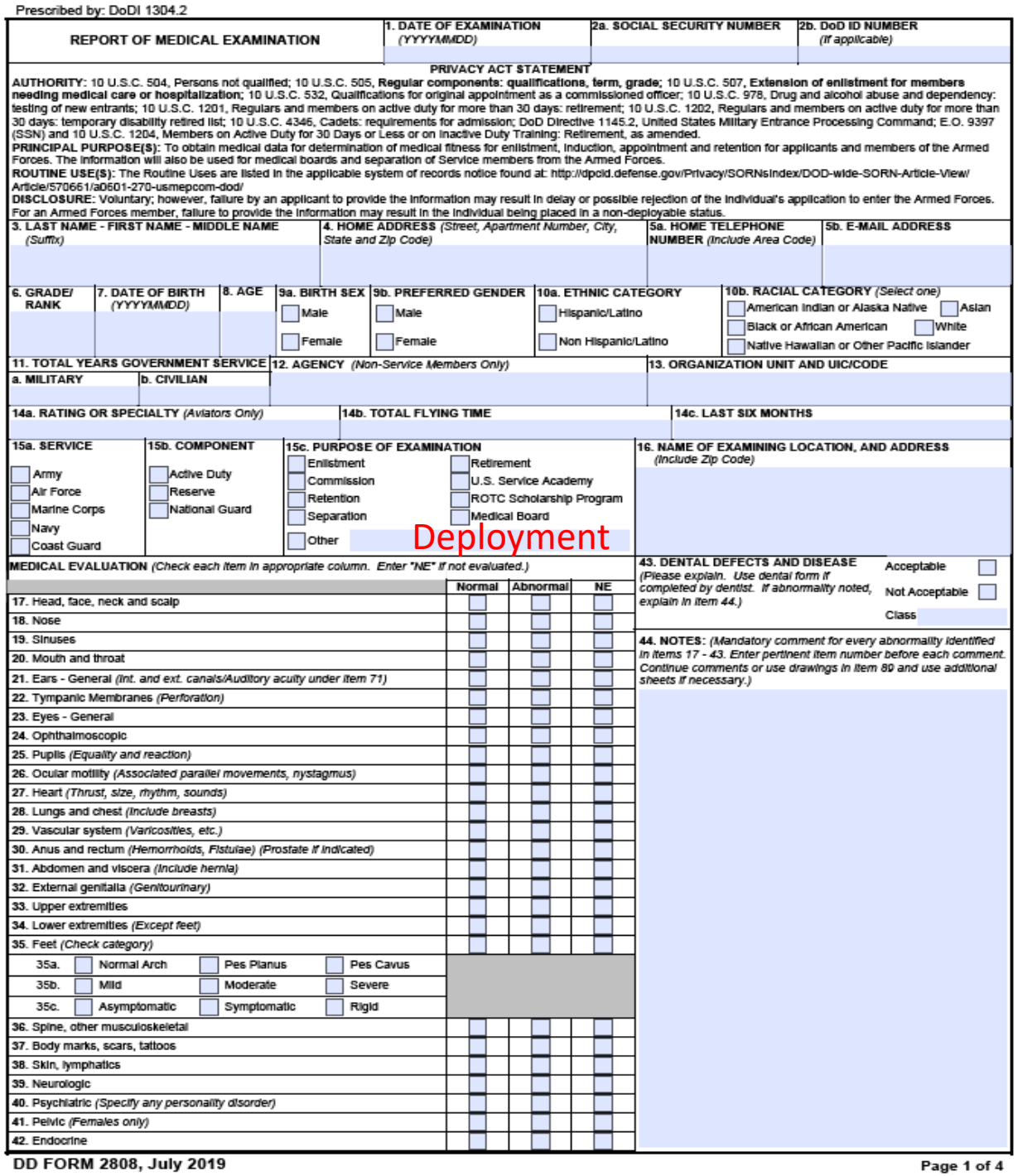
Please obtain a printed copy of this from once completed in order to submit to CAIN as a PDF.

Please insure that all sections are completed by the respective individual to the fullest extent possible.

Page 1 –

ALL DEMOGRAPHIC INFORMATION should be completed. In the medical evaluation section, questions in Boxes 17 through 42 should have one of the three responses checked. If abnormal block is checked, further explanation must be given.

If your clinic has uploaded this completed document and information into MEDPROS, HAIMS OR AHLTA, please note it across the top of this form. Ensure administrative data is complete and submit so our team knows to check those systems for the records. You should still ask for a copy of the completed form because systems crash.



