

# Airborne

<b>REPORT OF MEDICAL EXAMINATION</b>			<b>1. DATE OF EXAMINATION</b> (YYYYMMDD) Mandatory Field		<b>2a. SOCIAL SECURITY NUMBER</b> Mandatory Field		<b>2b. DoD ID NUMBER</b> (If applicable) Mandatory Field																																																																																																																			
<b>PRIVACY ACT STATEMENT</b>																																																																																																																										
<b>AUTHORITY:</b> 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, <b>Regular components: qualifications, term, grade;</b> 10 U.S.C. 507, <b>Extension of enlistment for members needing medical care or hospitalization;</b> 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.																																																																																																																										
<b>PRINCIPAL PURPOSE(S):</b> 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.																																																																																																																										
<b>ROUTINE USE(S):</b> The Routine Uses are listed in the applicable system of records notice found at: <a href="http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/">http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</a>																																																																																																																										
<b>DISCLOSURE:</b> 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</b> (Suffix) Mandatory Field			<b>4. HOME ADDRESS</b> (Street, Apartment Number, City, State and Zip Code) Mandatory Field			<b>5a. HOME TELEPHONE NUMBER</b> (Include Area Code) Mandatory Field		<b>5b. E-MAIL ADDRESS</b> Mandatory Field																																																																																																																		
<b>6. GRADE/RANK</b> Mandatory Field	<b>7. DATE OF BIRTH</b> (YYYYMMDD) Mandatory Field	<b>8. AGE</b> Mandatory Field	<b>9a. BIRTH SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>9b. PREFERRED GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>10a. ETHNIC CATEGORY</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		<b>10b. RACIAL CATEGORY</b> (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White																																																																																																																			
<b>11. TOTAL YEARS GOVERNMENT SERVICE</b> a. MILITARY b. CIVILIAN N/A		<b>12. AGENCY</b> (Non-Service Members Only) N/A			<b>13. ORGANIZATION UNIT AND UIC/CODE</b> N/A																																																																																																																					
<b>14a. RATING OR SPECIALTY</b> (Aviators Only) N/A			<b>14b. TOTAL FLYING TIME</b> N/A			<b>14c. LAST SIX MONTHS</b> N/A																																																																																																																				
<b>15a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		<b>15b. COMPONENT</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		<b>15c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Other <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Medical Board Mandatory Field			<b>16. NAME OF EXAMINING LOCATION, AND ADDRESS</b> (Include Zip Code) Mandatory Field																																																																																																																			
<b>MEDICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.) Mandatory Field					<b>43. DENTAL DEFECTS AND DISEASE</b> Acceptable <input type="checkbox"/> (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.) Not Acceptable <input type="checkbox"/> Mandatory Field Class _____																																																																																																																					
					<b>44. NOTES:</b> (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)																																																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="background-color: #cccccc;">Normal</th> <th style="background-color: #cccccc;">Abnormal</th> <th style="background-color: #cccccc;">NE</th> </tr> </thead> <tbody> <tr><td>17. Head, face, neck and scalp</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>18. Nose</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>19. Sinuses</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>20. Mouth and throat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>21. 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<b>LABORATORY FINDINGS</b>																		
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 HIV Barcode			DRUG TEST SPECIMEN ID LABEL N/A									
49. HIV		Date HIV Drawn																
50. DRUGS		N/A																
51. ALCOHOL		N/A																
52. OTHER		(IF 39 +) CVSP, PSA (MALE)																
a. PAP SMEAR		N/A																
b. EKG		Mandatory Field (IF 39+)																
c. CXR		N/A																
<b>MEASUREMENTS AND OTHER FINDINGS</b>																		
53. HEIGHT (in.) Mandatory Field		54. WEIGHT (lbs.) Mandatory Field		55a. MIN WGT N/A		55b. MAX WGT N/A		55c. MAX BF % N/A		55d. BMI N/A		56. TEMPERATURE N/A	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. Mandatory Field		SYS.		SYS.														
DIAS. Mandatory Field		DIAS.		DIAS.														
61. DISTANCE VISION Mandatory Field			62. REFRACTION			<input type="checkbox"/> AUTO <input type="checkbox"/> MANIFEST <input type="checkbox"/> CYCLO			63. NEAR VISION									
Right Uncorr. 20/		Corr. to 20/		Sph:		Cyl:		Axis: N/A		Right Uncorr. 20/	Corr. to 20/	Add:						
Left Uncorr. 20/		Corr. to 20/		Sph:		Cyl:		Axis: N/A		Left Uncorr. 20/	Corr. to 20/	Add:						
<b>64. HETEROPHORIA</b>																		
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						69. NIGHT VISION						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. MANDATORY FIELD 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		
Left		Mandatory Field						Left		x	x	x	x	x	x			
Right		Mandatory Field						Right		x	x	x	x	x	x			
<b>73. NOTES AND/OR INTERVAL HISTORY</b>																		
N/A																		



89. ADDITIONAL REMARKS

Remarks if it applies to the provider or N/A