

**TAB B**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Commissioned Corps of the United States Public Health Service

Office of Commissioned Corps Operations  
1101 Wootton Parkway, Suite 100  
Rockville, MD 20852



**REFERENCE REQUEST FOR APPLICANTS TO THE  
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS**

\_\_\_\_\_  
Applicant's Name (Last, First, Middle initial)

If the reference knows you -- the Public Health Service Commissioned Corps applicant -- by any other name, e.g., maiden name, please indicate that name here:  
  
\_\_\_\_\_

Your name has been given as a reference by the individual identified above who has applied for appointment to the Commissioned Corps of the United States Public Health Service.

We would appreciate your frank and objective consideration of the requested information. To help us determine whether this person is loyal, trustworthy, and of good character, we ask that you answer all questions on the front and back of this form as fully and specifically as you can. The information you provide will be disclosed to the person identified above if he or she should so request.

The promptness of your reply will aid us greatly in our evaluation of this applicant. The information furnished by former associates, supervisors, or employers with the same or related background provides valuable information for use in evaluating applicants.

**Office of Commissioned Corps Operations**

<b>1. PERIOD OF ASSOCIATION</b>  From _____ To _____ (MM/YYYY)	<b>2. PROFESSIONAL RELATIONSHIP TO APPLICANT (CHECK APPROPRIATE BOXES)</b>  <input type="checkbox"/> EMPLOYER <input type="checkbox"/> TEACHER <input type="checkbox"/> FACULTY ADVISOR <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DEAN <input type="checkbox"/> OTHER (SPECIFY) _____
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3. EVALUATION OF APPLICANT											
ELEMENTS	OUTSTANDING	BETTER THAN AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT	ELEMENTS	OUTSTANDING	BETTER THAN AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
PRODUCTIVITY						ABILITY TO WORK WITH AND FOR OTHERS					
ABILITY TO WORK INDEPENDENTLY						FLEXIBILITY -- ADAPTABILITY					
INITIATIVE						ABILITY TO SOLVE PROBLEMS -- RESOURCEFULNESS					
APPLICATION OF SKILLS AND KNOWLEDGE						ORIGINALITY					
CAPACITY FOR DEVELOPMENT						JUDGMENT					
ATTENDANCE						ABILITY TO COMMUNICATE					
DEPENDABILITY IN CARRYING OUT ASSIGNMENT						SUPERVISORY ABILITY					

**4. APPLICANT IS BEST SUITED FOR WHAT SPECIALIZATION, FIELD, OR POSITION**  
\_\_\_\_\_

**5. DO YOU KNOW OF ANY LIMITATIONS OR OTHER INFORMATION WHICH MIGHT IMPACT ON THE EFFECTIVENESS OR STABILITY OF THIS PERSON?**  
(Training, Personality, Emotional, Ethical)

NO     YES (Give Details in this Space)

6. WOULD YOU BE WILLING TO EMPLOY OR RE-EMPLOY THIS PERSON IF YOU HAD AN OPENING REQUIRING THE GENERAL PROFESSIONAL LEVEL AND PROFESSION OF THIS INDIVIDUAL?

YES (IN WHAT CAPACITY?)

NO (GIVE REASONS)

7. COMMENTS (Please use this space to supply any further information, comments, and evaluation.)

8. SIGNATURE		12. INSTITUTION OR FIRM ADDRESS (Include ZIP Code)	
9. NAME (Type or Print)			
10. TITLE OR POSITION	11. DATE	Telephone No. (      )	Ext.

**TAB C**

**Public Health Service, HHS**

**§21.27**

*approved training course* means, except as otherwise provided by law:

(a) A school, college, postgraduate school, or training course which has been accredited or approved by a professional body or bodies recognized by the Surgeon General for such purpose, or which, in the absence of such a body, meets generally accepted professional standards as determined by the Surgeon General, or

(b) In the case of a candidate who is applying for appointment as a medical officer, any non-approved medical school provided that the candidate has passed examinations given by a professional body or bodies recognized by the Surgeon General for such purpose.

[24 FR 1790, Mar. 12, 1959]

✓ **§21.22 Submission of application and evidence of qualifications.**

(a) *Application form.* Every candidate for examination for appointment as an officer shall submit a written application on such form as may be prescribed by the Surgeon General.

(b) *Documentary evidence.* The application shall be accompanied by such documentary evidence as may be required by the Surgeon General.

**§21.23 False statements as disqualification.**

Willfully false statements shall be cause for rejection of the application or, as provided in subpart N of this part, for dismissal.

**§21.24 Physical examinations.**

Every candidate for appointment as an officer shall undergo such physical examination as the Surgeon General may direct, and no candidate who is not found to be physically qualified shall be appointed as an officer.

