

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT						
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>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.</p> <p>ROUTINE USE(S): None.</p> <p>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.</p>						
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)		5. HOME TELEPHONE NUMBER (Include Area Code)	
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE 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 <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"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)						
			Nor- mal	Ab- 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						
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.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____			44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)			
			35. FEET (Continued) (Circle category)			
			Normal Arch	Mild	Asymptomatic	
			Pes Cavus	Moderate	Symptomatic	
			Pes Planus	Severe	Symptomatic	

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)												SOCIAL SECURITY NUMBER																								
LABORATORY FINDINGS																																				
45. URINALYSIS				a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE																				
				b. Sugar																																
TESTS				RESULTS				HIV SPECIMEN ID 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 lbs.			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/		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 (Specify distance)																																				
ES ^o			EX ^o			R.H.			L.H.			Prism div.			Prism Conv CT			NPR			PD															
65. ACCOMMODATION						66. COLOR VISION (Test used and result)						67. DEPTH PERCEPTION (Test used and score) AFVT																								
Right			Left			PIP			/14			Uncorrected			Corrected																					
68. FIELD OF VISION						69. NIGHT VISION (Test used and score)						70. INTRAOCULAR TENSION																								
												O.D.			O.S.																					
71a. AUDIOMETER			Unit Serial Number						71b. Unit Serial Number						72a. READING ALOUD TEST																					
Date Calibrated (YYYYMMDD)												SAT			UNSAT																					
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT			UNSAT					
Right														Right														72b. VALSALVA			SAT			UNSAT		
Left														Left														SAT			UNSAT					
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																																				

