

<b>REPORT OF MEDICAL EXAMINATION</b>	1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
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**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 INITIAL	4. HOME ADDRESS (Street, Apartment Number, City, State, ZIP code)	5. TELEPHONE NUMBER
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6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10.a. RACIAL CATEGORY (Check one or more) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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11. TOTAL YEARS GOV'T SERVICE a. MILITARY      b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE 2
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14.A. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
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15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> DIVE <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> NSW/SO <input type="checkbox"/> Retention <input type="checkbox"/> Academy/ROTC <input type="checkbox"/> MFF <input type="checkbox"/> Separation <input type="checkbox"/> SUB <input type="checkbox"/> NUC	16. NAME OF EXAMINING LOCATION AND ADDRESS <b>Building 1A-Powers hall 1057 Pocahontas St Norfolk, VA, 23511</b>
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	Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.)
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				

39. In detail:  
CRANIAL NERVES: II - XII Intact & Symmetric - YES OR NO  
STRENGTH: 5/5 B/L UE & LE THROUGHOUT - Yes OR No  
SENSATION: to LIGHT TOUCH B/L UE & LE - Yes OR No  
REFLEXES: 2+/4 Symm.Bi /Tri /Brach /Knee /Ankle - Yes or No  
CEREBELLAR: F-N, H-T, H-S, Rap.Alt, Rhom, Gait, Nml Y or N  
MENTAL STATUS: Mood/Affect/Attitude intact/Nml - Yes or No  
Note any deviations from normal below:

22. Valsalva intact B/L - Yes or No

37. Circumcised: yes or no; List of Scars, Tattoos, Body Marks w/ approx size by cm:

38. Suspicious skin lesions found- Yes or No

43. DENTAL DEFECTS AND DISEASE <input type="checkbox"/> Acceptable      Class <input type="checkbox"/> <input type="checkbox"/> Not Acceptable	(Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)	<input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Cavus <input type="checkbox"/> Pes Planus	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic
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LAST NAME, FIRST NAME, MIDDLE INITIAL										SOCIAL SECURITY NUMBER																					
LABORATORY FINDINGS <b>SEE BOX 73</b>																															
45. URINALYSIS					a. Albumin					46. URINE HCG					47. H/H					48. BLOOD TYPE											
					b. Sugar																										
TESTS					RESULTS					HIV SPECIMEN LABEL					DRUG TEST SPECIMEN ID LABEL																
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT				54. WEIGHT				55. MIN WGT - MAX WGT				MAX BF%				56. TEMPERATURE				57. PULSE											
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)								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/		Cor. to 20/		By		S.		CX		Right 20/		Cor. to 20/		by																	
Left 20/		Cor. to 20/		By		S.		CX		Left 20/		Cor. to 20/		by																	
64. HETEROPHORIA (Specify distance)																															
ES°				EX°				R.H.				L.H.				Prism div.				Prism div.				NPR				PD			
65. ACCOMMODATION				66. COLOR VISION (Test used and result)								67. DEPTH PERCEPTION (Test used and score) AFVT																			
Right		Left		PIP		<input type="checkbox"/> 14		or		FALANT		<input type="checkbox"/> 9		Uncorrected				Corrected													
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D. <input type="checkbox"/>		O.S. <input type="checkbox"/>													
71a. AUDIOMETER Unit Serial Number										71b. AUDIOMETER Unit Serial Number										72a. READING ALOUD											
Date Calibrated (YYYYMMDD)										Date Calibrated (YYYYMMDD)										TEST											
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		<input type="checkbox"/> UNSAT	
Right														Right														72b. VALSALVA		<input type="checkbox"/> UNSAT	
Left														Left														SAT		<input type="checkbox"/> UNSAT	
73. NOTES (Continued) AND SIGNIFICANT INTERVAL HISTORY (Use additional sheets if necessary.)																															
LABS					DATE					EKG																					
CBC					<input type="text"/>					Date:					<input type="text"/>																
WBC:					<input type="text"/>					Impression:					<input type="text"/>																
HGB:					<input type="text"/>					CXR					Date:					Exam #:											
HCT:					<input type="text"/>																										
PLT:					<input type="text"/>																										
LIPIDS					DATE					Location:					Impression:																
CHOL:					<input type="text"/>					Additional labs/x-rays/comments:					Blood Type:					Sickle Cell:											
HDL:					<input type="text"/>																										
LDL:					<input type="text"/>																										
TRIG:					<input type="text"/>																										
GLUC:					<input type="text"/>																										
HIV:					<input type="text"/>					G6PD:					2 Doses of Hep A documented: Yes or No																
HCV:					<input type="text"/>					All Immunizations up to date: Yes or No; initials of immunizations screener:					2 Doses of Hep B documented: Yes or No																
RPR:					<input type="text"/>																										
PPD:					<input type="text"/>																										
PSA:					<input type="text"/>																										
UA					<input type="text"/>																										
Spec Grav:					<input type="text"/>																										
pH:					<input type="text"/>																										
Gluc:					<input type="text"/>																										
Prot:					<input type="text"/>																										
Ket:					<input type="text"/>																										
Blood:					<input type="text"/>																										



