

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

ECZEMA, ATOPIC DERMATITIS, AND DERMATITIS QUESTIONNAIRE

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

Please complete all of the questions below regarding history of skin conditions and return this form to DoDMERB at the above address. If more space is needed, please use back of form and identify each issue by question number.

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.

1) Have you ever been diagnosed with a chronic or recurring **skin condition? (e.g., eczema, atopic dermatitis, hives, or urticaria, seborrheic dermatitis, dyshdrotic eczema, hyperhidrosis etc.): (circle) YES NO**

If yes, please explain:

a) name of the condition _____

b) who diagnosed you (i.e. self, parent, family doctor, dermatologist, etc.) _____

c) age of onset _____

d) treatment and/or medication and date of last treatment _____

e) If this has resolved, please note how old were you when it went away for good _____

f) Please describe the symptoms to the best of your ability (body location, appearance, pain, itching, color etc.) _____

2) Have you been diagnosed with any **skin contact allergies?(e.g., latex, wool, chemicals, etc.): (circle) YES NO**

If yes, Please describe the offending substance, severity of the rash or reaction, whether it spreads over your body or is limited to the site of contact, and how it is treated

3) Certification: By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Eczema and Dermatitis Questionnaire