

|                                      |                                      |                           |
|--------------------------------------|--------------------------------------|---------------------------|
| <b>REPORT OF MEDICAL EXAMINATION</b> | 1. DATE OF EXAMINATION<br>(YYYYMMDD) | 2. SOCIAL SECURITY NUMBER |
|--------------------------------------|--------------------------------------|---------------------------|

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

|                                                     |                                                                      |                                                 |
|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|
| 3. LAST NAME - FIRST NAME - MIDDLE NAME<br>(SUFFIX) | 4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) | 5. HOME TELEPHONE NUMBER<br>(Include Area Code) |
|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|

|          |                                |        |                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |
|----------|--------------------------------|--------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. GRADE | 7. DATE OF BIRTH<br>(YYYYMMDD) | 8. AGE | 9. SEX<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | 10.a. RACIAL CATEGORY (X one or more)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Decline to Respond | 10.b. ETHNIC CATEGORY<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino<br><input type="checkbox"/> Decline to Respond |
|----------|--------------------------------|--------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                   |             |                                       |                                    |
|---------------------------------------------------|-------------|---------------------------------------|------------------------------------|
| 11. TOTAL YEARS GOVERNMENT SERVICE<br>a. MILITARY | b. CIVILIAN | 12. AGENCY (Non-Service Members Only) | 13. ORGANIZATION UNIT AND UIC/CODE |
|---------------------------------------------------|-------------|---------------------------------------|------------------------------------|

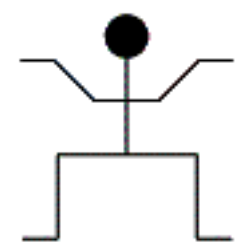
|                                           |                      |                    |
|-------------------------------------------|----------------------|--------------------|
| 14.a. RATING OR SPECIALTY (Aviators Only) | b. TOTAL FLYING TIME | c. LAST SIX MONTHS |
|-------------------------------------------|----------------------|--------------------|

|                                                                                                                                                                                                     |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 15.a. SERVICE<br><input type="checkbox"/> Army <input type="checkbox"/> Coast Guard<br><input type="checkbox"/> Navy<br><input type="checkbox"/> Marine Corps<br><input type="checkbox"/> Air Force | 15.b. COMPONENT<br><input type="checkbox"/> Active Duty<br><input type="checkbox"/> Reserve<br><input type="checkbox"/> National Guard | 15.c. PURPOSE OF EXAMINATION<br><input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other<br><input type="checkbox"/> Commission <input type="checkbox"/> Retirement <b>NSW/SO</b><br><input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy<br><input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program | 16. NAME OF EXAMINING LOCATION, AND ADDRESS<br>(Include ZIP Code) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

**CLINICAL EVALUATION** (Check each item in appropriate column. Enter "NE" if not evaluated.)

|                                                                         | Nor-<br>mal | Ab-<br>norm | NE |
|-------------------------------------------------------------------------|-------------|-------------|----|
| 17. Head, face, neck, and scalp                                         |             |             |    |
| 18. Nose                                                                |             |             |    |
| 19. Sinuses                                                             |             |             |    |
| 20. Mouth and throat                                                    |             |             |    |
| 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71) |             |             |    |
| 22. Drums (Perforation)                                                 |             |             |    |
| 23. Eyes - General (Visual acuity and refraction under items 61 - 63)   |             |             |    |
| 24. Ophthalmoscopic                                                     |             |             |    |
| 25. Pupils (Equality and reaction)                                      |             |             |    |
| 26. Ocular motility (Associated parallel movements, nystagmus)          |             |             |    |
| 27. Heart (Thrust, size, rhythm, sounds)                                |             |             |    |
| 28. Lungs and chest (Include breasts)                                   |             |             |    |
| 29. Vascular system (Varicosities, etc.)                                |             |             |    |
| 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)     |             |             |    |
| 31. Abdomen and viscera (Include hernia)                                |             |             |    |
| 32. External genitalia (Genitourinary)                                  |             |             |    |
| 33. Upper extremities                                                   |             |             |    |
| 34. Lower extremities (Except feet)                                     |             |             |    |
| 35. Feet (See Item 35 Continued)                                        |             |             |    |
| 36. Spine, other musculoskeletal                                        |             |             |    |
| 37. Identifying body marks, scars, tattoos                              |             |             |    |
| 38. Skin, lymphatics                                                    |             |             |    |
| 39. Neurologic                                                          |             |             |    |
| 40. Psychiatric (Specify any personality deviation)                     |             |             |    |
| 41. Pelvic (Females only)                                               |             |             |    |
| 42. Endocrine                                                           |             |             |    |

