											1. D	ATE (OF E	XAMINATION		2. SOCIA	2. SOCIAL SECURITY NUMBER							
REPORT OF MEDICAL EXAMINATION											(YYYY	'MM	DD)										
	PRIVACY ACT STATE																							
AUT	AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and I													.0. 9397.										
													on of medical fitness for enlistment, induction, appointment and retention for will also be used for medical boards and separation of Service members from											
	applicants and members of the Armed Forces. The information will also be use the Armed Forces.													for medical b	oards a	nd separation	oi Serv	ice members from						
	ROUTINE USE(S): None.																							
								•		•				•		lay or possible	•							
					r the Arme le status.	d Fo	rces.	For a	an Arn	ned F	orce	s mei	mbe	r, failure to pr	ovide th	ne information	may re	sult in the individual						
Delli	y placed	ııııa	i non-de	pioyab	ne status.																			
3. LAST NAME - FIRST NAME - MIDDLE NAME 4. HOME ADD												et, Ap	artm	ent Number, Ci	and ZIP Code)	5. HOME TELEPHONE NUMBER								
(SUFFIX)																		nclude Area Code)						
6	GRADE	7 .	DATE OF	DIDTU	8. AGE	_	OFY	Τ.	0 D	A 01 A 1	047	F000	W ()					FUND OATFOORY						
О.	GRADE		(YYYYM)		8. AGE	9.	SEX 7	_	Am	erican	Indian		(Y /X	one or more) Black or African		ative Hawaiian or		Spanic/Latino Decline						
			,	,			Femal Male	е	Ala Asi	ska Na	tive	-	American White			ther Pacific Islander ecline to Respond	Not Hispanic/							
11.	TOTAL Y	EARS	GOVERN	IMENT	12. AGEN	CY (1	rvice			nlvl			vviiite	.	•	ZATION UNIT AND UIC/CODE							
	SERVICE		b. CIVI	LIAN	12.7102.1	. ,				0.0 0.	,,						III AND GIG/GGDE							
а. і	MILITARY	1	b. Civi	LIAN																				
14.a	. RATING	OR	SPECIAL1	Y (Avi	ators Only)		b. TO	TAL F	FLYING	TIMI	E				c. LA	S								
15.a	. SERVIC	Ε		b. CO	MPONENT		c. Pl	JRPOS	SE OF	EXAN	IINAT	ION					NG LOC	ATION, AND ADDRESS						
	Army	my Coast Active Duty				E	nlistm	nent		Med	ical B	oard	Other	(Include ZIP Code)										
	Navy	Reserve				ssion		Reti	emen	it														
	Marine Corps Reserve Retention						ion		U.S.	Servi	ice A	cademy												
Air Force National Guard Separation									tion		ROT	C Sch	nolar	ship Program										
CLI	VICAL E	VAL	JATION	(Chec	k each item	in ap	proprie	ate co	lumn.		NE'		_	luated.)										
