

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

<b>3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)</b>	<b>4. HOME ADDRESS</b> (Street, Apartment Number, City, State and ZIP Code)	<b>5. HOME TELEPHONE NUMBER</b> (Include Area Code)
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<b>6. GRADE</b>	<b>7. DATE OF BIRTH</b> (YYYYMMDD)	<b>8. AGE</b>	<b>9. SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>10.a. RACIAL CATEGORY</b> (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>b. ETHNIC CATEGORY</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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<b>11. TOTAL YEARS GOVERNMENT SERVICE</b> a. MILITARY      b. CIVILIAN	<b>12. AGENCY</b> (Non-Service Members Only)	<b>13. ORGANIZATION UNIT AND UIC/CODE</b>
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<b>14.a. RATING OR SPECIALTY</b> (Aviators Only)	<b>b. TOTAL FLYING TIME</b>	<b>c. LAST SIX MONTHS</b>
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<b>15.a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<b>b. COMPONENT</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<b>c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <b>Sapper</b> <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	<b>16. NAME OF EXAMINING LOCATION, AND ADDRESS</b> (Include ZIP Code)
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**CLINICAL EVALUATION** (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- nor- m	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				
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.)				35. FEET (Continued) (Circle category) Normal Arch                      Mild                      Asymptomatic Pes Cavus                          Moderate Pes Planus                          Severe                      Symptomatic

PREVIOUS EDITION IS OBSOLETE.

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

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

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

**Sickle Cell** 

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<b>74. a. EXAMINEE/APPLICANT (check one)</b> <input type="checkbox"/> IS QUALIFIED FOR SERVICE <b>Sapper</b> <input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE	<b>75. I have been advised of my disqualifying condition.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a. SIGNATURE OF EXAMINEE </td> <td style="width:30%;">b. DATE (YYYYMMDD)</td> </tr> </table>	a. SIGNATURE OF EXAMINEE	b. DATE (YYYYMMDD)
a. SIGNATURE OF EXAMINEE	b. DATE (YYYYMMDD)		

<b>b. PHYSICAL PROFILE</b>									
<b>P</b>	<b>U</b>	<b>L</b>	<b>H</b>	<b>E</b>	<b>S</b>	<b>X</b>	PROFILER INITIALS	DATE (YYYYMMDD)	

<b>76. SIGNIFICANT OR DISQUALIFYING DEFECTS</b>									
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DIS-QUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)

**77. SUMMARY OF DEFECTS AND DIAGNOSES** (List diagnoses with item numbers) (Use additional sheets if necessary.)

**78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED** (Specify) (Use additional sheets if necessary.)

<b>79. MEPS WORKLOAD (For MEPS use only)</b>							
WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE

<b>81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER</b>	b. SIGNATURE
<b>82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER</b>	b. SIGNATURE
<b>83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)</b>	b. SIGNATURE
<b>84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY</b>	b. SIGNATURE

<b>85. This examination has been administratively reviewed for completeness and accuracy.</b>		
a. SIGNATURE	b. GRADE	c. DATE (YYYYMMDD)

<b>86. WAIVER GRANTED</b> (If yes, date and by whom)	<b>87. NUMBER OF ATTACHED SHEETS</b>
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	