Prescribed by: DoDI 1304.2

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2a. SOCIAL SECURITY NUMBER	2b. DoD ID NUMBER (If applicable)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507, **Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.
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): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/
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 (Suffix)	4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)	5a. HOME TELEPHONE NUMBER (Include Area Code)	5b. E-MAIL ADDRESS

6. GRADE/ RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX	9b. PREFERRED GENDER	10a. ETHNIC CATEGORY	10b. RACIAL CATEGORY (Select one)
			☐ Male ☐ Female	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Non Hispanic/Latino	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

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

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

15a. SERVICE	15b. COMPONENT	15c. PURPOSE OF EXAMINATION		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)
☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy ☐ Coast Guard	☐ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Commission ☐ Retention ☐ Separation ☐ Other	☐ Retirement ☐ U.S. Service Academy ☐ ROTC Scholarship Program ☐ Medical Board	

Deployment

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

	Normal	Abnormal	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. Tympanic Membranes (Perforation)	☐	☐	☐
23. Eyes - General	☐	☐	☐
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 (Check category)	☐	☐	☐
35a. ☐ Normal Arch ☐ Pes Planus ☐ Pes Cavus			
35b. ☐ Mild ☐ Moderate ☐ Severe			
35c. ☐ Asymptomatic ☐ Symptomatic ☐ Rigid			
36. Spine, other musculoskeletal	☐	☐	☐
37. Body marks, scars, tattoos	☐	☐	☐
38. Skin, lymphatics	☐	☐	☐
39. Neurologic	☐	☐	☐
40. Psychiatric (Specify any personality disorder)	☐	☐	☐
41. Pelvic (Females only)	☐	☐	☐
42. Endocrine	☐	☐	☐

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.) ☐ Acceptable ☐ Not Acceptable Class

44. NOTES: (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 80 and use additional sheets if necessary.)

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If labs were obtained, the provider can simply annotate “see enclosed lab results”. They do not have to fill out Laboratory findings or results on the DD Form 2808. This also applies for EKG, PAP SMEAR, and Chest X-ray, if needed for that particular deployer.

Box 50 and 51 do not need addressed unless the medical provider feels appropriate.

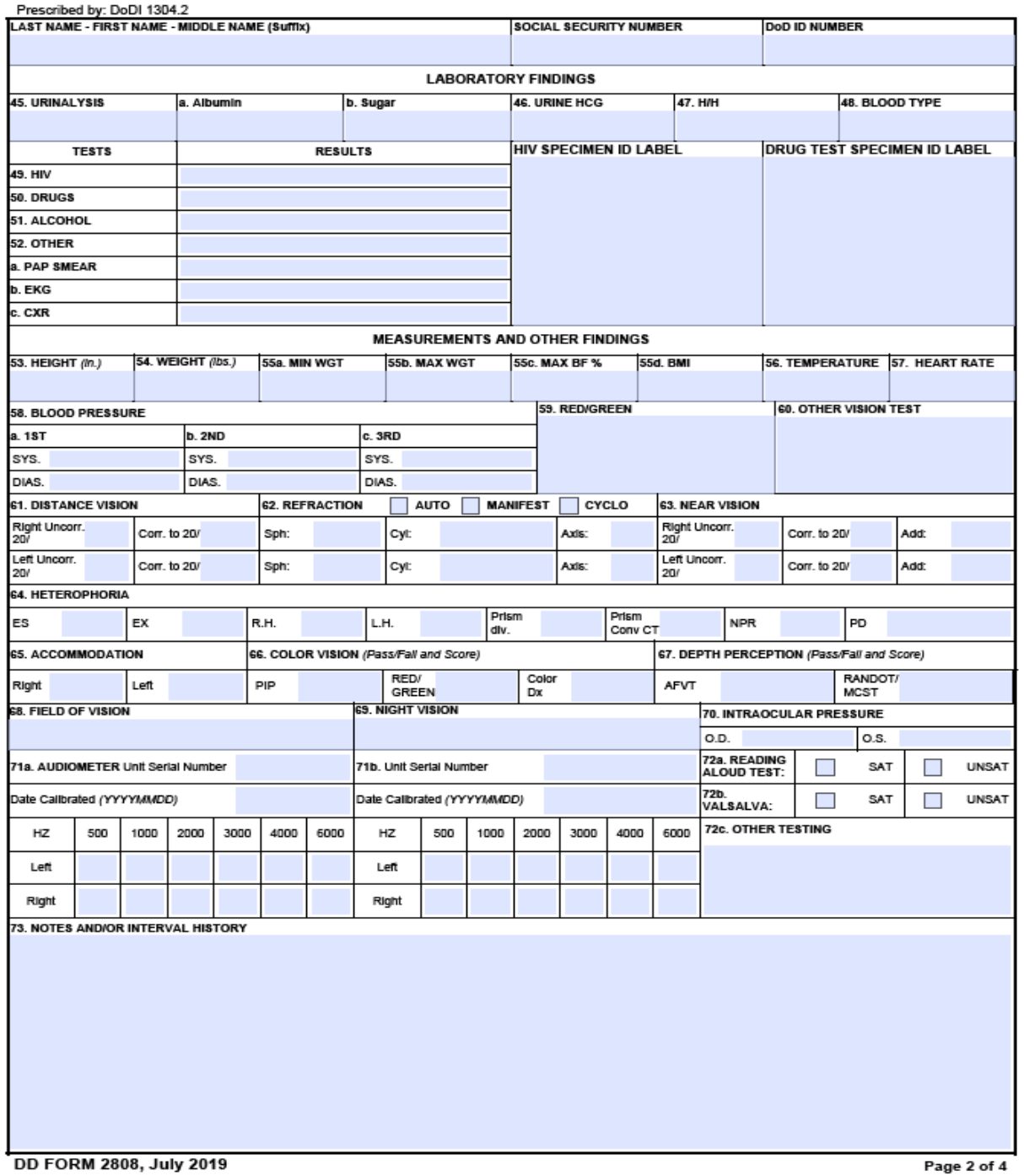
Boxes 53, 54, 55d, 56, 57 and 58 must be completed.