										Nor- mal	norm	NE	44.					Enter pertinent item m 73 and use additional						
		e, ne	ck, and s	calp										sheets if neces		mmem. Comm	ie III itei	III 73 anu use auditional						
18. Nose 19. Sinuses															,									
	Mouth an	d thre	nat																					
				ext. ca	nals/Auditor	v acı	uitv und	der ite	em 71)															
	Drums <i>(P</i>		-		<u> </u>	<u>, </u>																		
23.	Eyes - Ge	neral	(Visual a	cuity a	nd refraction	n una	ler item	s 61	- 63)															
24.	Ophthalm	oscop	pic																					
25.	Pupils <i>(Eg</i>	quality	and read	ction)																				
26.	Ocular mo	otility	(Associa	ted par	allel movem	ents,	nysta	gmus)	1															
			size, rhyt		•																			
			st (Includ																					
			m (Varico			D 4	-4- 16 1	1: 4	·//															
			viscera (//		s, Fistulae) (i	riosi	ale II II	nuicai	eu)															
			lia <i>(Genit</i>																					
	Upper ext			oumui	y /																			
			ties (Exce	pt feet)																			
35.	Feet (See	Item	35 Conti	nued)																				
36.	Spine, otl	her m	usculoske	eletal									1											
37.	dentifyin	g bod	ly marks,	scars,	tattoos																			
38.	Skin, lym	phatio	cs																					
39. Neurologic																								
40. Psychiatric (Specify any personality deviation)																								
	Pelvic <i>(Fe</i>		s only)										-	FFFT (0	n /2/									
	Endocrine		OTO AND	DICE	CE /D/		:- · · ·		4-15		<u> </u>	4- 1	35.	FEET (Continu	ied) (Circ	<i>le category)</i> Mild								
4 3 . l	43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental fo													Normal Arch		Asymptomatic								
Acceptable dental officer, explain in Item 4									Item 4	4.)				Pes Cavus Moderate Sympton										
	NOT ACC	eptab	ole Class	·									I	Pes Planus		Severe	Symptomatic							

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) SOCIAL SECURITY NUMBER																				
LABORATORY FINDINGS																				
45. URINALYS			a. Al	bumin			46. URINE HCG				47. H		48. BLOOD TYPE							
			b. Sugar																	
TESTS			RESU	JLTS			•			HIV SPE	CIMEN II	LABEL		DRUG	TEST	SPECI	MEN I	D LABEL		
49. HIV				,																
50. DRUGS																				
51. ALCOHOL																				
52. OTHER																				
a. PAP SME	AR																			
b.																				
C.						NAT A	CLIDE	- NAENITO	ANDO	THER EI	NDINGO									
53. HEIGHT	54 \	VEIGHT	55 N	MIN WGT	- MAX W		SUKE		MAX BF	THER FII	NDIING 5		/IPERATURI	F 57	7. PUL	SF				
JJ. HEIGHT	34. 1	lbs.	33. 1	viiiv vvai	- WAX V				VIAX DI	70		JO. ILI	III ENATON	_ 3,	. 1 0L	.GL				
58. BLOOD PF	RESSUR						59. F	RED/GRE	EN (Army	Onlyl		60. OTH	HER VISION	I TEST						
a. 1ST	b. 2N		I	c. 3RD				, 51121	py	,				5 ,						
SYS.	SYS.			SYS.																
DIAS.	DIAS			DIAS.																
61. DISTANT					62. REFR	ACTIO	N BY	AUTORE	FRACTIO	N OR MA	NIFEST	63. NEA	AR VISION							
Right 20/		Corr. to 2	0/		Ву	S.		СХ				Right 20)/ Co	rr. to 2	0/	by				
Left 20/		Corr. to 2	0/		Ву	S.		CX				Left 20/	Со	rr. to 2	rr. to 20/ by					
64. HETEROPI		(Specify d	istance	e)																
ES [°]	EX [°]		R.F	1.	L	.Н.		F	Prism div.		Prism CT	Conv		I	NPR		Р	D		
65. ACCOMM	ODATIO	ON			66. COL	OR VIS	ION (Test used	d and resu	ılt)	67. D	EPTH PER	RCEPTION (Test us	Test used and score) AFVT					
Right	1	Left			PIP				/14	Uncorrected					Corrected					
68. FIELD OF	68. FIELD OF VISION							VISION (7	Test used	and score) 70. INTRAOCULA O.D.					AR TENSION O.S.					
71a. AUDIOM	ETER	Unit Seria	ıl Numl	ber			7	71b . Unit	t Serial N	umber						READI	NG AI	.OUD		
Date Calibr	ated ()	YYYMMD	D)				D	Date Calib	orated (Y	YYYMMD	D)				TEST					
HZ	500	1000	2000	3000	4000	600	00	HZ	500	1000	2000	3000 4000 6		6000	1	SAT		UNSAT		
Right							R	Right							72b	VALS	ALVA			
Left							L	_eft								SAT		UNSAT		
73. NOTES (C	ontinue	d) AND SI	GNIFIC	CANT OR	INTERVA	L HIST	ORY	(Use addi	itional she	eets if ned	essary.)									

LAST	NAME - F	IRST NAI	ME - MIC	DDLE NAME	(SUFFIX))					SOCIAL SECURITY NUMBER							
74.a.	EXAMIN	EE/APPLIC	CANT (ci	heck one)				75. I h	ave be	en advi	sed of i	ny disqualifying condition.						
