## 1. DATE OF EXAMINATION 2. SOCIAL SECURITY NUMBER (YYYYMMDD) REPORT OF MEDICAL EXAMINATION PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): 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.

ROUTINE USE(S): None.

<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.																	
	LAST NA (SUFFIX)	ME - FIRST N	AME -	MIDDLE NAI	ME .	4. HOME	E ADD	RESS	(Stree	et, Ap	artment Number, Ci	ity, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)				
6. GRADE 7. DATE OF BIRTH 8. AGE 9. SEX 10.a. R										EGOF	RY (X one or more)		b. ETHNIC CATEGORY				
(YYYYMMDD)								nerican	Indian		Black or African	Native Hawaiian or	Historia / Latina Destina				
Male As								aska Na ion	ative	H	American	Other Pacific Islander	Not Hispanic/				
11. TOTAL YEARS GOVERNMENT 12. AGENCY (Non-Service Member)											White	Decline to Respond  13. ORGANIZATION UN	Latino				
SERVICE 12. AGENCY (Non-Service Memb									iliy)			13. ORGANIZATION ON	AND OIC/CODE				
a. MILITARY b. CIVILIAN																	
14.a. RATING OR SPECIALTY (Aviators Only) b. TOTAL FLYIN									E			c. LAST SIX MONTHS					
15.a	. SERVIC	F	b. C	OMPONENT	C.	PURPOS	SF OF	FΧΔΝ	/INΔT	ION		16. NAME OF EXAMINI	NG LOCATION, AND ADDRESS				
10.0	Army	Coast	o	l		7	Enlistment		Medical I		oard Other	(Include ZIP Code)					
	Navy	Guard		Active Duty	· -	Commi			Retiremen								
	· ·			Reserve							115 11750						
	Marine (	•		National Gu	ard	Retenti		-		ice Academy							
	Air Force National Guard Separation										nolarship Program						
CLINICAL EVALUATION (Check each item in appropriate column.										_	t evaluated.)						
									Ab- norm	NE	•	, ,	detail. Enter pertinent item ie in item 73 and use additional				
		e, neck, and	scalp								sheets if neces		ie III item 75 and use additional				
18. Nose																	
19. Sinuses																	
20. Mouth and throat																	
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)																	
		erforation)															
		neral <i>(Visual a</i>	acuity	and refraction	n under i	tems 61	- 63)										
	Ophthalm	· · · · · · · · · · · · · · · · · · ·															
		uality and rea									-						
		otility (Associa			ents, ny	stagmus)	1				}						
		rust, size, rhy									}		_				
		d chest (Inclui									}						
		system (Vario			D4-4-	:6 :1:4	·//					$\overline{}$	\ T /-				
		and viscera (			riosiale	II IIIUICAL	eu)				1		4				
		genitalia <i>(Geni</i>															
	Upper ext		tourma	7 7 7							1	ſ					
	••	tremities <i>(Exc</i>	ent fee	n+1							1	ı					
		-		-													
35. Feet (See Item 35 Continued) 36. Spine, other musculoskeletal											1						
37. Identifying body marks, scars, tattoos																	
38. Skin, lymphatics																	
39. Neurologic											1						
40. Psychiatric (Specify any personality deviation)											1						
41. Pelvic (Females only)											1						
42. Endocrine											35. FEET (Continu	ued) (Circle category)					
		DEFECTS ANI	D DISE	ASE (Please	explain.	Use deni	tal forr	m if co	omple	ted	Normal Arch	Mild					
	Accepta			by denti	ist. If de	ental exam	ninatio	n not			Pes Cavus	Modera	Asymptomatic				
	Acceptable   dental officer, explain in Item 44.)   Not Acceptable   Class										Pes Planus	Severe	Symptomatic				

