

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

**PRESENT HEALTH QUESTIONNAIRE**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please complete the questions below (referring to the timeframe from your last DoDMERB exam to present day) 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) Please make a statement of your present health: \_\_\_\_\_  
\_\_\_\_\_

2) Have you received any medical, psychiatric or dental care since your last DoDMERB exam? YES NO

If yes, provide specific details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Since your last DoDMERB exam, please list name(s) of medication(s) and reason for taking them (If you have not taken any medications, state "NONE"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Certification: By signing below, I hereby certify that I have not received (other than mentioned above) any medical or dental care/treatment since the date of my last DoDMERB examination.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Present Health Questionnaire