Boxes 59, 60, and 66: If position requires color vision validation or additional vision testing (otherwise not required)

Box 61: Distance Vision (Both Corrected and Uncorrected)
Box 63: Near Vision (Both Corrected and Uncorrected)
See DD Form 771 for further instructions regarding vision.

Box 70: Deployers with Glaucoma or suspected of Glaucoma need to have completed

Boxes 71a, 71b, 72a, 72b 72c: Complete Audiology Section utilizing DOEHRS on DD 2215 or DD 2216



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LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b. EKG			
c. CXR			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT *(in.)*	54. WEIGHT *(lbs.)*	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE

58. BLOOD PRESSURE			59. RED/GREEN	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANCE VISION		62. REFRACTION ☐ AUTO ☐ MANIFEST ☐ CYCLO			63. NEAR VISION		
Right Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Right Uncorr. 20/	Corr. to 20/	Add:
Left Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Left Uncorr. 20/	Corr. to 20/	Add:

64. HETEROPHORIA								
ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD	

65. ACCOMMODATION		66. COLOR VISION *(Pass/Fail and Score)*			67. DEPTH PERCEPTION *(Pass/Fail and Score)*	
Right	Left	PIP	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST

68. FIELD OF VISION	69. NIGHT VISION	70. INTRAOCULAR PRESSURE			
		O.D.	O.S.		
71a. AUDIOMETER Unit Serial Number	71b. Unit Serial Number	72a. READING ALOUD TEST:	☐ SAT	☐ UNSAT	
Date Calibrated *(YYYYMMDD)*	Date Calibrated *(YYYYMMDD)*	72b. VALSALVA:	☐ SAT	☐ UNSAT	

HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	72c. OTHER TESTING
Left							Left							
Right							Right							

73. NOTES AND/OR INTERVAL HISTORY

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Boxes 74, 75a and 75b need to be completed.

Box 76: Only applies if the deployer is still in the National Guard or Reserve.