**§21.25 Eligibility; junior assistant grade.**

(a) *Requirements; all candidates.* Except as provided in §21.54, and as otherwise provided in this section, every candidate for examination for appointment in the grade of junior assistant:

(1) Shall be a citizen of the United States;

(2) Shall be at least 18 years of age; and

(3) Shall have been granted an academic or professional degree from an approved school, college, or postgraduate school, and, unless the required professional training has been otherwise obtained from an approved school, college, or postgraduate school, shall have majored in the profession in which the examination is being held.

(b) [Reserved]

(c) *Special requirement; therapists.* Every candidate for examination for appointment as a therapist shall have received a certificate from an approved school of physical therapy or an approved school of occupational therapy.

[21 FR 9806, Dec. 12, 1956, as amended at 30 FR 9437, July 29, 1965]

**§21.26 Eligibility; assistant grade.**

(a) *Requirements; all candidates.* Except as otherwise provided in this section every candidate for examination for appointment in the grade of assistant:

(1) Shall meet the requirements for eligibility for examination for appointment in the grade of junior assistant;

(2) Shall be at least 21 years of age; and

(3) Shall have had at least 7 years of educational and professional training or experience subsequent to high school, except that a candidate who applies for examination for appointment in the Reserve Corps to serve as a medical or dental intern may be examined for such appointment upon the completion of 6 years of such education, training, or experience.

(b) *Additional requirements; dietitians.* Every candidate for examination for appointment as a dietitian shall have successfully completed an approved training course for dietetic interns.

**§21.27 Eligibility; senior assistant grade.**

Every candidate for examination for appointment in the grade of senior assistant shall meet the requirements for eligibility for examination for appointment in the grade of assistant and shall have completed at least 10 years of educational and professional training or experience subsequent to high school.

**Public Health Service, HHS**

**§ 21.44**

✓ **§ 21.34 Certification by candidate; requirement of new physical examination.**

If a candidate for appointment in the Regular Corps or an officer of the Reserve Corps on inactive service has passed a physical examination within a period of one year from the date on which it is contemplated that he will be appointed or called to active duty, he shall, prior to being appointed or called to active duty, certify that to the best of his knowledge and belief he is free from all disease or injury not noted in his record at the time of his examination and that he is willing to serve in any climate. If a candidate for appointment in the Regular Corps, or an officer of the Reserve Corps on inactive service, has not passed a physical examination within a period of one year from the date on which it is contemplated that he will be appointed or called to active duty, he may, prior to being appointed or called to active duty, be required to undergo such physical examination as the Surgeon General may direct to determine his physical qualification for appointment or call to active duty in accordance with standards prescribed for original appointment, or he may be appointed or called to active duty after executing the certificate described in this section, but shall be physically examined to determine his physical qualification for continued active service in accordance with standards prescribed for original appointment within a period of 15 days after reporting for duty at his first station.

[21 FR 9806, Dec. 12, 1956, as amended at 24 FR 1790, Mar. 12, 1959. Redesignated at 25 FR 5184, June 10, 1960]

PROVISIONS APPLICABLE ONLY TO  
REGULAR CORPS

**§ 21.41 Professional examinations, holding of; subjects to be included.**

From time to time the Surgeon General may order examinations to be held in such professions or specialties within professions and for such grades as he deems necessary for the purpose of providing merit rolls of eligible candidates for appointment in the Regular Corps and shall, if a professional examination is to be required, prescribe the subjects

relating to each profession or specialty within such profession in which candidates will be examined.

[21 FR 9806, Dec. 12, 1956, as amended at 24 FR 1790, Mar. 12, 1959]

**§ 21.42 Examinations; junior assistant, assistant, or senior assistant grade.**

The examination for appointment to the junior assistant, assistant, or senior assistant grade in the Regular Corps shall consist of (a) a written professional examination relating to the fundamentals of the candidate's profession or specialty within his profession and their relationship to the activities of the Service, and (b) an examination as to the candidate's general fitness, which shall include an oral interview, and a review and evaluation of the candidate's academic and professional education and professional training and experience, and may include other written tests to determine the candidate's fitness for appointment as an officer. If an applicant for appointment to any of these grades is an officer of the Reserve Corps who has been on active duty for not less than one year immediately preceding his application, the Surgeon General may direct that the officer be examined as provided in § 21.43.

