

# SERE PHYSICAL EXAM CHECKLIST as of 11AUG2023

AR 40-501, AR 40-502, DA PAM 40-502, and DoDI 6130.03

NAME \_\_\_\_\_ DOD# \_\_\_\_\_ CLASS \_\_\_\_\_

Block #	DD Form 2808 pages 1-4, Report of Medical Examination
1	_____ Date of Examination MUST be filled in
2 - 15b	_____ Examinee information / General Information, all legible and current
15c	_____ Purpose of exam (Other: SERE)
16	_____ Name of examining location - Hospital / Clinic / TMC / Best phone number to reach examiner
17 - 42	_____ Clinical Evaluation (Any Abnormalities must be explained in Block 44)
43	_____ Dental (Must be Class 1 or 2); ONLY Dentist can assign DRC and complete blocks 84 a and b
44	_____ Any physical exam abnormalities. Must also document complete SERE neuro exam (see notes below)
45	_____ Urinalysis (Record urine specific gravity here)
45a	_____ Albumin (Negative only). If trace proteinuria, must obtain random urine sample demonstrating protein-to-creatinine ratio no greater than 0.2
45b	_____ Sugar (Negative only)
46	_____ HCG (Females only, Negative only and within 30 days of class start date)
47	_____ HGB and HCT
48	_____ Blood Type (INITIAL EXAM ONLY; do not repeat)
49	_____ HIV (result and date)
52a	_____ PAP SMEAR (result and date (females only))
52b	_____ EKG (result and date) Must also include EKG hard copy signed by provider.
52c	_____ CXR (result and date)
53-54, 56-58a	_____ Height / Weight; Temperature; Heart Rate; Blood pressure (MAX 139/89: If high, will need a 5-day Blood pressure check or 24 hour monitor)
59	_____ Vivid Red / Green
61 and 63	_____ Distant and Near Vision NOTE: Block 62 (Refraction) if vision not correctable to 20/20 in each eye. PRK worksheet (required if history of eye surgery)
66, 68, 69, 70	_____ Color Vision/Visual Fields/Night vision/Intraocular pressures
71a	_____ Hearing: Pure tone at 500, 1000, and 2000 cycles per second for each ear must be < or = 25 decibels (dB) on the average with any individual level < or = 30 dB at those frequencies; Pure tone level must be < or = 35 dB at 3000 cycles per second or 45 dB at 4000 cycles per second for each ear.
72b	_____ Valsalva (Should be SAT)
73	_____ Must include: G6PD, Sickle Cell Screen, WBC, PLT, PPD or equivalent test, complete cholesterol results. 40 y/o and older: Occult Blood. Male 50 y/o and older: PSA. Must include required statements (see DD 2808, Block 73 note below)
74a	_____ MEDICALLY QUALIFIED/NOT QUALIFIED: If not qualified, applicant must complete 75a and b
76	_____ PULHES Category (No temporary profiles), Initials, and Date
78 and 79	_____ Summary of defects and recommendations
82 a and b	_____ Name and signature of examining provider (MUST BE STAMPED OR LEGIBLE)
83 a and b	_____ Name and signature of approving physician (MUST BE STAMPED OR LEGIBLE)
84 a and b	_____ Name and signature of examining dentist (MUST BE STAMPED OR LEGIBLE)

- All laboratory studies must be completed within three months (90 Days) of the physical examination
- Any applicant with a medication allergy (regardless of severity) or G6PD deficiency must have medical warning tag (Red Tag).
- Any applicant who requires an EpiPen must have medical warning tag (Red Tag)
- Packets must include IMR Record demonstrating green / deployable status.
- Ensure that a hard copy EKG with provider signature is included in packet.
- Physical examinations are valid for two (2) years from the date of physical examination
- SSN or DOD# and Name of examinee must be at the top of each page of DD 2807 and DD 2808
- DD 2808, Block 44: Documentation of a neurological examination to include mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes (please list these items in Block 44 of DD 2808 and annotate as WNL or Abnormal)
- DD 2808, Block 73: The following statements are required and must be signed by the applicant:
  1. I am informing the examining health care provider of any changes in my health since my last physical examination.
  2. I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death.
  3. I have no fear of heights, depths, dark, or confined spaces.
- Female applicants:
  - Pregnancy test will be within 30 days of course attendance

**Block #    DD Form 2807-1 pages 1-3, Report of Medical History**

<b>1 - 6b</b>	_____	Examinee information, legible and current.
<b>6c</b>	_____	Purpose of exam: OTHER (Write SERE on line).
<b>7a - b</b>	_____	Position and Usual Occupation.
<b>8</b>	_____	Current Medications (List medications or write NONE). N/A is not acceptable.
<b>9</b>	_____	Current Allergies (List allergies or write NKA or NKDA). N/A is not acceptable.
<b>10 - 28</b>	_____	Completely filled out, All Yes answers must be explained in Item 29.
<b>29</b>	_____	All Yes answers will be fully explained by examinee. (Full explanation includes date(s) of problem, name of doctor(s) and hospital(s), treatment given, and current medical status).
<b>30a</b>	_____	All Yes answers by the examinee will be commented on by examiner. Any additional history deemed important will be recorded here.
<b>30b - d</b>	_____	Examiner's name, signature, and date.