**Physical Exam** - DA Form 2807, 2808, labs and hearing test required. Must be conducted after June 2023.

- -2807 Make sure you answer 14c correctly
- -2808 Ensure blocks 53-66 are completed and the form is signed by a physician on the last page.
- Include scanned hearing test and official lab results to include **HIV**, **urinalysis**, **urine drug screen**, **Ethanol level and HCG** (pregnancy test for females). If the provider has documented a date AND result on the 2808 for HIV, that is acceptable, but the other labs require the scanned lab print out.
- If you need a medical waiver, you will have to submit ALL medical documentation associated with the diagnosis as well as a specialist provider's clearance for the waiver to be processed. Start collecting these documents now!

## Profile

Profile - (If applicable) - submit copy of profile. P3 profiles are not eligible to apply. P2 profiles with a P2 in the P, H, and E category are considered for a waiver by the SP Corps leadership on a case by case basis. P2 profiles with a P2 in the U, L, S category are not eligible for a waiver. Temporary profiles are considered for a waiver on a case by case basis.

## REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413 OMB approval expires September, 30 2021

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mo-alex, esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shell be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

## PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130,03, Medical Standards for Appointment, Enistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(8): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warmation.

POULTINE 1185(S): The Roydine Lieux are listed in the engineering of records points from difficulty fitty (Intel defense on the Process CRN-Article-View/Article/570861/

| a0601-270-usmepcom-dod/<br>DISCLOSURE: Voluntary; however, failure by an applicant to provide the inform           | mation man | nay re:<br>Jesting | ind at: http://dpcid.detense.gov/Privacy/SUKNsindex/UDU-wide-SUKN-Article-view/Art<br>juilt in delay or possible rejection of the individual's application to enter the Armed Force<br>civilian medical records. For an Armed Forces member, failure to provide the information<br>to ensure the collected information is filed in the proper individual's record. | s. An applicant's    |
|--|------------|--------------------|--|----------------------|
| WARNING: The information you have given constitutes an \$10,000 fine or both), to anyone making a false statement. | officia    | al sta             | ternent. Federal law provides severe penalties (up to 5 years con  | inement or a         |
| 1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)   |            |                    |  | AY'S DATE<br>YYMMDD) |
| 4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP   | Code)      |                    | 5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)   |                      |
| b. HOME TELEPHONE (Include Area Code)  |            | _                  |  |                      |
| c. EMAIL ADDRESS   |            |                    |  |                      |
| X ALL APPLICABLE BOXES:  | 40.79      |                    | 7.a. POSITION (Title, Grade, Componen  | ,                    |
| 6.a. SERVICE b. COMPONENT c. PURP  | OSE O      | )F EX              | AMINATION  |                      |
| Army Coast Regular Ret   | ention     |                    | Other (Specify)  |                      |
|  | paration   | ı                  | b. USUAL OCCUPATION  |                      |
| Marine Corps National Guard Med  | dical 8c   | pard               | .0   |                      |
| Air Force Reti   | irement    | t                  |  |                      |
| 8. CURRENT MEDICATIONS (Prescription and Over-the-counter)   |            |                    | ALLERGIES (Including insect bites/stings, foods, medicine or other st  | ibstance)            |
|  |            |                    |  |                      |
|  |            |                    |  |                      |
| Mark each Item "YES" or "NO". Every Item marked "YE  | 8" mi      | ust b              | e fully explained in Item 29 on Page 2.  | 6-0186-5-0           |
| HAVE YOU EVER HAD OR DO YOU NOW HAVE:  | YE\$       | NO                 | 12. (Continued)  | YES NO               |
| 10.a. Tuberculosis   | 0          | 0                  | f. Foot trouble (e.g., pain, corns, bunions, etc.)   | 0 0                  |
| b. Lived with someone who had tuberculosis   | 0          | 0                  | g. Impaired use of arms, legs, hands, or feet  | 0 0                  |
| c. Coughed up blood  | 0          | 0                  | h. Swotlen or painful joint(s)   | 0 0                  |
| <ul> <li>Asthma or any breathing problems related to exercise, weather,<br/>pollens, etc.</li> </ul>               | 0          | 0                  | Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)  | 0 0                  |
| e. Shortness of breath   | 0          | 0                  | j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint   | 0 0                  |
| f. Bronchitis  | 0          | 0                  | k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.   | 0 0                  |
| g. Wheezing or problems with wheezing  | 0          | 0                  | I. Bone, joint, or other deformity   | 0 0                  |
| h. Been prescribed or used an inhaler  | 0          | 0                  | m. Plate(s), screw(s), rod(s) or pin(s) in any bone  | 0 0                  |
| i. A chronic cough or cough at night   | 0          | 0                  | n. Broken bone(s) (cracked or fractured)   | 0 0                  |
| j. Sinusitis   | 0          | 0                  | 13.a. Frequent indigestion or heartburn  | 0 0                  |
| k. Hay fever   | 0          | 0                  | b. Stomach, liver, intestinal trouble, or ulcer  | 0 0                  |
| I. Chronic or frequent colds   | 0          | 0                  | c. Gall bladder trouble or gallstones  | 0 0                  |
| 11.a. Severe tooth or gum trouble  | 0          | 0                  | d. Jaundice or hepatitis (liver disease)   | 0 0                  |
| b. Thyroid trouble or goiter   | 0          | 0                  | e, Rupture/hernia  | 0 0                  |
| c. Eye disorder or trouble   | 0          | 0                  | f. Rectal disease, hemorrhoids or blood from the rectum  | 0 0                  |
| d. Ear, nose, or throat trouble  | 0          | 0                  | g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)  | 0 0                  |
| e. Loss of vision in either eye  | 0          | 0                  | h. Frequent or painful urination   | 0 0                  |
| f. Worn contact lenses or glasses  | 0          | 0                  | i. High or low blood sugar   | 0 0                  |
| g. A hearing loss or wear a hearing aid  | 0          | 0                  | j. Kidney stone or blood in urine  | 0 0                  |
| h. Surgery to correct vision (RK, PRK, LASIK, etc.)  | 0          | 0                  | k. Sugar or protein in urine   | 0 0                  |
| 12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)  | 0          | 0                  | Sexually transmitted disease (syphilis, gonormee, chiamyde, genital warts, flerpes, etc.)  | 0 0                  |
| b. Arthritis, rheumatism, or bursitis  | 0          | 0                  | 14.a. Adverse reaction to serum, food, insect stings or medicine   | 00                   |