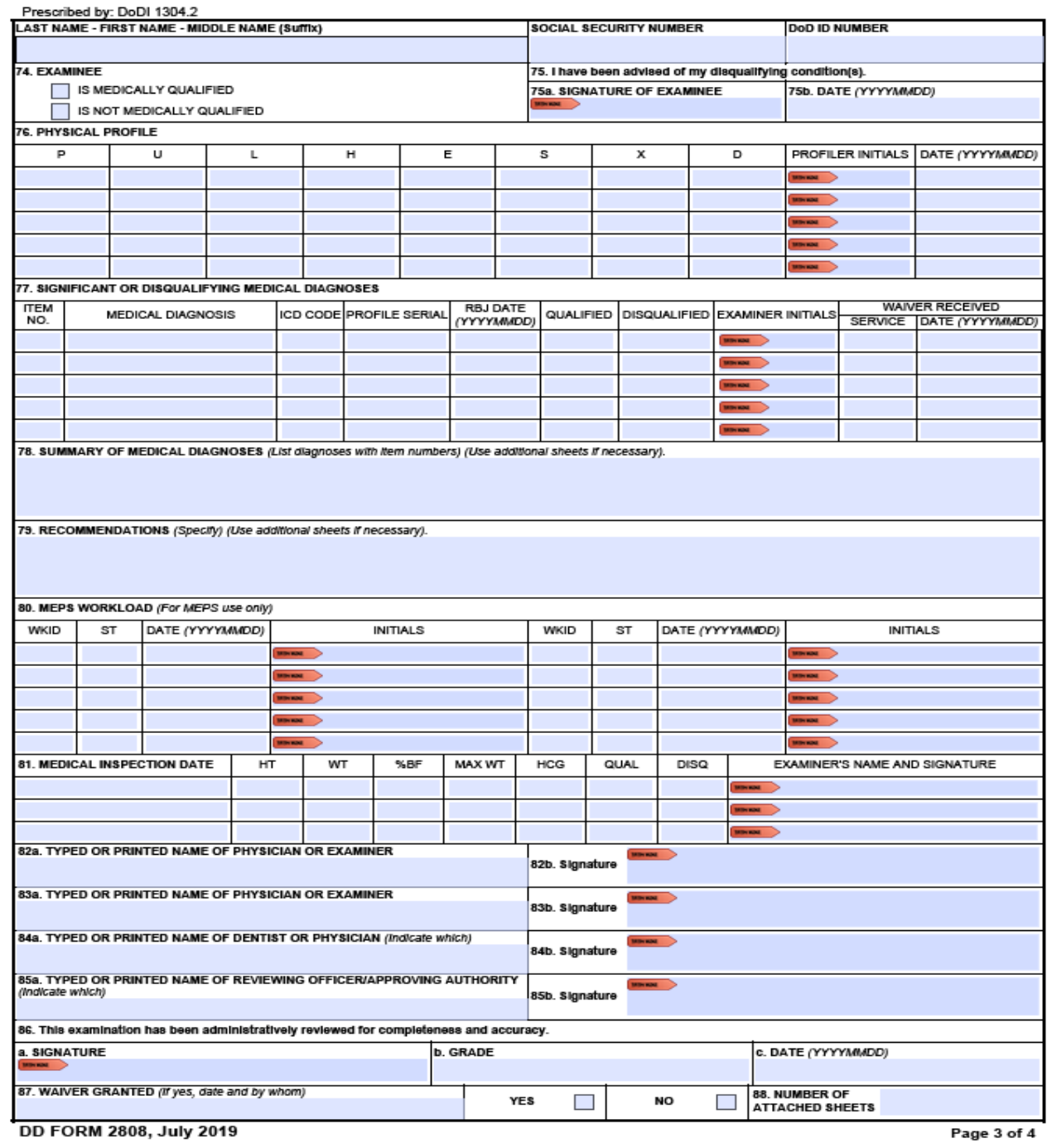
Boxes 77, 78, and 79 need completed.

Box 82a, 82b, 83a, 83b, 84a, 84b, 85a, and 85b need completed, if they apply for this deployer.

Box 86 needs completed.

Boxes 87 and 88 need completed, if they apply.

Page 4 – additional space for remarks as needed.



Prescribed by: DoDI 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

74. EXAMINEE	75. I have been advised of my disqualifying condition(s).	
☐ IS MEDICALLY QUALIFIED ☐ IS NOT MEDICALLY QUALIFIED	75a. SIGNATURE OF EXAMINEE	75b. DATE (YYYYMMDD)

76. PHYSICAL PROFILE

P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE (YYYYMMDD)

77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES

ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED SERVICE	WAIVER RECEIVED DATE (YYYYMMDD)

78. SUMMARY OF MEDICAL DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary).*

79. RECOMMENDATIONS *(Specify) (Use additional sheets if necessary).*

80. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE (YYYYMMDD)	INITIALS	WKID	ST	DATE (YYYYMMDD)	INITIALS

81. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE

82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	82b. Signature
83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	83b. Signature
84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	84b. Signature
85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY *(Indicate which)*	85b. Signature

86. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE (YYYYMMDD)

87. WAIVER GRANTED *(If yes, date and by whom)*	YES ☐	NO ☐	88. NUMBER OF ATTACHED SHEETS

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