

<b>REPORT OF MEDICAL EXAMINATION</b>				<b>1. DATE OF EXAMINATION</b> (YYYYMMDD)		<b>2a. SOCIAL SECURITY NUMBER</b>		<b>2b. DoD ID NUMBER</b> (if applicable)			
<b>PRIVACY ACT STATEMENT</b>											
<p><b>AUTHORITY:</b> 10 U.S.C. 1044, Persons not qualified; 10 U.S.C. 1050, Regular components; <b>qualifications:</b> <i>qualifications, term, grade;</i> 10 U.S.C. 1057, Extension of enlistment for members needing medical care or hospitalization; 10 U.S.C. 1532, Qualifications for original appointment as a commissioned officer; 50 U.S.C. 979, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 12031, Regulars and members on active duty for more than 30 days; retirement; 10 U.S.C. 12032, Regulars and members on active duty for more than 30 days; temporary disability retired list; 10 U.S.C. 4348, 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 on an Inactive Duty Training; Retirement, as amended.</p> <p><b>PRIVACY NOTICE:</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. This information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p><b>ROUTINE USES:</b> This Routine Uses are used in the appropriate system of records noted as: map request reference (gsm/Privacy/Office/med/DoD-wide-SC/Prv-Armed-Force/Armed/USF0001/a0001-270-caregroom-DoD)</p> <p><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-desirable status.</p>											
<b>3. LAST NAME - FIRST NAME - MIDDLE NAME</b> (Suffix)				<b>4. HOME ADDRESS</b> (Street, Apartment Number, City, State and Zip Code)			<b>5a. HOME TELEPHONE NUMBER</b> (Include Area Code)		<b>5b. E-MAIL ADDRESS</b>		
<b>6. GRADE/ RANK</b>		<b>7. DATE OF BIRTH</b> (YYYYMMDD)		<b>8. AGE</b>		<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				<b>12. AGENCY</b> (Non-Service Members Only)				<b>13. ORGANIZATION UNIT AND UIC CODE</b>			
<b>14a. RATING OR SPECIALTY</b> (Members Only)				<b>14b. TOTAL FLYING TIME</b>				<b>14c. LAST SIX MONTHS</b>			
<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				<b>16. NAME OF EXAMINING LOCATION AND ADDRESS</b> (Include Zip Code)			
<b>MEDICAL EVALUATION</b> (Check each item in appropriate column. Enter "NFI" if not evaluated.)										<b>43. DENTAL DEFECTS AND DISEASE</b> (Please explain. Use dental form if completed by dentist. If abnormally noted, explain in Item 44.)	
										Acceptable <input type="checkbox"/>	
										Not Acceptable <input type="checkbox"/>	
										Class	
										<b>44. NOTES:</b> (Mandatory comment for every abnormally identified in items 17 - 42. Enter parenthesis item number before each comment. Continue comments on use drawings in Item 80 and use additional sheets if necessary.)	
<b>17. Head, face, neck and scalp</b>				<b>Normal</b>		<b>Abnormal</b>		<b>NE</b>			
<b>18. Nose</b>											
<b>19. Sinuses</b>											
<b>20. Mouth and throat</b>											
<b>21. Ears - General (int. and ext. exams/Auditory acuity under item 22)</b>											
<b>22. Tympanic Membranes (Pneumotony)</b>											
<b>23. Ears - General</b>											
<b>24. Ophthalmoscopic</b>											
<b>25. Pupils (Equality and reaction)</b>											
<b>26. Ocular motility (Associated parallel movements, nystagmus)</b>											
<b>27. Heart (Thrust, rate, rhythm, murmur)</b>											
<b>28. Lungs and chest (Include breaths)</b>											
<b>29. Vascular system (Vasculature, etc.)</b>											
<b>30. Anus and rectum (Hemorrhoids, Piles) (Prostate if indicated)</b>											
<b>31. Abdomen and viscera (Include hernia)</b>											
<b>32. External genitalia (Gonorrhea)</b>											
<b>33. Upper extremities</b>											
<b>34. Lower extremities (Winged foot)</b>											
<b>35. Feet (Check category)</b>											
<b>35a. <input type="checkbox"/> Normal Arch      <input type="checkbox"/> Pes Planus      <input type="checkbox"/> Pes Cavus</b>											
<b>35b. <input type="checkbox"/> Mild      <input type="checkbox"/> Moderate      <input type="checkbox"/> Severe</b>											
<b>35c. <input type="checkbox"/> Asymptomatic      <input type="checkbox"/> Symptomatic      <input type="checkbox"/> Rigid</b>											
<b>36. Spine, other musculoskeletal</b>											
<b>37. Body marks, scars, tattoos</b>											
<b>38. Skin, lymphatics</b>											
<b>39. Neurologic</b>											
<b>40. Psychiatric (Specify any personality disorder)</b>											
<b>41. Pelvic (Females only)</b>											
<b>42. Endocrine</b>											

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