| c. Recurrent back pain or any back problem   | 0          | 0                  | b. Recent unexplained gain or loss of weight   | 0 0                  |
| d. Numbness or tingling  | 0          | 0                  | c. Currently in good health (If no, explain in Item 29 on Page 2.)   | 0 0                  |
| e, Loss of finger or toe   | 0          | 0                  | d. Tumor, growth, cyst, or cancer  | 0 0                  |

| 15.a. Dizziness or fainting spetis  b. Frequent or severe headache  c. A head injury, memory loss or amnesia  d. Paratysis  e. Seizures, convulsions, epilepay or fits  f. Car, train, sea, or air sickness  g. A period of unconsciousness or concussion  h. Meningitis, encephalitis, or other neurological problems  h. Meningitis, encephalitis, or other neurological problems  c. Pain or pressure in the chest  d. Palpitation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  c. Loss of memory or amnesia, or neurological symptoms  d. Frequent trouble aleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  b. A change of menstrual pattern  c. A change of menstrual period (YYYYMMDD)   15. FEMALES ONLY. Have you ever had or do you now have:  a. Treatment for a gynecological (female) disorder  d. First dey of last menstrual period (YYYYMMDD)  | HAVE YOU EVER HAD OR DO YOU NOW HAVE:  15.6. Dizziness or fainting spells  D. Frequent or severe headache C. A head injury, memory loss or amnesia  D. Paralysis C. A head injury, memory loss or amnesia C. A head injury, memory loss or amnesia C. A head injury, memory loss or amnesia C. A head injury, memory loss or annesia C. A head injury, memory loss or amnesia C. A head injury, memory loss or amnesia C. A paralysis C. A period of unconsciousness or concussion D. Meningitis, encephalitis, or other neurological problems C. A period of unconsciousness or concussion D. Prolonged bleeding (as after an injury or tooth extraction, etc.) C. Pain or pressure in the othest C. Habitual stammering or stuttering C. Loss of memory or amnesis, or neurological symptoms C. Loss of memory or amnesis, or neurological symptoms C. Loss of memory or amnesis, or neurological symptoms C. Propression or excessive worny C. Depression or excessive worny C. A pathormal PAP smears C. A pathormal PAP smears C. A pathormal PAP smears C. Frequent trouble sleeping C. A period of unconsciousid (manular provided in the past 5 years for object of the past 5 years for object | EYOU EVER HAD OR DO YOU NOW HAVE:  Discisses or fainting spells  OOD  Frequent or severe headache A head injury, memory loss or amnesia OOD  Paratysis Seizures, convulsions, epilepsy or fits OOD  Car, train, sea, or all sickness OOD  Meningilis, encephalitis, or other neurological problems Rheumatic fever Palotise for win mumur Palotinor or pressure in the chest OOD  Paln or pressure in the chest OOD  Renounding lass after an injury or tooth extraction, etc.) OP alm or pressure in the chest OOD  Renounding heart or abnormal heartbeat Heart trouble or mumur High or low blood pressure OOD  Nervous trouble of any sort (entiety or panic attacks) Habitual stammering or amnesia, or neurological symptoms Prequent trouble sleeping OOD  Received counseling of any type ODepression or axcessive worty ODepression or axcessive morty ODepression or or axcessive morty ODepression or axcessive morty ODepression or axcessive morty ODepression or or axcess | HAVE YOU EVER HAD OR DO YOU NOW HAVE:  15.a. Disziness or fainting spells  D. Frequent or severe headache  C. A head fujry', memory loss or amnesis  D. Frequent or severe headache  C. A head fujry', memory loss or amnesis  D. Frequent or severe headache  C. A head fujry', memory loss or amnesis  D. Frequent or severe headache  C. A head fujry', memory loss or amnesis  D. Frequent or severe headache  D. Frequent or severe headache  C. A painting spells  D. Frequent or severe headache  D. Habitus to send, it send, it send, it send, it send, it send.  D. Have you ever been relised employment or been unable to hold a job or stay in school because of:  L. Inability to chemicals, dust, sunlight, etc.  D. Inability to perform certain motions  D. Inability to stand, at kneel, edwn, etc.  J. Have you ever been treated in an Emergency Room?  If yes, for whiel?  Have you ever head any illens or injury ther than those affects or severe head any illens or injury the sev | HAVE YOU EVER HAD OR DO YOU NOW HAVE:  15.a. Disziness or fainting spells  D. Frequent or severe headache C. A head flighty, memory loss or amnesis C. Car, train, sea, or air sickness C. G. Extrain, sea, or air sickness C. G. Extrain, sea, or air sickness C. D. How honglitis, encephalitis, or other neurological problems C. Pala or pressure in the chest C. Heart touble or murrur C. D. Habitus stammering or stuttering C. Loss of memory or amnesis, or neurological symptoms C. Loss of memory or amnesis, or neurological symptoms C. Received counseling of any type C. Depression or excessive worry C. Been evaluated or treated for a mental condition C. Any abnormal PAP smears C. Expriant Town of the condition of the | LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)  |                   |              | SOCIAL SECURITY NUMBER   DoD ID NUMBER (If applica  | ER (If applicable) |         |  |
|--|--|--|--|--|--|-------------------|--------------|---|--------------------|---------|--|
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Any abnormal PAP amseir c. EXPLANATION OF "YES" ANSWER(8) (Describe answer(s), give date(s) of problem. name of doctor) and/or hospital(s), breatment given and current medical  | 15.a. Dizziness or fainting spells b. Frequent tor severe headache c. A head injury, memory loss or amnesia d. Paralysis e. Setzures, convulsions, epilepsy or fits f. Car, train, sea, or air sickness g. A period of unconsclosuress or concussion h. Meningits, encephalits, or other neurological problems f. Car, train, sea, or air sickness g. A period of unconsclosuress or concussion h. Meningits, encephalits, or other neurological problems f. Palystation, pounding heart or abnormal heartbeat g. Palystation, pounding heart or abnormal heartbeat g. Palystation, pounding heart or abnormal heartbeat g. Heart trouble of murmur g. Heart trouble of any sort (anxiety or penic attacks) h. Habitual stammering or stuttering g. Received counseling of any type g. Been evaluated or treated for a mental condition h. 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(if yes, other fines hornorable).  27. Have you ever the dent lite ins | 15.a. Dizziness or fainting spells  D. Frequent or severe headache  C. A head injury, memory loss or amnesia  D. Paralysis  D. Seizures, convulsions, epilepsy or fits  C. Car, train, sea, or all sickness  D. A period of unconsciousness or concussion  D. Meningitis, encephalitis, or other neurological problems  D. Prolonged bleeding (as after an injury or tooth extraction, etc.)  D. Prolonged bleeding (as after an injury or tooth extraction, etc.)  D. Pain or pressure in the cheest  D. Pain or pressure in the cheest  D. Habituel stammering or stuttering  D. Habituel stammering or stuttering  D. Received counseling of any type  Received counseling of any type  Received counseling of any type  D. Pack of pressures or excessive worry  D. Been evaluated or treated for a mental condition  D. Achange of menstrual petitom  D. A change of menstrual peti |  |                   |              | y explained in tooli 20 below.  | YES                | NO      |  |
