REPORT OF MEDICAL EXAMINATION									1. DATE OF EXAMINATION     2. SOCIAL SECURITY NU       (YYYYMMDD)						TY NUMBER		
										VIIVIL	Ţ.						
						PRI	ACT	STA	TEN	<b>IENT</b>							
PRINCIPAL applicants a the Armed F ROUTINE US DISCLOSUR	nd members <sup>E</sup> orces. <b>SE(S):</b> None. <b>E:</b> Voluntary	: To ob of the , ; howe	otain medical Armed Force ver, failure b	data s. The y an a	for dete inform applican	ermind ation t to p	ation will a rovide	of m Iso b e the	edica e use infori	l fiti d fo mati	ness for enlist r medical boar fon may result	rds and sept in delay or	possible reje	ervice m	f the individual's		
in a non-dep	DDLE NAME			ember, failure to provide the information may result in t R <b>ESS</b> (Street, Apartment Number, City, State and ZIP Code)								5. HOME TELEPHONE NUMBER					
														(Inc	lude Area Code)		
6. GRADE	7. DATE OF		8. AGE 9	SEX Fer	nale 1	Am	<mark>ACIAL</mark> erican ska Na	Indian		-	one or more) Black or African American		Hawaiian or Pacific Islander	b. ETHNIC CATEGORY Hispanic/Latino			
				Ма	le	Asi	an				White			Not Latii	Not Hispanic/ Latino		
11. TOTAL Y	EARS GOVERN	IMENT	12. AGENCY	(Non-	Service I	Memb	ers Or	ily)	_			13. ORGAI	NIZATION UNI	TAND	JIC/CODE		
a. MILITAR	y b. Civii	LIAN															
14.a. RATINO	G OR SPECIAL	<b>TY</b> (Avia	tors Only)	b	TOTAL F		TIME	-				C LAST S	SIX MONTHS				
14.0.101110		. ().(),(		<i></i>	IOTALI	211110	, ,,,,,,	-									
15.a. SERVIC		b. CO	MPONENT	<b>c</b> . <b>I</b>	PURPOS	E OF E	ХАМІ	NATIO	ON			16. NAME OF EXAMINING LOCATION, AND ADDRES					
Army	Coast Guard		Active Duty		Enlistm	ent		Med	ical Bo	bard	X Other	(Include	zIP Code)				
Navy	ssion		Retir	remen	t	Sapper	-										
Marine (	on					cademy											
	Air Force National Guard Separation										ship Program						
CLINICAL E	CLINICAL EVALUATION (Check each item in appropriate column. En										-	iha ayary ahr	ormality in de	stail Ent	er pertinent item		
		mal	Ab- nor m	NE	44.		,	,		3 and use additional							
<b>17.</b> Head, fac <b>18.</b> Nose						sheets if neces	sary.)										
<b>19.</b> Sinuses																	
20. Mouth an	nd throat																
<b>21.</b> Ears - Gei	neral (Int. and o	ext. can	als/Auditory a	cuity u	nder iten	n 71)											
22. Drums (P	erforation)																
	<b>23.</b> Eyes - General (Visual acuity and refraction under items 61 - 63)																
24. Ophthaln																	
	<ul> <li>25. Pupils (Equality and reaction)</li> <li>26. Ocular motility (Associated parallel movements, nystagmus)</li> </ul>																
	rust, size, rhyt			-,,	- <b>y</b> ,												
28. Lungs an																	
29. Vascular																	
30. Anus and	·d)																
31. Abdomen 32. External o																	
33. Upper ext		-															
34. Lower ex																	
<mark>35.</mark> Feet (See																	
<b>36.</b> Spine, oth																	
37. Identifyin																	
38. Skin, lym 39. Neurologi		-															
40. Psychiatr		-															
41. Pelvic (Fe																	
42. Endocrine										35.	FEET (Continue	d) (Circle cat	egory)				
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form by dentist. If dental examinati											Normal Arch		Mild		Asymptomatic		
Accepta	ble		dental offic						'		Pes Cavus		Moderat	te	Symptomatic		
DD FORM	eptable Class	<del>CT 20</del>	)05		DoD exc	ention	to SE S		roved I		Pes Planus MR August 2,00	זה	Severe		Page 1 of 3 Pages		

LABORATORY FINDINGS       a. Albumin       46. URNE HCG       47. H/H       48. BLOOD TYPE         15. WINL/SIS       b. Sugar       1       0		FIRST NAME - M	IDDLE I	NAME (SL	IFFIX)							SOCIAL	SECURI	TY NU	MBER			
