

NROTC STUDENT HEALTH RECORD INDEX

NAME (Last, First, MI)		SOCIAL SECURITY NUMBER	
The below listed forms are enclosed in the NROTC Student Health Record			
LEFT SIDE – PART I		RIGHT SIDE – PART II	
<input type="checkbox"/>	Record of Preventative Medicine and Occupational Health	<input type="checkbox"/>	Annual Certificates of Physical Condition NSTC 1533/107, DD Form 2807-1, DD Form 2807-2, NAVMED 6120/3
<input type="checkbox"/>	Immunization Record SF601, CDC-731	<input type="checkbox"/>	Chronological Record of Medical Care SF 600
<input type="checkbox"/>	Record of Occupational Exposure to Ionizing Radiation NAVMED 6470/10		
<input type="checkbox"/>	Audiology		
<input type="checkbox"/>	Eye Exams		
LEFT SIDE – PART III		RIGHT SIDE – PART IV	
<input type="checkbox"/>	Report of Medical Examination DD Form 2351 or DD Form 2808	<input type="checkbox"/>	Electrocardiograph Record
<input type="checkbox"/>	Anthropometric Data Record NAVMED 6410/9 Statement of Wearing Contact Lenses NSTC 1533/103	<input type="checkbox"/>	X-rays reports
<input type="checkbox"/>	BUMED Waiver Letters/ Hospital Records/Consults	<input type="checkbox"/>	Laboratory Report
<input type="checkbox"/>	Privacy Act Statement-Health Care Records DD Form 2005 (signed)		
<input type="checkbox"/>	Record of Disclosure OPNAV 5211/9		
HEALTH RECORD MUST BE REVIEWED ANNUALLY			
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	