

Applicant Name \_\_\_\_\_  
(Last, First, Middle Initial)

**PAP Screening Form**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Case Number: \_\_\_\_\_  
(Mo/Day/Year)

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## PAP SCREENING FORM (FOR FEMALE APPLICANTS)

**Note to applicant:** Please obtain the following screening test. A routine Pap screening exam may not be offered during your Peace Corps service. **You must receive a Pap screening test within four months of your date of departure, even if you have had one within the past 12 months.**

PAPER EXAM: My Pap results are attached. (The Peace Corps must receive the actual cytology report. A physician documenting the results, but not submitting the laboratory report, will result in an incomplete physical exam).

### Frequently Asked Question

*What if I have a condition that requires a Pap exam while in service? Can I receive the test?*

Yes. Volunteers who need a Pap exam to monitor a health condition will be provided a Pap screening test during service.