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)



|                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)<br><input type="checkbox"/> Acceptable<br><input type="checkbox"/> Not Acceptable Class _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                               |                            |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| 35. FEET (Continued) (Circle category)<br><input checked="" type="radio"/> Normal Arch<br><input type="radio"/> Pes Cavus<br><input type="radio"/> Pes Planus | Mild<br>Moderate<br>Severe | <input checked="" type="radio"/> Asymptomatic<br><input type="radio"/> Symptomatic |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|

|                                               |                        |
|-----------------------------------------------|------------------------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER |
|-----------------------------------------------|------------------------|

|                            |                |                       |         |                             |
|----------------------------|----------------|-----------------------|---------|-----------------------------|
| <b>LABORATORY FINDINGS</b> |                |                       |         |                             |
| 45. URINALYSIS             | a. Albumin     | 46. URINE HCG         | 47. H/H | 48. BLOOD TYPE              |
|                            | b. Sugar       |                       |         |                             |
| <b>TESTS</b>               | <b>RESULTS</b> | HIV SPECIMEN ID LABEL |         | DRUG TEST SPECIMEN ID LABEL |
| 49. HIV                    |                |                       |         |                             |
| 50. DRUGS                  |                |                       |         |                             |
| 51. ALCOHOL                |                |                       |         |                             |
| 52. OTHER                  |                |                       |         |                             |
| a. PAP SMEAR               |                |                       |         |                             |
| b.                         |                |                       |         |                             |
| c.                         |                |                       |         |                             |

|                                              |                 |                            |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
|----------------------------------------------|-----------------|----------------------------|--------------------------------------------------|------------|------------|----------------------------------------------------------|----------------------------|-----------|------|------|------|-------------------------|------|--------------------------|-----|--------------------------|-------|
| <b>MEASUREMENTS AND OTHER FINDINGS</b>       |                 |                            |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| 53. HEIGHT                                   | 54. WEIGHT      | 55. MIN WGT - MAX WGT      |                                                  |            | MAX BF %   | 56. TEMPERATURE                                          | 57. PULSE                  |           |      |      |      |                         |      |                          |     |                          |       |
|                                              | lbs.            |                            |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| 58. BLOOD PRESSURE                           |                 |                            | 59. RED/GREEN ( <i>Army Only</i> )               |            |            | 60. OTHER VISION TEST                                    |                            |           |      |      |      |                         |      |                          |     |                          |       |
| a. 1ST                                       | b. 2ND          | c. 3RD                     |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| SYS.                                         | SYS.            | SYS.                       |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| DIAS.                                        | DIAS.           | DIAS.                      |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| 61. DISTANT VISION                           |                 |                            | 62. REFRACTION BY AUTOREFRACTION OR MANIFEST     |            |            | 63. NEAR VISION                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| Right 20/                                    | Corr. to 20/    |                            | By                                               | S.         | CX         | Right 20/                                                | Corr. to 20/               |           | by   |      |      |                         |      |                          |     |                          |       |
| Left 20/                                     | Corr. to 20/    |                            | By                                               | S.         | CX         | Left 20/                                                 | Corr. to 20/               |           | by   |      |      |                         |      |                          |     |                          |       |
| 64. HETEROPHORIA ( <i>Specify distance</i> ) |                 |                            |                                                  |            |            |                                                          |                            |           |      |      |      |                         |      |                          |     |                          |       |
| ES <sup>o</sup>                              | EX <sup>o</sup> | R.H.                       | L.H.                                             | Prism div. | Prism Conv | CT                                                       | NPR                        | PD        |      |      |      |                         |      |                          |     |                          |       |
| 65. ACCOMMODATION                            |                 |                            | 66. COLOR VISION ( <i>Test used and result</i> ) |            |            | 67. DEPTH PERCEPTION ( <i>Test used and score</i> ) AFVT |                            |           |      |      |      |                         |      |                          |     |                          |       |
| Right                                        | Left            |                            | PIP                                              | /14        |            | Uncorrected                                              |                            | Corrected |      |      |      |                         |      |                          |     |                          |       |
| 68. FIELD OF VISION                          |                 |                            | 69. NIGHT VISION ( <i>Test used and score</i> )  |            |            | 70. INTRAOCULAR TENSION                                  |                            |           |      |      |      |                         |      |                          |     |                          |       |
|                                              |                 |                            |                                                  |            |            | O.D.                                                     |                            | O.S.      |      |      |      |                         |      |                          |     |                          |       |
| 71a. AUDIOMETER                              |                 | Unit Serial Number         |                                                  |            |            |                                                          | 71b. Unit Serial Number    |           |      |      |      | 72a. READING ALOUD TEST |      |                          |     |                          |       |
|                                              |                 | Date Calibrated (YYYYMMDD) |                                                  |            |            |                                                          | Date Calibrated (YYYYMMDD) |           |      |      |      |                         |      |                          |     |                          |       |
| HZ                                           | 500             | 1000                       | 2000                                             | 3000       | 4000       | 6000                                                     | HZ                         | 500       | 1000 | 2000 | 3000 | 4000                    | 6000 | <input type="checkbox"/> | SAT | <input type="checkbox"/> | UNSAT |
| Right                                        |                 |                            |                                                  |            |            |                                                          | Right                      |           |      |      |      |                         |      | 72b. VALSALVA            |     |                          |       |
| Left                                         |                 |                            |                                                  |            |            |                                                          | Left                       |           |      |      |      |                         |      | <input type="checkbox"/> | SAT | <input type="checkbox"/> | UNSAT |

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY (*Use additional sheets if necessary.*)

