

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

ORTHOPEDIC QUESTIONNAIRE

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

Please complete the questions below regarding history of injury(ies) and/or orthopedic conditions and return this form to DoDMERB at the address above: 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) Please list EVERY orthopedic condition and/or injury (PLEASE NUMBER each condition/injury and retain number sequence in questions below): _____

PLEASE ENSURE YOU ANSWER THE FOLLOWING QUESTIONS FOR EACH CONDITION AND/OR INJURY LISTED ABOVE:

2) When did the orthopedic condition(s)/injury(ies) occur? _____

3) How was/were the orthopedic condition(s) **treated**? _____

4) Is treatment still **ongoing** (answer YES or NO for each condition/injury)? _____

5) Do you have any residual pain and/or discomfort with any of your orthopedic condition(s)/injury(ies)? YES NO
If yes, please explain: _____

6) Do you now require any **external supports**, (e.g., knee braces, lifts, ankle taping, orthotics, etc...)? YES NO
If yes, please explain for each condition/injury: _____

7) Please describe the extent of your participation in **athletic activities and/or recreational activities** during the last 12 months. If your condition/injury occurred less than 12 months ago, please explain the extent of your participation in **athletic activities and/or recreational** activities since your condition/injury? _____

8) 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

Orthopedic Questionnaire