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| g. A period of unconsciousness or concussion h. Meningitis, encephalitis, or other neurological problems O De Prolonged bleeding (as after an injury or tooth extraction, etc.) C. Pain or pressure in the chest d. Palpitation, pounding heart or abnormal heartbest O De Heart trouble or murmur De Heart trouble or murmur De Heart trouble of any sort (anxiety or panic attacks) De Habitual stammering or stuttering De Received counseling of any type De Received counseling of any type De Been evaluated or treated for a mental condition De Habitual studied De Received counseling of any type De Been evaluated or treated for a mental condition De A change of menstrual pattern De A change of menstrual pattern De Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospitals), restment given and current medical   | g. A period of unconsciousness or concussion h. Meningitis, encephalitis, or other neurological problems  16.a. Rheumatic fever b. Prolonged bleeding (as after an injury or tooth extraction, etc.) c. Pain or pressure in the chest d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure b. Habitual stammering or stuttering c. Loss of memory or amnesie, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worny g. Been evaluated or treated for a mental condition h. Attempted suicide i. Used litegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have: a. Treatment for a gynecological (female) disorder c. Any abnormal PAP amear c. Any abnormal PAP amear d. First day of last menstrual pattern c. Any abnormal PAP amear d. First day of last menstrual period (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medic   | A period of unconsciousness or concussion  Meningitis, encephalitis, or other neurological problems  Comparison of the problems  Prolonged bleeding (as after an injury or tooth extraction, etc.)  Palor pressure in the chest  Palopitation, pounding heart or abnormal heartbeat  P | g. A period of unconsciousness or concussion h. Meningitis, encephalitis, or other neurological problems O. Have you ever been treated in an Emergency Room? O. Palor pressure in the chest O. Palor pressure in the ches | g. A period of unconsciousness or concussion h. Meningitis, encephalitis, or other neurological problems  16.a. Rheumatic fever b. Prolonged bleeding (as after an injury or tooth extraction, etc.) c. Pain or pressure in the chest d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure D. Habitual stammering or stuttering d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive wory g. Been evaluated or treated for a mental condition h. Attempted suicide b. A change of menstrual pattern c. Any abnormal PAP smear d. Any abnormal PAP smear d. Any abnormal PAP smear d. First day of last menstrual period (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | e. Seizures, convulsions, epilepsy or fits   | 0                 | 0            | c. Inability to stand, sit, kneel, lie down, etc.   | 0                  | 0       |  |
| h. Meningitis, encephalitis, or other neurological problems  16.a. Rheumatic fever b. Prolonged bleeding (as after an injury or tooth extraction, etc.) c. Pain or pressure in the chest d. Pelpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or penic attacks) b. Habitual stammering or stuttering c. Loss of memory or amnesia, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide b. Loss of mental suicide c. Loss of mental suicide f. Used lilegal drugs or abused prescription drugs 18. FEMALES ONLY. Have you ever had or do you now have: a. Treatment for a gyneoclogical (female) disorder c. Any abnormal PAP smears c. Any abnormal PAP smears d. First day of last menstrual pattern c. Any abnormal PAP smears d. First day of last menstrual period (YYYYMMDD)  19. Explanation of "YES" Answer(s) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | 16.a. Rheumatic fever  b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  c. Pain or pressure in the chest  d. Palpitation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or penic attacks)  b. Habitual stammering or stuttering  c. Loss of memory or amnesia, or neurological symptoms  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  i. Used illegal drugs or abused prescription drugs  8. Heave you ever head not passed for a mental condition  b. A change of menstrual patterm  c. Any abnormat PAP amears  d. First day of last menstrual period (YYYYMMDD)  e. Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medic  | Meningitis, encephalitis, or other neurological problems    Comparison of the chest   Comparison | 16.a. Rheumatic fever  b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  c. Pain or pressure in the chest  d. Palphtation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (enxiety or penic attacks)  b. Habitual stammering or stuttering  c. Loss of memory or amnesis, or neurological symptoms  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  b. A change of menstrual pattern  c. Any abnormal PAP smear  d. First day of last menstrual period (YYYYMMDD)  e. Date of last PAP smear (YYYYMMDD)  18. PEXPLANATION OF "YES" ANSWER(8) (Oescribe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | 16.a. Rheumatic fever  b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  c. Pain or pressure in the chest  d. Palphtation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (enxiety or panic attacks)  b. Habitual stammering or stuttering  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  b. A change of menstrual pattern  c. Any abnormal PAP smear  d. First day of last menstrual period (YYYYMMDD)  e. Date of last PAP smear (YYYYMMDD)  18. PENLANTION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | f. Car, train, sea, or air sickness  | 0                 |              | d. Other medical reasons (If yes, give reasons.)  | 0                  | 0       |  |
| h. Meningitis, encephalitis, or other neurological problems  O 16.a. Rheumatic fever b. Prolonged bleeding (as after an injury or tooth extraction, etc.) c. Pain or pressure in the cheest d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks) b. Habitual stammening or stuttering c. Loss of memory or amnesia, or neurological symptoms d. Frequent trouble steeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide i. Used illegal drugs or abused prescription drugs a. Treatment for a gynecological (female) disorder b. A change of menstrual pattern c. Any abnormati PAP amears f. Any abnormati PAP amears f. Press and f. First day of last menstrual period (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(8) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical   | h. Meningitis, encephalitis, or other neurological problems  O  16.a. Rheumatic fever  D  Pelonged bleeding (as after an injury or tooth extraction, etc.)  