

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix) Mandatory Field				SOCIAL SECURITY NUMBER Mandatory Field				DoD ID NUMBER Mandatory Field							
LABORATORY FINDINGS															
45. URINALYSIS		a. Albumin Mandatory Field		b. Sugar Mandatory Field		46. URINE HCG Mandatory Field (If Female)		47. H/H N/A		48. BLOOD TYPE N/A					
TESTS		RESULTS				HIV SPECIMEN ID LABEL			DRUG TEST SPECIMEN ID LABEL						
49. HIV		Mandatory Field (Date Drawn)				Mandatory Field Barcode #			N/A						
50. DRUGS		Mandatory Field													
51. ALCOHOL		Mandatory Field													
52. OTHER		N/A													
a. PAP SMEAR		N/A													
b. EKG		Mandatory Field (IF 39+)													
c. CXR		N/A													
MEASUREMENTS AND OTHER FINDINGS															
53. HEIGHT (in.) Mandatory Field		54. WEIGHT (lbs.) Mandatory Field		55a. MIN WGT		55b. MAX WGT		55c. MAX BF %		55d. BMI		56. TEMPERATURE	57. HEART RATE Mandatory Field		
58. BLOOD PRESSURE Mandatory Field					59. RED/GREEN Ishihara Test Mandatory Field			60. OTHER VISION TEST N/A							
a. 1ST		b. 2ND		c. 3RD											
SYS.		SYS.		SYS.											
DIAS.		DIAS.		DIAS.											
61. DISTANCE VISION Mandatory Field		62. REFRACTION ^{39 & older} <input type="checkbox"/> AUTO <input type="checkbox"/> MANIFEST <input type="checkbox"/> CYCLO					63. NEAR VISION Mandatory if distance is not 20/20								
Right Uncorr. 20/	Corr. to 20/	Sph: Right Eye		Cyl: Right Eye		Axis: Right Eye		Right Uncorr. 20/	Corr. to 20/	Add:					
Left Uncorr. 20/	Corr. to 20/	Sph: Left Eye		Cyl: Left Eye		Axis: Left Eye		Left Uncorr. 20/	Corr. to 20/	Add:					
64. HETEROPHORIA N/A															
ES		EX		R.H.		L.H.		Prism div.		Prism Conv CT		NPR	PD		
65. ACCOMMODATION			66. COLOR VISION (Pass/Fail and Score) Ishihara Test					67. DEPTH PERCEPTION (Pass/Fail and Score)							
Right	Left	PIP Mandatory Field		RED/GREEN Mandatory Field		Color Dx Mandatory Field		AFVT		RANDOT/MCST					
68. FIELD OF VISION N/A				69. NIGHT VISION N/A				70. INTRAOCULAR PRESSURE							
								O.D.		O.S.					
71a. AUDIOMETER Unit Serial Number Mandatory Field				71b. Unit Serial Number				72a. READING ALOUD TEST:		<input type="checkbox"/> SAT	<input type="checkbox"/> UNSAT				
Date Calibrated (YYYYMMDD) Mandatory Field				Date Calibrated (YYYYMMDD)				72b. VALSALVA:		<input type="checkbox"/> SAT	<input type="checkbox"/> UNSAT				
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	72c. OTHER TESTING N/A	
Left	Mandatory Field						Left	x	x	x	x	x	x		
Right	Mandatory Field						Right	x	x	x	x	x	x		
73. NOTES AND/OR INTERVAL HISTORY															

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74. EXAMINEE <input type="checkbox"/> IS MEDICALLY QUALIFIED <input type="checkbox"/> IS NOT MEDICALLY QUALIFIED Mandatory Field				75. I have been advised of my disqualifying condition(s).				75a. SIGNATURE OF EXAMINEE	
								75b. DATE (YYYYMMDD)	
76. PHYSICAL PROFILE Mandatory Field									
P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE (YYYYMMDD)
									Mandatory Field
77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES									
ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)
78. SUMMARY OF MEDICAL DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary). N/A									
79. RECOMMENDATIONS (Specify) (Use additional sheets if necessary). N/A									
80. MEPS WORKLOAD (For MEPS use only) N/A									
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 Mandatory Fields					82b. Signature Mandatory Fields				
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 <input type="checkbox"/>		NO <input type="checkbox"/>		88. NUMBER OF ATTACHED SHEETS	

89. ADDITIONAL REMARKS

Remarks if it applies to the provider or N/A