MEDICAL DATA CHECKLIST

1. COMPLETE ALL FORMS:

Report of Medical History (DD Form 2807-1) ________________ (date completed)

Report of Medical Examination (DD Form 2808) ________________ (date completed)

Report of Dental Examination (PHS- 6355) ________________ (date completed)

Supplemental Medical History (PHS-6379) ________________ (date completed)

U.S. PHS Medical Cover Sheet ________________ (date completed)

Medical forms (DD 2807-1 and 2808) must be completed by a licensed physician or mid-level provider (i.e. nurse practitioner or physician assistant) where indicated. Dental form (PHS-6355) must be completed by a licensed dentist.

2. SUBMIT THE FOLLOWING MANDATORY MEASUREMENTS, TESTS AND STUDIES * (Sections refer to DD Form 2808).

- Current **pelvic examination** (for women; section 41): Submit copy of GYN clinic note documenting results of pelvic exam*
- Complete **urinalysis, with microscopy** if indicated (section 45): Submit copy of lab report result*
- **Urine HCG** (for women; section 46): Submit copy of lab report result*
- **Complete Blood Count** (CBC) with differential (section 47): Submit copy of lab report result*
- **Blood Type and Rh factor** (section 48)
- **Human Immunodeficiency Virus** (section 49): HIV-1 & HIV-2 antibody test. Submit copy of lab report result*
- **Drug/alcohol urine screen** (section 50 & 51): For amphetamines, barbiturates, benzodiazepines, marijuana metabolites, cocaine metabolites, opiates, phencyclidine, and ethanol. Submit copy lab report results*
- **Current Pap Smear** (for women; section 52 a.): Submit copy of lab report result*
- **Comprehensive Hepatitis Panel** (section 52 b.) for **Hepatitis A** (AB, Total & IgM); **Hepatitis B** (HBsAg; Anti-HBs; Anti-HBc-Total; Anti-HBc-IgM) and **Hepatitis C** (AB). Submit copy of lab report results*
- **Syphilis Screen** (section 52 c.): Submit copy of Rapid Plasma Reagin (RPR) lab report result*
- **Tuberculosis (TB) skin test** (section 52 d.): Submit documentation of purified protein derivative (PPD) skin test result (mm induration; see instruction sheet for proper documentation)* or copy of lab report result for QuantiFERON-TB Gold (QFT-G)*. If there is a history of reactive PPD: submit QFT-G lab test result. For any positive PPD and/or QFT-G: Provide medical records regarding date of conversion, history of treatment (latent or active TB), chest x-ray report(s) and other surveillance since conversion. History of BCG vaccine requires submission of vaccination records.
- **Height, weight and % Body Fat Estimate** (sections 53-55 & Medical Cover Sheet): Submit documentation as described**
- Health care provider must record requested information for sections 56-58 (omit # 59 & 60) on DD Form 2808.
- **Comprehensive Eye Examination** (sections 61-63; 65-68 & 70) including **dilated funduscopic**
December 2016

- **Exam**: (Exclude sections 64 and 69). Submit copy of optometrist/ophthalmologist clinic note documenting results of comprehensive eye exam*
- **Audiometry Testing**: (results recorded in decibels for all frequencies indicated in section 71a.). Also submit copy of audiometry test results which must be signed and dated by examining audiologist*
- **Comprehensive Metabolic Panel**: Submit copy of lab report results*
- **Fasting blood glucose**: Submit copy of lab report result* If fasting blood glucose $\geq 100$ mg/dL, results of a current glycated hemoglobin required (submit copy of lab report result*)
- **Gamma Glutamyl Transpeptidase (GGT)**: Submit copy of lab report result*
- **Thyroid Stimulating Hormone (TSH)**: Submit copy of lab report result*
- **Fasting lipid panel**: Total cholesterol, triglyceride, HDL & LDL. Submit copy of lab report result*
- **12-Lead Electrocardiogram (ECG)**: Submit copy of ECG with physician interpretation, signature and date written on ECG*
- **Mammogram** (for women age 40 and older): Submit copy of radiology report result*

3. **PLACE MEDICAL FORMS AND TESTING DATA IN A SEPARATE SEALED ENVELOPE MARKED “CONFIDENTIAL MEDICAL” AND FORWARD TO:**

   Division of Commissioned Corps Personnel and Readiness (DCCPR)
   Attn: Recruitment Application Data Entry
   1101 Wootton Parkway, Plaza Level
   Rockville, MD 20852

4. **IF PROVIDING MEDICAL RECORDS OF CARE RECEIVED IN MILITARY FACILITIES:**
   Complete and sign “Release of Uniformed Services Medical Record” (PHS-6380) and provide copies of this form to a) the facility releasing your records b) DCCPR.

5. **IF PROVIDING MEDICAL RECORDS OF CARE RECEIVED IN CIVILIAN FACILITIES:**
   Complete and sign an “Authorization for Disclosure” release form (usually provided by the health care provider office/health care facility) and provide a copy of that form DCCPR.

*All mandatory measurements, tests and studies must be current and documented by submitting copies of actual laboratory and study reports. Abnormal findings should be explained/investigated and/or repeated by the examining health care provider with results attached to DD Form 2808.

**See PDF instructions provided to applicants for obtaining % Body Fat. Examiner must be a health care provider who documents the applicant’s height, weight, and measurements used to derive circumference value to obtain percent body fat estimation. Results must be on letter-head stationery (or prescription pad) with examiner’s name, signature, professional credential and date.

Please note that timely submission of a complete packet with all mandatory forms and medical data will be required prior to initiating a review of an applicant’s medical file. Most health care providers are unfamiliar with PHS medical accession standards and the testing required to determine medical suitability; therefore an applicant should emphasize to the examining provider the need for completing all mandatory testing since incomplete medical packets will be returned to the applicant.