C  Paln or pressure in the chest  D  Paln or pressure in the chest  D  High or low blood pressure  High or low blood pressure  C  Loss of memory or amnesis, or neurological symptoms  D  Frequent trouble sleeping  Received counseling of any type  P  Depression or excessive worry  Been evaluated or treated for a mental condition  Attempted suicide  L Used lilegal drugs or abused prescription drugs  Received counseling pAP smear  A reatment for a gynecological (female) disorder  D  A change of menstrual patterm  A restinativel patterm  C  Any abnormal PAP smear  A restinativel patterm  C  A pate of test PAP amear (YYYYMMDD)  Be call the standard of the pattern of the pa | Meningitis, encephalitis, or other neurological problems  O O Palmor pressure in the chest  Palpitation, pounding heart or abnormal heartbeat  High or low blood pressure  Nervous trouble of any sort (enxiety or panic attacks)  Hereat trouble or murmur  Loss of memory or amnesis, or neurological symptoms  Prequent trouble sleeping  Received counseling of any type  Depression or excessive wory  Been evaluated or treated for a mental condition  Attempted suicide  Used lilegal drugs or abused prescription drugs  EMALES ONLY. Have you ever had or do you now have:  Treatment for a gynecological (female) disorder  A change of menstrual pattern  Any abnormal PAP smears  First day of last menstrual period (YYYYMMDD)   XPLANATION OF "YES" ANSWER(8) (Describe answer(s), give defe(s) of problem, name of doctor(s) and/or hospitals), restment given and current medical   | 16.a. Rheumatic fever  D. Polonged bleeding (as after an injury or tooth extraction, etc.)  D. Polonged bleeding (as after an injury or tooth extraction, etc.)  C. Pain or pressure in the chest  D. Palpitation, pounding heart or abnormal heartbeat  D. Palpitation, | 16.a. Rheumatic fever  D. Polonged bleeding (as after an injury or tooth extraction, etc.)  D. Prolonged bleeding (as after an injury or tooth extraction, etc.)  C. Pain or pressure in the chest  D. Palpitation, pounding heart or abnormal heartbeat  D. Heigh or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks)  D. Heibitual stammering or stuttering  C. Loss of memory or amnesia, or neurological symptoms  D. Frequent trouble steeping  D. Been evaluated or treated for a mental condition  D. Attempted suicide  D. Uased illegal drugs or abused prescription drugs  D. Lated illegal drugs or abused prescription drugs  D. A change of menstrual pattern  C. Any abnormat PAP amears  D. Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospitals), irrestment given and current medical   | g. A period of unconsciousness or concussion   | 0                 | 0            |   | 0                  | 0       |  |
| b. Prolonged bleeding (as after an injury or tooth extraction, etc.) c. Pain or pressure in the chest d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure  17.a. Nervous trouble of any sort (enxiety or panic attacks) b. Habitual stammering or stuttering c. Loss of memory or amnesis, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide l. Used illegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have: a. Treatment for a gynecological (female) disorder b. A change of menstrual pattern c. Any abnormal PAP smears d. First day of last menstrual period (YYYYMMDD) e. Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospitals).  | b. 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Have you over had or do you now have: Treatment for a gynecological (female) disorder Any abnormal PAP smears First day of last menstrual period (YYYYMMDD)  EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  c. Pain or pressure in the chest  d. Palpitation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (enxiety or penic attacks)  b. Habitual stammering or stuttering  c. Loss of memory or amnesia, or neurological symptome  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  i. Used illegal drugs or abused prescription drugs  8. FEMALES ONLY. Have you ever had or do you now have:  a. 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(If yes, specify what kind, granted by whom, and name of doctors and complete address of hospital (s), breatment given and current medical   | b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  c. Pain or pressure in the chest  d. Palpitation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (enxiety or penic attacks)  b. Habitual stammering or stuttering  c. Loss of memory or amnesis, or neurological symptome  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  i. Used lilegal drugs or abused prescription drugs  8. FEMALES ONLY. Have you ever had or do you now have:  a. Treatment for a gyneoclogical (female) disorder  b. A change of menstrual patterm  c. Any abnormat PAP amears  c. Any abnormat PAP amear  d. First day of last menstrual period (YYYYMMDD)  e. 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Meningitis, encephalitis, or other neurological problems  |                   |              | (if yes, for what?)   | Mary 1             | De d    |  |
| c. Paln or pressure in the chest d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure D. Habitual stammering or stuttering C. Loss of memory or amnesia, or neurological symptoms D. Frequent trouble sleeping D. Received counseling of any type D. Depression or excessive worry D. Been evaluated or treated for a mental condition D. Attempted suicide D. Loss of large or adjusted prescription drugs D. A change of menstrual pattern D. A change of menstrual period (YYYYMMDD) D. Date of last PAP smears D. Date of last PAP smear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | c. Pain or pressure in the chest  d. Palpitation, pounding heart or abnormal hearibeat e. Heart trouble or murmur f. High or low blood pressure  OO 17.a. Nervous trouble of any sort (enxiety or penic attacks) b. 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Rheumatic fever  | 41111             |              |   | _                  | _       |  |
| d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks)  b. Habitual stammering or stuttering c. Loss of memory or amnesis, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide i. Used illegal drugs or abused prescription drugs  a. Treatment for a gynecological (female) disorder b. A change of menstrual patter c. Any abnormal PAP smears d. First day of last menstrual period (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | d. Paint or pressure in the creek  d. Paintation, pounding heart or abnormal heartbeat  e. Heart trouble or murmur  f. High or low blood pressure  occurred.)  22. Have you ever had, or have you been advised to have any operations or surgery? (if yes, describe and give age at which occurred.)  17.a. Nervous trouble of any sort (anxiety or panic attacks)  occurred.)  23. Have you ever had any illness or injury other than those already noted? (if yes, specify when, where, and give details.)  c. Loss of memory or amnesia, or neurological symptoms  d. Frequent trouble steeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  i. Used illegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have:  a. Treatment for a gynecological (female) disorder  b. A change of menstrual pattern  c. Any abnormal PAP smears  d. First day of last menstrual period (YYYYMMDD)  e. Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medic.  | Palipitation, pounding heart or abnormal heartbeat  Palipitation, pounding heart or abnormal heartbeat  Heart trouble or murmur  Nervous trouble of any sort (enxiety or panic attacks)  Habitual stammering or stuttering  Loss of memory or amnesia, or neurological symptoms  Frequent trouble sleeping  Received counseling of any type  Depression or excessive wory  Been evaluated or treated for a mental condition  Attempted suicide  Used illegal drugs or abused prescription drugs  EMALES ONLY. Have you ever had or do you now have:  Treatment for a gynecological (female) disorder  Any abnormat PAP smears  First day of last menstrual period (YYYYMMDD)  EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical   | d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks)  b. Habitual stammering or stuttering c. Loss of memory or amnesia, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide i. Used illegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have: a. Treatment for a gynecological (female) disorder b. A change of menstrual pattern c. Any abnormal PAP smears d. First day of last menstrual period (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give dete(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | d. Palpitation, pounding heart or abnormal heartbeat e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks)  b. Habitual stammering or stuttering c. Loss of memory or amnesia, or neurological symptoms d. Frequent trouble sleeping e. Received counseling of any type f. Depression or excessive worry g. Been evaluated or treated for a mental condition h. Attempted suicide l. Used illegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have: a. Treatment for a gynecological (female) disorder b. Achange of menstrual patter c. Any abnormal PAP smears d. First day of last menstrual period (YYYYMMDD) e. Date of last PAP smear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical   | b. Prolonged bleeding (as after an injury or tooth extraction, etc.)   |                   |              |   | 0                  | О       |  |