45. URINALYSIS         a. Albumin         46. URINE HCG         47. H/H         48. BLOOD TYPE           TESTS         RESULTS         HIV SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           49. HIV         So. DRUGS         State         State         DRUG TEST SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           49. HIV         So. DRUGS         State         State         DRUG TEST SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           40. State         State         State         State         DRUG TEST SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           50. REUGS         State         State         State         DRUG TEST SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           51. HEIGHT         54. WEIGHT         State         MEASUREMENTS AND OTHER FINDINGS         State	LABORATOR	Y FINDINGS																
TESTS         RESULTS         HIV SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           49. HIV         50. DRUGS			a. Al	a. Albumin			46. URINE		47. H	/H		48. B	LOOD	TYPE				
TESTS         RESULTS         HIV SPECIMEN ID LABEL         DRUG TEST SPECIMEN ID LABEL           49. HIV         50. DRUGS																		
49. HIV	TESTS		_	-					HIV SPE	CIMEN II	LABEL		DRUG	TEST	SPEC	IMEN I	D LABEL	
50. DRUGS	49. HIV																	
St. ALCOHOL																		
S2_OTHER																		
a.PAP SMEAR									-									
MEASUREMENTS AND OTHER FINDINGS           S3. HEIGHT         54. WEIGHT Ibs.         S5. MIN WGT - MAX WGT         MAX BF %         S6. TEMPERATURE         57. PULSE           58. BLOOD PRESSURE         59. RED/GREEN(Army Only)         60. OTHER VISION TEST           a. 1ST         b. 2ND         c. 3RD           SYS.         SYS. <th colspan<="" td=""><td></td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2							-								
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F

LAS	T NAME - F	FIRST NAME -	MIDDLE	NAME (S	UFFIX)					SOCIAL SECURITY NUMBER							
74.6	. EXAMINE	E/APPLICAN	<b>T</b> (check	one)			75. I have be	en advi	sed of n	ny disqualifying condition.							
		FIED FOR SER			S	apper	a. SIGNATUR										
	IS NOT Q	UALIFIED FOR	R SERVIC	E E								7					
b. P	HYSICAL P						E							1			
P U L						H			S		X	PROFILER	INITIALS	DATE (Y	YYYMMDD)		
76.	SIGNIFICAN	NT OR DISQU/	ALIFYING	DEFECT	S								_				
ITEM MEDICAL CONDITION/DIAGNOSIS						ICD PROFILE			RBJ DATE	QUALI- FIED		EXAMINER			VAIVER RECEIVED		
NO.	NO. WEDICAL CONDITION/DIAGNOSIS					CODE	SEI	RIAL	(YYYYMMDD)	YYMMDD) FIED FIED		INITIALS SERV		CE DATE (YYYYMMDD)			
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77.	SUMMARY	OF DEFECTS	SAND DIA	AGNOSES	List dia	gnoses with	item nur	nbers)	(Use additional	sheets ij	necessa	ry.)					
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78.	RECOMME	NDATIONS -	FURTHEF	R SPECIAL	IST EXA	MINATIONS	INDICAT	<mark>ED</mark> (Sp	oecify) (Use add	itional sh	eets if n	ecessary.)					
=																	
79	MEPS WOR	RKLOAD (For I	MEPS USA	e only)													
73.	WKID		ST	c only	DATE	(YYYYMMDD		TIAL	WKID			S T	DATE	YYYYMMDD) INITIAL			
										WKID				(			
80.	MEDICAL I	IEDICAL INSPECTION DATE HT WT %BF MAXWT HCG QUAL DISQ PHYSICIAN'S SIGNATUR									SIGNATUR	:					
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82.a	. I TPED OF	R PRINTED NA	AME OF P	HISICIAI	N OR EXA	AMINER	D. SIGNA	b. SIGNATURE									
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84.a	. TYPED OF	R PRINTED NA	ME OF F	REVIEWIN	G OFFICE	ER/APPROV		HORIT	Y b. SIGNA	TURE							
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85.	This exar	nination has	been a	dministra	ativelv re	eviewed fo	r compl	etenes	ss and accura	cy.							
-	SIGNATUR				b. GRADE c. DATE (YYYYMMDD)												
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86.	WAIVER G	RANTED (If ye	es, date a	ind by wh	om)				1			<u>I</u>		87. NUMBE	R OF		
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DD FORM 2808, OCT 2005