date _____

☐ I do not have a job ☐ I have a job, where _____

Name of school, branch, line of study or faculty (exactly)	Present occupation

Driving licence	Category of driving licence	If you do not have a driving licence, are you taking driving instruction? Driving licence class and stage of instruction.	Type of sport	Sports branch/series
☐ yes ☐ no	_____	☐ yes ☐ no _____	☐ professional/competitive athlete ☐ fitness athlete	

Hobbies

Wishes concerning the upcoming military service

I will apply for admission to: (If you want to apply for the special forces, you must fill in a separate application.)

- ☐ Paratrooper training
- ☐ Sports troops
- ☐ Air Force conscript course
- ☐ Military Musician training
- ☐ Diver training
- ☐ Special Border Jaeger
- ☐ Electronic Warfare Training
- ☐ Intl rapid deployment forces

My wish regarding the start date of my service in the three years following call-ups: 1)

1st year _____	2nd year _____	3st year _____
☐ I Contingent January ☐ II Contingent July	☐ I Contingent January ☐ II Contingent July	☐ I Contingent January ☐ II Contingent July

My wish regarding the military unit or place of service 1)

1. _____
2. _____
3. _____

☐ No preference

1) Grounds for why I wish to start my service in one of these units at the specified start date

Authorities are obliged to remain silent about the information given.

Continues on next page

Surname	Given names

Health and lifestyle questionnaire

Do you feel healthy?	Do you believe that you are capable of completing your military service?	How do you feel about your upcoming military service?			
☐ yes ☐ no	☐ yes ☐ I cannot say ☐ no	☐ I am pleased about it	☐ I cannot say	☐ I am not interested	☐ I'd rather not go

I can cope with the physical strain of military service	How well do you sleep?	Height	Weight
☐ yes ☐ almost certainly ☐ i cannot say ☐ no	☐ well ☐ problems from time to time ☐ badly	cm	kg

Do you use prescription medication?	If you do, please specify	Do you use alcohol?	Do you use tobacco products?	Average number of cigarettes/day or snus packets?	Do you use narcotics?
☐ regularly ☐ sometimes	_____ ☐ no	☐ no ☐ Few times a month ☐ Few times a week ☐ 4 or more times a week	☐ no ☐ yes	_____	☐ no ☐ sometimes ☐ often

Diseases or symptoms

Have you ever had any of the disorders or symptoms listed below? (please check either yes or no for each question).

If your answer to any of the questions was yes, please give additional information about the disorders or symptoms.
Where were you treated and when? Please make sure to mention if your treatment is ongoing or if you have any significant disabilities.

yes	no	
		1. Musculoskeletal disorder or accident
☐	☐	a) back
☐	☐	b) knee
☐	☐	c) ankle
☐	☐	d) limited participation in physical education at school
☐	☐	e) other
☐	☐	**2. Metabolic, endocrine and nutritional disorders (such as hypothyroidism, diabetes)**
☐	☐	**3. Cardiovascular disorders (such as a heart condition, elevated blood pressure, recurrent arrhythmia)**
☐	☐	**4. Respiratory disorders (such as asthma)**
☐	☐	**5. Allergy or skin disorder**
☐	☐	**6. Neurological disorder (such as headache, migraine or epilepsy)**
☐	☐	**7. Congenital deformities**
☐	☐	**8. Eye or ear disorders**
☐	☐	**9. Hospital treatments or surgeries**
☐	☐	**10. Mental disorders, concentration difficulties, nervousness, depression**
☐	☐	**11. Have you visited a professional because of mental disorders or symptoms?**

Please bring along the filled out form to the advance health examination

Signatures of the person called up. I affirm that I have answered the above questions without holding anything back or without exaggerating.

The information requested in the form come under the Military Service Register referred to in section 4, subsection1, paragraph 1 of the Act on the processing of personal data in the Finnish Defence Forces (332/2019). The Defence Command is the register manager of the Military Service Register under subsection 3 of the same provision. Section 5 of the Act on the processing of personal data in the Defence Forces provides for the purpose of use of the Military Service Register. In addition to the Act on the processing of personal data in the Defence Forces, the provisions of the Act on the Processing of Personal Data in Criminal Matters and in Connection with Maintaining National Security (1054/2018) apply to the processing of personal data excluding section 10, subsection 2, section 54, and chapter 7 of the Act.

Advance health examination (Signature at home/health centre)	**Call-up health examination** Information changed ☐ yes ☐ no	**Service entry health examination** Information changed ☐ yes ☐ no
Date and signature	Date and signature	Date and signature