| e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic affacks)  b. Habitual stammering or stuttering  c. Loss of memory or amnesia, or neurological symptoms  d. Frequent trouble sleeping  e. Received counseling of any type  f. Depression or excessive worry  g. Been evaluated or treated for a mental condition  h. Attempted suicide  i. Used illegal drugs or abused prescription drugs  18. FEMALES ONLY. Have you ever had or do you now have:  a. Treatment for a gynecological (female) disorder  b. A change of menstrual pattern  c. Any abnormal PAP smears  d. First day of last menstrual period (YYYYMMDD)  e. Date of last PAP amear (YYYYMMDD)  29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical  | e. Heart trouble or murmur  f. High or low blood pressure  17.a. Nervous trouble of any sort (anxiety or panic attacks)  b. 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| <ol> <li>EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINE<br/>questions 10 - 29. Physician/practitioner may develop by interview<br/>significant findings here.)</li> </ol> | ENT DATA (Physician/practitioner shall commonly any additional medical history deemed impo | nent on all positive answers in<br>rtant, and record any |
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| 14a. RATING   | OR SPEC  | IALTY (Avia   | tors Only)   |  | 14   | Ib. TOTAL FLYII   | NG 1  | rimi  | E   |   |   |   |   |  |   | 14c. LA8  | T SIX MON   | тнз   |   |         |
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| MEDICAL EVA   | LUATION  | (Check ear  | ch item in a   | noronriate   | colur  | mn. Enter "NE" il   | not   | avz   | skieti  | ed )                                    |   |   |   |  |   | 3. DENTAL DI  |   |   | Acceptable  | ī       |
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| 17. Head, face  | , neck and   | d scalp   |  |  |  |   | <b>-</b>  | <u> </u>  |   | 7                                       |   |   | r   | 1  |   | xplain in item 4  |   | runnianly molec.  | Not Acceptable  | L       |
| 18. Nose  | 1 10 10  |   |  |  |  |   | $\vdash$  | ۰   | Н   |   | Н   | +   | +   | 1  | 1   |   |   |   | Class   |         |
| 19. Sinuses   |  |   |  |  |  |   | $\vdash$  | ⊢   | Н   | $\vdash$                                | H   | +   | +   | +  | 14  | A NOTES: /A   | andalan, aa   |   | y abnormality identified  | =       |
| 20. Mouth and   | thmet  |   |  |  |  |   | $\vdash$  | ⊢   | Н   | $\vdash$                                | Н   | $\dashv$  |   | -  |   |   |   |   | er before each comme  |         |
|   | 21. Ears - General (Int. and ext. canais/Auditory ecuity under item 71)                              |   |  |  |  |   | $\vdash$  | ⊢   | Н   | $\vdash$                                | н   | +   | ╆   | +  |   |   |   | drawings in iter  | n 89 and use additions  | 3/      |
| 21. Ears - General (int. and ext. canass/auditory acting under nem /1)  22. Tympanic Membranes (Perforation)                                    |  |   |  |  |  | on (  | $\vdash$  | -   | Н   | $\vdash$                                | H   | +   | +   | +  | ⊣℠  | sheets if necess  | iery.)  |   |   |         |
| -   |  | ss (Feriorau  | XI)  |  |  |   | ⊢   | ⊢   | Н   | $\vdash$                                | Н   | +   | +   | +  | -   |   |   |   |   |         |
| 23. Eyes - Ger  |  |   |  |  |  |   | ⊢   | -   |   | -                                       | -   | +   | +   | +  | +   |   |   |   |   |         |
| 24. Ophthalmo   |  |   |  |  |  |   | ⊢   | H   | Н   | -                                       | Н   | +   | +   | +  | 4   |   |   |   |   |         |
| 25. Pupils (Eq.   |  |   |  |  |  |   | ⊢   | -   | Н   | Н                                       | -   | +   | +   | +  | 4   |   |   |   |   |         |
| 26. Ocular mot  |  | •   |  | nus, nysta   | gmus,  | 7   | $\vdash$  | -   | $\Box$  | -                                       | H   | -   | -   | -  | -   |   |   |   |   |         |
| 27. Heart (Thr  |  |   |  |  |  |   | $\vdash$  | H   | $\vdash$  | $\vdash$                                | H   | -   | -   | -  | -   |   |   |   |   |         |
| 28. Lungs and   |  |   |  |  |  |   | -   | -   | $\vdash$  | $\vdash$                                | H   | +   | -   | +  | 4   |   |   |   |   |         |
| 29. Vascular s  |  |   |  |  |  | 441   | $\vdash$  | H   | $\vdash$  |   | H   | -   | +   | +  | -   |   |   |   |   |         |
| 30. Anus and  | -  |   |  | rostate if   | indica   | red)  | -   | -   |   | _                                       | -   | +   | +   | +  | -   |   |   |   |   |         |
| 31. Abdomen   |  |   |  |  |  |   | -   | -   | $\sqcup$  |   | H   | -   | +   | +  | 1   |   |   |   |   |         |
| 32. External gr   |  | enitourinary)   |  |  |  |   | -   | H   | Н   |   | Н   | 1   | -   | +  | 4   |   |   |   |   |         |
| 33. Upper extr  |  |   |  |  |  | - 5.77  | -   | -   | H   |   | Н   | -   | -   | +  | 1   |   |   |   |   |         |
| 34. Lower extr  |  |   |  |  |  |   | -   | -   | $\sqcup$  | $\vdash$                                | Н   | -   | -   | +  | -   |   |   |   |   |         |
| 35. Feet (Chec  |  |   | -  |  | _  |   |   | Ш   |   |   | Ц   |   | _   | _  | -   |   |   |   |   |         |
| 35a.  | Normal   | Arch _  | Pes Plan   | _  | <u> </u>   | Pes Cavus   |   |   |   |   |   |   |   |  |   |   |   |   |   |         |
| 35b.  | Mild   |   | Moderati   | •  | <u> </u>   | Severe  |   |   |   |   |   |   |   |  |   |   |   |   |   |         |
| 35c.  | Asympto  | omatic  | Sympton  | natic  |  | Rigid   |   | 61 1  | 16 S  | 3. 0                                    | 4 13  | 3 276   | 40 S  | 235  |   |   |   |   |   |         |
| 36. Spine, other  | er musculo   | oskeletal   |  |  |  |   |   |   |   |   |   |   |   |  | ]   |   |   |   |   |         |
| 37. Body mark   | s, scars, t  | attoos  | meum eta erve  | -76573   |  |   |   |   |   |   |   | in the  |   |  |   |   |   |   |   |         |
| 38. Skin, lymp  | hatics   |   |  |  |  |   | Г   |   |   |   |   |   |   | ]  |   |   |   |   |   |         |
| 39. Neurologic  | :  |   |  |  |  |   |   |   |   |   |   |   |   |  | 7   |   |   |   |   |         |
| 40. Psychiatric   | (Specify   | any persona   | lity disorder  | ,  | Vind3  | Estado  |   |   |   | 0.0                                     |   | 1   |   |  | 1   |   |   |   |   |         |