[21 FR 9806, Dec. 12, 1956, as amended at 24 FR 1790, Mar. 12, 1959; 25 FR 11099, Nov. 23, 1960]

**§ 21.43 Examination; full grade and above.**

The examination for appointment to the full, senior, or director grade in the Regular Corps shall consist of a review and evaluation of the candidate's academic and professional education and professional training and experience. The Surgeon General may, however, direct that the examination of a candidate for appointment to any such grade shall also include an oral interview, a written or oral professional examination, or both.

**§ 21.44 Clinical or other practical demonstration.**

In the discretion of the Surgeon General a candidate for appointment to any grade up to and including the senior assistant grade in the Regular

**TAB D**

## REPORT OF MEDICAL HISTORY

OMB No. 0704-0413  
OMB approval expires  
Oct 31, 2006

**(This information is for official and medically confidential use only and will not be released to unauthorized persons.)**

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.**

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).

**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.

**DISCLOSURE:** 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.

**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

<b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>	<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. TODAY'S DATE (YYYYMMDD)</b>
<b>4.a. HOME ADDRESS</b> ( <i>Street, Apartment No., City, State, and ZIP Code</i> )	<b>5. EXAMINING LOCATION AND ADDRESS</b> ( <i>Include ZIP Code</i> )	
<b>b. HOME TELEPHONE</b> ( <i>Include Area Code</i> )		

<b>X ALL APPLICABLE BOXES:</b>	<b>7.a. POSITION</b> ( <i>Title, Grade, Component</i> )						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><b>6.a. SERVICE</b></td> <td style="width: 33%; padding: 5px;"><b>6.b. COMPONENT</b></td> <td style="width: 34%; padding: 5px;"><b>6.c. PURPOSE OF EXAMINATION</b></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Army    <input type="checkbox"/> Coast Guard  <input type="checkbox"/> Navy  <input type="checkbox"/> Marine Corps  <input type="checkbox"/> Air Force                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Active Duty  <input type="checkbox"/> Reserve  <input type="checkbox"/> National Guard                 </td> <td style="padding: 5px;"> <input type="checkbox"/> Enlistment  <input type="checkbox"/> Commission  <input type="checkbox"/> Retention  <input type="checkbox"/> Separation  <input type="checkbox"/> Medical Board    <input type="checkbox"/> Other (<i>Specify</i>)  <input type="checkbox"/> Retirement  <input type="checkbox"/> U.S. Service Academy  <input type="checkbox"/> ROTC Scholarship Program                 </td> </tr> </table>	<b>6.a. SERVICE</b>	<b>6.b. COMPONENT</b>	<b>6.c. PURPOSE OF EXAMINATION</b>	<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other ( <i>Specify</i> ) <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	<b>b. USUAL OCCUPATION</b>
<b>6.a. SERVICE</b>	<b>6.b. COMPONENT</b>	<b>6.c. PURPOSE OF EXAMINATION</b>					
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other ( <i>Specify</i> ) <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program					
<b>8. CURRENT MEDICATIONS</b> ( <i>Prescription and Over-the-counter</i> )	<b>9. ALLERGIES</b> ( <i>Including insect bites/stings, foods, medicine or other substance</i> )						

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>	<b>YES</b>	<b>NO</b>	<b>12. (Continued)</b>	<b>YES</b>	<b>NO</b>
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble ( <i>e.g., pain, corns, bunions, etc.</i> )	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble ( <i>e.g., locking, giving out, pain or ligament injury, etc.</i> )	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) ( <i>cracked or fractured</i> )	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	<b>13.a. Frequent indigestion or heartburn</b>	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
<b>11.a. Severe tooth or gum trouble</b>	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis ( <i>liver disease</i> )	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases ( <i>e.g. acne, eczema, psoriasis, etc.</i> )	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision ( <i>RK, PRK, LASIK, etc.</i> )	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
<b>12.a. Painful shoulder, elbow or wrist</b> ( <i>e.g. pain, dislocation, etc.</i> )	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease ( <i>syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.</i> )	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	<b>14.a. Adverse reaction to serum, food, insect stings or medicine</b>	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health ( <i>If no, explain in Item 29 on Page 2.</i> )	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:		
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>			
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)					
e. Date of last PAP smear (YYYYMMDD)					

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

**30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA** *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED  
*(YYYYMMDD)*

