

DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200

Acne Treatment/Isotretinoin (Systemic Retinoid Use) Questionnaire

(Accutane®, Roaccutane®, Claravis®, Amnesteem®, Zentatane®, and similar oral medications for the treatment of acne)

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

Please complete PARTS A and B below and return the form to DoDMERB at the address above:

PRIVACY ACT STATEMENT

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 Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

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

PART A (TO BE COMPLETED BY THE APPLICANT)

Application for Service Academies: I acknowledge that treatment with **isotretinoin** (Accutane, and similar medications) **MUST** be completed or discontinued by March 1st prior to arriving at the Academy.

Application for ROTC Programs: I acknowledge that treatment with **isotretinoin** (Accutane, and similar medications) **MUST** be completed or discontinued at least eight weeks prior to being commissioned at the end of my ROTC Program and prior to any periods of field training while participating in ROTC requirements.

Certification: By signing and dating below, I fully understand the acknowledgement statements above.

Applicant's Signature

Date

PART B (TO BE COMPLETED BY THE APPLICANT'S DERMATOLOGIST)

1) Date the patient's systemic retinoid treatment began: _____

2) Estimated date systemic retinoid treatment will be discontinued: _____

3) Liver function and/or lipids **have** / **have not** (circle) remained normal throughout systemic retinoid treatment.

a) If either liver function or lipids have been outside of normal range, please attach the most recent lab study results.

Dermatologist's Signature/Stamp

Date