| 41. Pelvic (Fer   | males only   | )   | 33-37  |  |  |   |   |   |   |   |   |   |   |  | 1   |   |   |   |   |         |
| 42. Endocrine   |  |   |  |  |  |   |   |   |   |   |   |   |   |  | 1   |   |   |   |   |         |

| LAST NAM                         |                          | T NAME -    |  | NAM      | IE (Suffix) | )        |                  |           |         | 8             | OCIA     | \L 8E   | CURI        | ITY NUM          | BER              | DoD ID NUMBER |              |      |               |          |       |         |      |
|----------------------------------|--------------------------|-------------|--|----------|-------------|----------|------------------|-----------|---------|---------------|----------|---------|-------------|------------------|------------------|---------------|--------------|------|---------------|----------|-------|---------|------|
|                                  |                          |             |  |          | 100         |          |                  | LAF       | 3OR/    | ATORY         | Y FIR    |         | GS          |                  |                  | I             |              |      |               |          |       |         |      |
| 45. URINAL                       | YSIS                     |             | a. Albu                                      | min      |             | b.       | . Sugar          |           |         |               |          | RINE    |             |                  | 47.              | нин           |              |      |               | 48. BLC  | ЮD    | TYPE    |      |
|                                  |                          |             | _  |          |             |          |                  |           |         |               | •        | •       |             |                  |                  |               |              |      |               |          |       |         |      |
|                                  | TESTS                    |             |  |          |             | RESUL'   | .T8              |           |         | +             | IIV S    | PEC     | IMEN        | N ID LA          | BEL              |               | DR           | UG   | TES           | T SPEC   | iMi   | EN ID L | ABEL |
| 49. HIV                          |                          |             |  |          |             |          |                  | -         |         | $\dashv$      |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| 50. DRUG8                        | )                        |             |  |          |             |          |                  |           |         | $\dashv$      |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| 51. ALCOH                        | IOL                      |             |  |          |             |          |                  |           |         | $\neg$        |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| 52. OTHER                        | 1                        |             |  |          |             |          |                  |           |         | $\neg$        |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| a. PAP SMI                       | EAR                      |             |  |          |             |          |                  |           |         |               |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| b. EKG                           |                          |             |  |          |             |          |                  |           |         |               |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| c. CXR                           |                          |             |  |          |             |          |                  |           |         |               |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
|                                  |                          |             | _  | _        |             |          | ME               | ASUREN    | IENT    | S AND         | D OT     | HER     | FINE        | DINGS            |                  |               |              |      |               |          |       |         |      |
| 63. HEIGHT                       | ľ <i>(in.)</i>           | 64. WE      | GHT (Ib                                      | e.)      | 55a. MIN    | WGT      | 5                | 5b. MAX V | WGT     | 6             | 6c. N    | AX E    | 3F %        | 650              | i. BMI           |               | 56.          | TEM  | PER           | ATURE    | 67.   | HEART   | RATE |
| 58. BLOOD                        | PRESSI                   | <br>JRE     |  |          |             |          |                  |           |         |               | 59       | 9. RE   | D/GRI       | EEN              |                  |               | 8            | 0. O | THE           | R VISION | TE    | ВТ      |      |
| a. 18T                           | -                        |             | b. 2ND                                       |          |             |          | c. 3RI           |           |         | <del></del>   |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| SYS.                             |                          |             | SYS.   |          |             |          | SYS.             |           |         |               | $\dashv$ |         |             |                  |                  |               |              |      |               |          |       |         |      |
| DIAS.                            |                          |             | DIAS.  |          |             |          | DIAS.            |           |         |               | $\dashv$ |         |             |                  |                  |               |              |      |               |          |       |         |      |
| 61. DISTAN                       | ICE VISK                 | ON .        | <u>.                                    </u> |          | 62. REF     | RACTION  | N [              | AUTO      |         | MANI          | FE8T     |         | CYC         | LO               | 63. NE           | AR VISION     | _            |      |               |          |       |         |      |
| Right Unco<br>20/                | п.                       | Corr. to    | 20/  |          | Sph:        |          |                  | yt:       |         |               |          | Axi     | is:         |                  | Right (<br>20/   | Јпсоп.        |              | Соп  | , to 2        | 20/      | A     | vdd:    |      |
| Left Uncorr<br>20/               |                          | Corr. to    | 20/  |          | Sph:        |          | C                | Cyt:      |         |               |          | Axi     | is:         |                  | Left Ur<br>20/   | HCOIT,        |              | Соп  | . to 2        | 20/      | A     | vdd:    |      |
| 64. HETER                        | OPHORI/                  | A .         |  |          |             |          |                  |           |         |               |          |         |             |                  |                  |               |              |      |               |          |       |         |      |
| ES                               |                          | EX          |  | f        | R.H.        |          | L.H.             |           |         | Prism<br>div. | ı<br>—   |         |             | Prism<br>Conv CT | г                | NPR           |              |      |               | PD       |       |         |      |
