

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
REPORT OF MEDICAL EXAMINATION**

(Please read Privacy Act Statement before completing this form.)

OMB No. 0704-0396
OMB approval expires
Nov 30, 2009

The public reporting burden for this collection of information is estimated to average 15 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, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0396). 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 TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

DODMERB USE ONLY

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to any U.S. Government agency requiring the information to complete applications to their organizations.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Account Number (SSN) is used for positive identification of records.

APPLICANT DATA

1. DATE OF EXAMINATION (YYYYMMDD)		2. NAME (Last, First, Middle Initial)				3. SOCIAL SECURITY ACCOUNT NUMBER			
4. DATE OF BIRTH (YYYYMMDD)		5. AGE		6. SEX		7. RACE (Ethnic Group/Medically Significant)			
8. ADDRESS INFORMATION (If left blank will delay processing)						9. STATUS (X one)		10. EXAMINER ADDRESS AND FACILITY NUMBER.	
a. APPLICANT MAILING ADDRESS (Include ZIP Code)						ACTIVE DUTY			
						CIVILIAN			
b. ROTC DETACHMENT CODE (If applicable):						RESERVE/ GUARD			

MEASUREMENTS

11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)		13. PULSE		14. BLOOD PRESSURE		14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS	
STANDING		SITTING				SYSTOLIC / DIASTOLIC		HERE: SYSTOLIC / DIASTOLIC PULSE	

15. AUDIOMETER												16. READING ALOUD TEST			
	500	1000	2000	3000	4000	6000		500	1000	2000	3000	4000	6000		SATISFACTORY
RIGHT							LEFT								UNSATISFACTORY (Explain in Item 57)

17. DISTANT VISION				18. MANIFEST REFRACTION (Required, regardless of corrected/uncorrected visual acuity)				19. NEAR VISION							
RIGHT 20/		CORR TO 20/		SPH		CYL		AXIS		20/		CORR TO 20/		BY	
LEFT 20/		CORR TO 20/		SPH		CYL		AXIS		20/		CORR TO 20/		BY	

20. HETEROPHORIA/TROPIA (Far only)				21. COVER TEST		22. COLOR VISION		MTF and MEPS only:		23. DEPTH PERCEPTION			
ESO ^Δ	EXO ^Δ	RH ^Δ	LH ^Δ	PASS (Non-Tropia)		PIP (14 plate test only)		Perform FALANT if applicant passes 11 or less on PIP. Document on DD Form 2489 or SF 600, recording FALANT results per protocol.		TEST USED		SCORE	
				FAIL (Tropia)		No. Passed				VTA-ND/OVT/AFVT			
						No. Failed				DPA-V			
										TITMUS/STEREO FLY (Arcs/second)			

24. NEAR POINT OF CONVERGENCE (in mm)				25. VIVID RED/GREEN (If item 22 passes 9 or less)				26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)			
				PASS FAIL				PASS FAIL IF FAILED: DIPLOPIA SUPPRESSION			

LABORATORY

27. URINALYSIS										
PROTEIN		NEG	T	1+	2+	3+	4+	MICROSCOPIC EXAMINATION (If required) (X one)		
SUGAR		NEG	T	1+	2+	3+	4+	NEGATIVE		
BLOOD		NEG	T	1+	2+	3+	4+	POSITIVE (List results)		

28. OTHER TESTS (Specify type and results)

CLINICAL EVALUATION

NORMAL	<i>(X each item in the appropriate column.)</i> All evaluations must be addressed, or the examination is considered INCOMPLETE .	ABNOR- MAL	NORMAL	<i>(X each item in the appropriate column.)</i> All evaluations must be addressed, or the examination is considered INCOMPLETE .	ABNOR- MAL
	29. HEAD, FACE, NECK AND SCALP			44. ENDOCRINE SYSTEM	
	30. NOSE			45. SPINE, OTHER MUSCULOSKELETAL	
	31. SINUSES			46. UPPER EXTREMITIES <i>(Strength, sensation, range of motion)</i>	
	32. MOUTH AND THROAT <i>(Braces/retainers - permanent/removable)</i>			47. LOWER EXTREMITIES <i>(Except feet) (Strength, sensation, range of motion)</i>	
	33. EARS - GENERAL <i>(Internal and external canals)</i> <i>(Auditory acuity under item 15)</i>			48. FEET <i>(If Pes Planus or Pes Cavus, mild/moderate/severe, symptomatic/asymptomatic)</i>	
	34. DRUMS <i>(Perforation and scarring)</i>			49. IDENTIFYING BODY MARKS, SCARS <i>(length, surgical/nonsurgical), TATTOOS</i> <i>(description and location), PIERCINGS</i>	
	35. VALSALVA			50. SKIN, LYMPHATICS <i>(acne, rashes)</i>	
	36. EYES - GENERAL APPEARANCE <i>(Visual acuity and refraction under items 17, 18, and 19)</i>			51. MALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
	37. PUPILS <i>(Equality and reaction)</i>			52. ANUS AND RECTUM - EXTERNAL VISUAL ONLY - MANDATORY ON ALL APPLICANTS <i>(Hemorrhoids, fistulae)</i>	
	38. OCULAR MOTILITY <i>(Associated parallel movements, nystagmus)</i>			53. FEMALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
	39. OPHTHALMOSCOPIC <i>(Required by medical examiner)</i>			54. NEUROLOGIC	
	40. LUNGS AND CHEST <i>(Include breasts)</i>			55. PSYCHIATRIC <i>(Specify any personality deviation)</i>	
	41. HEART <i>(Thrust, size, rhythm, and sounds)</i>				
	42. VASCULAR SYSTEM <i>(Varicosities, etc.)</i>				
	43. ABDOMEN AND VISCERA <i>(Include hernia)</i>				

56. EXAMINER: REPEAT BP AND PULSE IF RESULTS OF ITEM 14 AND 14a ARE >140/90 AND >99, RESPECTIVELY.

57. NOTES *(Describe every abnormality in detail. Enter the item number before each comment.)*

58. EXAMINER *(If performed by PA, PCNP, OR FNP must be countersigned by a MD or DO.)*

TYPED OR PRINTED NAME	CORPS OR DEGREE	SIGNATURE	DATE (YYYYMMDD)
-----------------------	-----------------	-----------	-----------------

59. PHYSICIAN *(MD/DO)*

TYPED OR PRINTED NAME	DEGREE	SIGNATURE	DATE (YYYYMMDD)
-----------------------	--------	-----------	-----------------