	S QUALIF	EIED FOR	SERVICI	E						RE OF EX			b. DATE (YYYYMM)					
IS NOT QUALIFIED FOR SERVICE																		
b. PH	/SICAL PI	ROFILE		L		Н		S		T .	X	DDOEII ED IN	JITIALS	DATE (V)	YYMMDD)			
	г	0		L		П		E			· ·	^	PROFILER II	PROFILER INITIALS		(טטואואוז ד		
76. SIGNIFICANT OR DISQUALIFYING DEFECTS										DIS-	5./	V	VAIVER RECI	IIVED				
NO.	MEI	DICAL CO	OITION	N/DIAGNOS	S	ICD CODE		PROFILE SERIAL	RBJ DATE (YYYYMMDD)		QUALI- FIED	DIS- QUALI- FIED	EXAMINER WILLIAM SERVI			(YYYYMMDD)		
																. ,		
77 SI	IMMARY	OF DEEP	CTS AN	D DIAGNOS	FS // ist c	diagnosas v	vith iten	n numhei	el (11sa s	dditions	al sheets	if neces	sany l					
		J. 22.2		2 2 10.100					0, 1000 0	aa,.,.,,,,	0.,0010		ou. , .,					
78. RI	COMME	NDATION	S - FURT	THER SPECIA	ALIST EX	AMINATIO	NS IND	ICATED	Specify)	(Use ad	ditional	sheets it	necessary.)					
79. M	EPS WOR	KLOAD (/	For MEP	'S use only)														
	WKID			ST	DATE	E (YYYYMME) I	NITIAL		WKID			ST	DATE	(YYYYMMDD)	INITIAL		
90 M	EDICAL II	NSPECTIO	N DATE	=)A/T	0/.05	144747			21141	Bioo		DUVEICIANIS SIGNATURE					
60. IVI	EDICAL II	NSPECTIO	IN DATE	HT	WT	%BF	MAX V	VI H	CG (DUAL	DISO		PHYS	PHYSICIAN'S SIGNATURE				
81.a. ⁻	TYPED OF	R PRINTED	O NAME	OF PHYSIC	AN OR E	XAMINER			b.	b. SIGNATURE								
				05 DIN(010	••• • • •													
82.a.	TYPED OF	RPRINTED) NAME	OF PHYSIC	AN OR E	XAMINER			b.	SIGNA	ATURE							
83 a .	TYPED OF	R PRINTER	NAME	OF DENTIS	C OR PH	VSICIAN //n	dicate 1	whichl	h	b. SIGNATURE								
03.a.	I II LD OI		JIVAIVIL	OI DENTIS	ONTIN	I GICIAN (III	uicate i	WIIICII)	J.	Sidil	TONE							
84.a.	TYPED OF	R PRINTED) NAME	OF REVIEW	ING OFFI	ICER/APPRO	OVING	AUTHOR	ITY b.	SIGNA	ATURE							
85. T	his exan	nination l	has bee	en administ	ratively	reviewed	for cor	ess and	accura	ıcy.								
a. S	IGNATUR	Ε							b.	GRAD	E		c. DAT	c. DATE (YYYYMMDD)				
														-				
		RANTED ('If yes, d	late and by v	vhom)									[B7. NUMBER ATTACH	OF ED SHEETS		
	/ES NO														ATTACH	LD GHEETS		