| 65. ACCOMMODATION 66. COLOR VISK |                          |             |  |          | R VISION    | l (Pass/ | Fail and S       | core)     |         |               |          |         |             | 67. DE           | PTH PERCE        | PTI           | ON (         | Pass | /Fail and     | Sco      | re)   |         |      |
| Right Left PIP                   |                          |             |  |          |             | - 0      | RED/<br>GREEN    |           |         | Cole<br>Dx    |          |         |             | AFVT             |                  |               |              |      | RANDO<br>MCST | )T/      |       |         |      |
| 68, FIELD (                      | OF VISIO                 | N           |  |          |             |          | 69. NIGHT VISION |           |         |               |          |         |             |                  | 70. INTRAC       | ocu           | LAR          | PRI  |               |          |       |         |      |
|                                  |                          |             |  |          |             |          |                  |           |         |               |          |         |             | O.D.             |                  | _             |              | o.s. |               |          |       |         |      |
| 71a. AUDIC                       | METER                    | Unit Serial | Numbe  | <i>x</i> | -           | ;        | 71b. Ur          | н         |         |               |          |         |             | ALOGO ILOI:      |                  |               |              | SA   | т             |          | UNSAT |         |      |
| Date Calibra                     | te Calibrated (YYYYMMDD) |             |  |          |             | Date C   | alibrated (      | YYYY      | MMDD    | <b>)</b>      |          |         | <del></del> |                  | 72b.<br>VALSALVA |               |              |      | SA            | Т        |       | UNSAT   |      |
| HZ                               | 500                      | 1000        | 2000   | 3000     | 4000        | 6000     | HZ               | 500       | ) 1     | 1000          | 2000     | ) 3     | 000         | 4000             | 6000             | 72c. OTHE     | THER TESTING |      |               |          |       |         |      |
| Left                             |                          |             | $\dashv$                                     |          |             |          | Left             |           | $\bot$  | $\dashv$      |          | $\bot$  | $\dashv$    |                  |                  |               |              |      |               |          |       |         |      |
| Right                            |                          |             |  |          |             |          | Righ             | ıt        | $\perp$ | $\perp$       |          | $\perp$ |             |                  |                  |               |              |      |               |          |       |         |      |
| 73. NOTES                        | AND/OR                   | INTERVA     | IL HIST                                      | DRY      |             |          |                  |           |         |               |          |         |             |                  |                  |               |              |      |               |          |       |         |      |

| LAST NAI  | Æ - FIRS | T NAME - MIL                            | DOLE NAME     | (Suffix)     |                |               |               | SOCIA          | L SECU        | RITY N   | UMBER       |             | DoD ID I                               | NUMBER      |                 |  |
|---|----------|---|---------------|--------------|----------------|---------------|---------------|----------------|---------------|----------|-------------|-------------|--|-------------|-----------------|--|
| 74. EXAM  | MEE      |   |               |              |                |               |               | 76. I ha       | ve bee        | n advise | ed of my    | disqualifyi | na conditio                            | on(a).      |                 |  |
|   | IS MEDIC | CALLY QUALI                             |               |              |                |               |               |                |               |          | EXAMIN      |             | _                                      | TE (YYYYMM  | DD)             |  |
| 76. PHYSI   |          |   | (Oricin ICD   |              |                |               |               |                |               |          |             | -           | ــــــــــــــــــــــــــــــــــــــ |             |                 |  |
|   | CAL PRO  |   |               |              | <u> </u>       |               |               |                |               |          |             |             |  |             | I               |  |
| Р   |          | Ų                                       | L             |              | Н              | E             |               | S              |               | Х        |             | D           | PROFIL                                 | ER INITIALS | DATE (YYYYMMDD) |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
|   |          |   |               |              | Î              |               |               |                | $\neg \vdash$ |          |             |             |  |             |                 |  |
|   |          |   |               |              |                |               | -             |                |               |          |             |             | 1                                      |             |                 |  |
|   |          |   |               |              | +              |               | -             |                | +             |          | -           |             |  |             |                 |  |
|   |          |   |               | _            |                |               | _             |                | $\dashv$      |          |             |             | +                                      |             |                 |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             |  |             | <u> </u>        |  |
| 77. 8IGNII  | FICANT O | R DISQUALIF                             | YING MEDI     | CAL DIAGN    | IOSES          |               |               |                |               |          |             |             |  |             |                 |  |
| ITEM  | MEI      | DICAL DIAGN                             | osis          | ICD CODE     | PROFILE SE     | ERIAL         | RBJ DAT       | TE QUA         | LIFIED        | DISQL    | UALIFIED    | EXAMINE     | R INITIALS                             |             | ER RECEIVED     |  |
| NO.   |          |   |               |              |                |               | (YYYYMM       | (00            |               |          |             |             |  | SERVICE     | DATE (YYYYMMDD) |  |
| $\vdash \!$ |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
| oxdot   |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
|   |          |   |               |              |                |               |               |                |               | ŀ        |             |             |  |             |                 |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