<b>REPORT OF MEDICAL EXAMINATION</b>	1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
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**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.  
**DISCLOSURE:** 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.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
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6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY      b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
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14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
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15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
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**CLINICAL EVALUATION** (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp				
18. Nose				
19. Sinuses				
20. Mouth and throat				
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				
22. Drums (Perforation)				
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				
24. Ophthalmoscopic				
25. Pupils (Equality and reaction)				
26. Ocular motility (Associated parallel movements, nystagmus)				
27. Heart (Thrust, size, rhythm, sounds)				
28. Lungs and chest (Include breasts)				
29. Vascular system (Varicosities, etc.)				
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				
31. Abdomen and viscera (Include hernia)				
32. External genitalia (Genitourinary)				
33. Upper extremities				
34. Lower extremities (Except feet)				
35. Feet (See Item 35 Continued)				
36. Spine, other musculoskeletal				
37. Identifying body marks, scars, tattoos				
38. Skin, lymphatics				
39. Neurologic				
40. Psychiatric (Specify any personality deviation)				
41. Pelvic (Females only)				
42. Endocrine				
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)				35. FEET (Continued) (Circle category)  Normal Arch                      Mild                      Asymptomatic Pes Cavus                              Moderate Pes Planus                              Severe                      Symptomatic
<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable    Class _____				

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER						
<b>LABORATORY FINDINGS</b>																
45. URINALYSIS			a. Albumin			46. URINE HCG			47. H/H			48. BLOOD TYPE				
			b. Sugar													
<b>TESTS</b>			<b>RESULTS</b>						<b>HIV SPECIMEN ID LABEL</b>			<b>DRUG TEST SPECIMEN ID LABEL</b>				
49. HIV																
50. DRUGS																
51. ALCOHOL																
52. OTHER																
a. PAP SMEAR																
b.																
c.																
<b>MEASUREMENTS AND OTHER FINDINGS</b>																
53. HEIGHT		54. WEIGHT		55. MIN WGT - MAX WGT				MAX BF %			56. TEMPERATURE		57. PULSE			
		lbs.														
58. BLOOD PRESSURE						59. RED/GREEN ( <i>Army Only</i> )				60. OTHER VISION TEST						
a. 1ST		b. 2ND		c. 3RD												
SYS.		SYS.		SYS.												
DIAS.		DIAS.		DIAS.												
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST					63. NEAR VISION							
Right 20/		Corr. to 20/		By		S. CX			Right 20/		Corr. to 20/		by			
Left 20/		Corr. to 20/		By		S. CX			Left 20/		Corr. to 20/		by			
64. HETEROPHORIA ( <i>Specify distance</i> )																
ES <sup>o</sup>		EX <sup>o</sup>		R.H.		L.H.		Prism div.		Prism Conv		NPR		PD		
CT																
65. ACCOMMODATION				66. COLOR VISION ( <i>Test used and result</i> )				67. DEPTH PERCEPTION ( <i>Test used and score</i> ) AFVT								
Right		Left		PIP				/14		Uncorrected			Corrected			
68. FIELD OF VISION				69. NIGHT VISION ( <i>Test used and score</i> )				70. INTRAOCULAR TENSION								
								O.D.				O.S.				
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number						72a. READING ALOUD TEST		
		Date Calibrated (YYYYMMDD)						Date Calibrated (YYYYMMDD)						TEST		
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	SAT	UNSAT	
Right								Right								
Left								Left								
72b. VALSALVA																
SAT UNSAT																
73. NOTES ( <i>Continued</i> ) AND SIGNIFICANT OR INTERVAL HISTORY ( <i>Use additional sheets if necessary.</i> )																





Department of Health and Human Services  
Public Health Service Commissioned Corps  
Office of Commissioned Corps Operations

**PUBLIC HEALTH SERVICE COMMISSIONED CORPS  
PRIVACY ACT STATEMENT FOR  
DD Form 2807-1, "Report of Medical History"  
and  
DD Form 2808, "Report of Medical Examination"**

**Authority:** This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 42 U.S.C. 202 et seq. and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

**Principal Purpose:** This information is used by the Department of Health and Human Services to obtain medical data for determination of medical fitness for appointment and retention for applicants to the Public Health Service (PHS) Commissioned Corps. The information will also be used for medical boards and separation of Service members from the PHS Commissioned Corps.

**Information Regarding Disclosure of Your Social Security Number (SSN):** Under Executive Order 9397, Agencies are required to use the SSN as a means of identifying individuals in Agency personnel information systems. Thus, solicitation of your SSN is authorized by this order so that Agencies, by being able to identify you, can ensure that the data furnished is accurately recorded for each employee in the personnel system. It will be used for this purpose only.

**Records System:** The information provided on this form will become part of record system 09-40-0002, PHS Commissioned Corps Medical Records, HHS/PSC/HRS. A copy of this system notice can be obtained from the office to which you submit these forms.

**Disclosure:** Completion of these forms is mandatory. Failure by an applicant to provide the information may result in delay or rejection of the individual's application to enter the PHS Commissioned Corps. For an active-duty member, failure to provide information may result in denial of promotion, denial of assimilation, and placement in a not deployable status.