

**Department of Health and Human Service  
U.S. Public Health Service Commissioned Corps  
Medical Prescreen Worksheet**

**Please provide current information for medical prescreening:**

	<b>Instruction</b>	<b>Value</b>
<b>Height</b>	<b>Nearest inches/no shoes</b>	
<b>Weight</b>	<b>Nearest pounds/light clothing/no shoes</b>	
<b>Age</b>	<b>Current years/months</b>	

**Applicant Signature:** \_\_\_\_\_

**Applicant Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return the Medical Prescreen Worksheet with your complete application packet.**