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)  SOCIAL SECURITY NUMBER																		
LABORATORY FINDINGS																		
45. URINALY	/SIS		a. Albumin				46. URINE H		47. H/H			48. E	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 SMEAR																		
b.						1												
C.						MFΔ	SUREMENTS	AND O	THER FII									
53. HEIGHT	54. \	WEIGHT	55. ľ	MIN WGT	- MAX W			MAX BF		TIDING C		/IPERATURI	E 57	7. PUL	SE			
		lbs						MAX DI 70										
58. BLOOD F	PRESSUE		I				59. RED/GRE	EN (Army	Only)		60. OTI	HER VISION	I TEST					
a. 1ST	b. 21			c. 3RD				,	•									
SYS.	SYS.			SYS.														
DIAS.	DIAS	S.		DIAS.														
61. DISTAN	VISION			(	62. REFR	ACTIO	N BY AUTORE	FRACTIO	N OR MA	NIFEST	63. NE	AR VISION						
Right 20/		Corr. to 2	20/		Ву	S.	CX				Right 20	)/ Co	rr. to 2	0/	by			
Left 20/		Corr. to 2			Ву	S.	CX				Left 20/	Со	rr. to 2	to 20/ by				
64. HETERO			listance	e)														
ES <sup>◦</sup>	EX <sup>O</sup>		R.F	Ⅎ.	L.	H.	ļ	Prism div.		Prism CT	Conv		I	NPR		P	D	
65. ACCOMI	MODATI	ON			66. COL	OR VISI	ION (Test used	67. D	EPTH PER	RCEPTION (	Test us	ed an	d score	AFV	Г			
Right		Left			PIP			/14	Uncorrected					Corrected				
68. FIELD OF VISION 69. NIGHT VISION (Test used a									and score) 70. INTRAOCULAR TENSION									
										O.D. 0.S.								
71a. AUDIOI	METER	Unit Seria	al Num	ber			<b>71b</b> . Uni	t Serial N	umber	72a. READING ALOUD								
Date Cali	brated ()	YYYYMME	DD)		_		Date Calib	orated (Y	YYYMMD				TEST					
HZ	500	1000	2000	3000	4000	600	0 HZ	500	1000	2000	3000	4000	6000		SAT		UNSAT	
Right							Right							72b	VALS	ALVA		
Left						<u> </u>	Left	<u> </u>							SAT		UNSAT	
73. NOTES (	Continue	ed) AND S	IGNIFIC	CANT OR	INTERVA	L HIST	ORY (Use add	itional sh	eets if ned	cessary.)								

LAST	LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)  SOCIAL SECURITY NUMBER																
74.a.	EXAMIN	EE/APPLIC	ANT (cf	heck one)			I have he	en advi	sed of i	nv disqualifvi	disqualifying condition.						
				$\sim$						SIGNATUI				b. DATE (YYYYMMDD)			
IS QUALIFIED FOR SERVICE  IS NOT QUALIFIED FOR SERVICE  a. SIGNATURE OF EXAMINEE																	
b. PH	b. PHYSICAL PROFILE																
P U L H E									S	2	X	PROFILER IN	NITIALS	DATE (YY	YYMMDD)		
76. SIGNIFICANT OR DISQUALIFYING DEFECTS																	
<del></del>										DIS-	5)(4141)[5]	14/	AIVED DECE	IVED			
ITEM NO.	ME	DICAL CO	NDITION	N/DIAGNOSIS	3	ICD CODE		PROFILE SERIAL		BJ DATE (YYMMDD)	QUALI- FIED	DIS- QUALI- FIED	EXAMINER INITIALS	SERVIO	AIVER RECEIVED  DATE (YYYYMMDD)		
												OLIT VIC	JE   BKIE	777771111111111111111111111111111111111			
77. S	UMMARY	OF DEFEC	CTS ANI	D DIAGNOSE	S (List	diagnoses v	vith iter	n numbei	s) (U	se additiona	al sheets	if neces	sary.)				
78. R	ECOMME	NDATIONS	S - FURT	THER SPECIA	LIST EX	KAMINATIO	NS IND	ICATED	(Spec	ify) (Use ac	dditional	sheets it	necessary.)				
79. N	FPS WOF	KLOAD (F	or MFP:	S use only)													
70.11	WKID	1		ST	DAT	Έ (ΥΥΥΥΜΜΙ	(INITIAL			WKID			ST	DATE (	YYYYMMDD) INITIAL		
80. N	EDICAL II	NSPECTIO	N DATE	HT	WT	%BF	MAX	WT H	CG	QUAL	DISQ		PHYSICIAN'S SIGNATURE				
81.a.	TYPED OF	R PRINTED	NAME	OF PHYSICIA	AN OR I	EXAMINER				b. SIGNA	ATURE						
82.a.	TYPED OF	R PRINTED	NAME	OF PHYSICIA	AN OR I	EXAMINER				b. SIGNA	ATURE						
										R. Onth							
83.a.	TYPED OF	R PRINTED	NAME	OF CENTIST	OR PH	YSICIAN (In	dicate	which)		b. signature Valton Jones, DDD							
0.4	TVDED 07	DDINTES	NIABAT	OF BEVERY	NO 055	IOED/ADDO	01/11/10	A     T     C	ITV			rones	*nns				
84.a.	I TPED OF	REMILED	NAIVIE	OF REVIEWI	NG OFF	TUEK/APPRO	OVING	AUTHUK	11 Y	b. SIGNA	ATUKE						
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	nis exan		ias Dee	en administr	auvely	reviewed	ior co	ess a	b. GRAD			c. DATE (YYYYMMDD)					
a. Signation										C. DATE (TTTTIVIVIDD)					וטטוייייי		
86 14	/ΔIVFR CI	RANTED //:	fves d	ate and by w	rhom!					1				8	7. NUMBER	OF	
	YES	CONTLU (//	, yes, u	are and by W	.10111)									١		D SHEETS	
	NO.																