| $\vdash$  |          |   |               |              |                | $\rightarrow$ |               |                |               |          |             | <b>†</b>    |  |             |                 |  |
| 70 0185   | ADV OF   | MEDICAL DIA                             | ONORER A      |              |                |               | 1 // lan - de | Want aba       | -1-11         |          |             |             |  | l           |                 |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
| 79. RECO  | MINIEND/ | TIONS (Spec                             | iny) (Use add | itional shee | is if necessar | y).<br>       |               |                |               |          |             |             |  |             |                 |  |
| 80. MEP8  | WORKL    | DAD (For ME                             | PS use only)  |              |                |               |               |                |               |          |             |             |  |             |                 |  |
| WKID  | ST       | DATE (YY                                | YYMMDD)       |              | INITIAL        | S             |               | WKII           | ·             | ST       | DATE (1     | YYYMMDD     | )                                      | INIT        | IALS            |  |
|   |          |   |               |              |                |               |               |                | $\neg \vdash$ |          |             |             |  |             |                 |  |
|   | 1        |   |               |              |                |               |               |                | $\neg$        |          |             |             | 1                                      |             |                 |  |
| <b> </b>  | <b>.</b> | -                                       |               |              |                |               |               | +              | +             |          |             |             | ┪                                      |             |                 |  |
| ├──   |          |   |               |              |                |               |               | <del> </del>   |               |          |             |             | +                                      |             | <del></del>     |  |
| <u> </u>  |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             | <u> </u>                               |             |                 |  |
| 81. MEDK  | CAL INSP | ECTION DAT                              | E HT          | · w          | т   %В         | F   I         | MAX WT        | HCG            | a             | UAL      | DISQ        |             | EXAMINER'S NAME AND SIGNATURE          |             |                 |  |
|   |          |   |               |              |                |               |               |                |               |          |             |             |  |             |                 |  |
|   |          |   |               |              |                | .:            |               |                |               |          |             |             |  |             |                 |  |
| <u> </u>  |          |   |               |              | _              | $\dashv$      |               |                | +             |          | <del></del> |             |  |             |                 |  |
| 82a. TYPI   | ED OR PR | INTED NAME                              | OF PHYSK      | CIAN OR EX   | AMINER         |               |               | 82b. Si        | gnature       |          |             |             |  |             |                 |  |
| 83a. TYPI   | D OR PR  | INTED NAME                              | OF PHYSK      | CIAN OR EX   | AMINER         |               |               | 83b. Signature |               |          |             |             |  |             |                 |  |
| 84a TVD   | n OR PE  | INTED NAME                              | OF DENTIS     | T OR PHY     | RICIAN (Indic  | ata whi       | ch)           | 830. 8         | gnewn         |          |             |             |  |             |                 |  |
| 4.200   |          | 1 |               |              | ·              |               |               | 84b. S         | gnatur        | •        |             |             |  |             |                 |  |
| 85a. TYPE<br>(Indicate v  |          | INTED NAME                              | OF REVIE      | MING OFFIC   | CER/APPRO      | /ING A        | UTHORIT       | 85b. 3i        | gneturi       | •        |             |             |  |             |                 |  |
| 86, This 4  | xamineti | on has been a                           | dministrati   | vely review  | ed for compl   | etenee        | a and see     | UCRCV.         |               |          |             |             |  |             |                 |  |
| a. SIGNA  |          |   |               |              |                | ~~~           |               |                |               |          |             |             |  |             |                 |  |
| -   | TURE     |   |               |              |                | b. G          | RADE          |                |               |          |             | c. I        | PATE (YYY                              | YMMDD)      |                 |  |

| Prescribed by: DODI 1304.2 | <br> | <br> |
|----------------------------|------|------|
| 89. ADDITIONAL REMARKS     |      |      |
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## Other documents:

The below items are REQUIRED FOR ALL APPLICANTS:

- Official Transcripts From ALL colleges/universities should be submitted to (UNMC) University of Nebraska Medical Center ONLY!!
  (You will no longer be required to mail or electronically send your official transcripts
  to USAREC).
  - If you are using CLEP scores or AP Credit for English, you will have to submit
    official scores to UNMC.
  - If you completed **Basic Medical Terminology on ALMS**, you need to submit the completion certificate with your packet to UNMC and USAREC.
  - If enlisted, ensure you submit your JST as indicated in Tab 1 and to UNMC.
- 2. SAT Scores You MUST have official scores within the past 5 years, prior to the board, to be eligible. You MUST score a total of 1000 with at least 450 in math and reading to be eligible. THERE IS NO WAIVER FOR THE SAT REGARDLESS OF PREVIOUS DEGREE OR OTHER TESTING (IE.THE GRE/ACT DO NOT COUNT). The last available testing date to ensure results are sent to USAREC in time for the board will be the 9 March 2024 test date. If you do not take the SAT by that date, we cannot ensure a result in time for the board and your packet cannot go forward. (Please ensure that you have used code "3994" for IPAP and we can download official scores from the College Board website once scores become available).
- 3. PA-CAT Scores You must take the PA-CAT for your packet to be eligible to board. Take the PA-CAT by application deadline of 1 March 2024. If you are eligible and want to use Credentialing assistance funds to pay for the exam, you should follow the instruction sheet on our website. DO NOT register and pay for the exam before requesting funds or you will not be reimbursed. If you do not want to use CA funds, you can register for the exam at <a href="https://www.pa-cat.com">https://www.pa-cat.com</a>. Upon registration, select US Army Active Duty, or US Army Reserves for your scores to be submitted to USAREC. (When scores become available, we can download official scores from the website).