

DoDMERB



APPLICANT SCHEDULING PACKET

PRIVACY ACT STATEMENT

AUTHORITY: PRIVACY ACT OF 1974 Title 10, U.S.C. 136, 3012, 5031, 8013 and Executive Order 9397, November 1943 (SSN)

PRINCIPAL PURPOSE: To update a medical file as part of the application process to a U.S. Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Programs, or the Uniformed Services University of Health Sciences (USUHS); to determine medical acceptability for one or more of the Service Academies, ROTC, or USUHS.

ROUTINE USES: Medical consultations may be necessary with parents/legal guardians to clarify/explain the applicant's medical status. Examinations may be released to civilian contractors, governmental agencies and private physicians associated with medically certifying applicants for military service.

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

**Department of Defense
Medical Examination Review Board
(DoDMERB)**

**ENSURE YOU TAKE THE ENCLOSED LETTER, PACKET, AND A PICTURE I.D. WITH
YOU TO YOUR EXAMINATION. RETAIN THIS COVER LETTER FOR YOUR RECORDS.**

You are required to undergo a medical examination as part of your application to one or more of the U.S. Service Academies, Reserve Officer Training Corps (ROTC) Scholarship programs, or the Uniformed Services University of the Health Sciences (USUHS).

This single examination satisfies the requirement for one or all of these programs. Your medical examination may be accomplished at a Military Treatment Facility (MTF), American Embassy, consulate, or foreign medical and optometric examiner. If you are active duty Navy, assigned to a ship, contact your ship's medical department for assistance in obtaining the examination when your ship is in port.

The letter and the enclosed packet must be taken with you to your **medical and optometric examiner appointment**. If you are under 18 years of age, we strongly urge you to take a parent or legal guardian to your appointment. It is extremely important that you make certain the examination is completed in accordance with the instructions in this packet by you and/or your examiners. All records must be in English or translated into English (translation costs are at your expense and must be accomplished PRIOR to sending to DoDMERB). Review each form to ensure all required items have been completed by the examiner(s). If possible, request the original examination report and all attachments and send directly to DoDMERB.

If your examination is conducted at a **U.S. Air Force, Army, or Navy MTF**, you do not need to obtain the examination report, but ensure the facility submits by mail, fax, or scan and PDF to (select only one option):

Mailing address:

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

Fax:

719-333-3578

Email a PDF:

HelpDesk@dodmerb.tma.osd.mil

Should you or the examiner have questions concerning any aspect of this examination, they may be submitted to the above address or by calling 719-333-3562 or 800-841-2706 between 7:00 a.m. and 3:00 p.m., Mountain Time, U.S.A.

INQUIRIES REGARDING YOUR MEDICAL STATUS: Inquiries regarding your medical status may be made no earlier than **THIRTY (30) DAYS AFTER YOUR MEDICAL EXAMINATION BY CALLING:** 719-333-3562 or 800-841-2706. You may also check the DoDMERB web site at <https://dodmerb.tricare.osd.mil> and create an account under the "Applicant" tab.

COMPLETING THE REPORTS OF MEDICAL EXAMINATION AND HISTORY: Your portion of the Medical History form and your personal data on the Medical Examination form must be completed prior to your exam.

**APPLICANT INSTRUCTIONS
REPORT OF MEDICAL HISTORY (DD FORM 2492)**

ITEMS 1 through 86 (USE BLACK INK)

- 1. Name:** Last, First, Middle Initial (if there is no middle initial enter "NMI")
- 2. Applicant's Social Security Number:** (example 123-45-6789)
- 3. Telephone number with area code** where you can be reached
- 4. Enter DoDMERB/Service Academy(ies)/ROTC**
- 5. Leave blank**
- 6. Date of examination** in year/month/date format YYYY MM DD (example **2009/01/30** = January 30, 2009)

Items 7 through 78 - Check the appropriate block for each item. Be prepared to give full details on all "YES" responses at the time of your exam. Ensure you are completely truthful. Any "error" or omissions discovered later could be considered as intentional falsification. If available, attach to your examination, appropriate copies, **not originals**, of medical records for all "YES" answers.

Items 79 through 82 - To be completed by female applicants only

83. Please follow the instructions located at the top of the block. Provide details on ALL "YES" responses.

84. Print or type your full name

Signature: Sign your name **exactly** as listed in "TYPED OR PRINTED NAME OF EXAMINEE" block

Date Signed: Enter date in year/month/date format YYYY MM DD (example **2009/01/30** = January 30, 2009)

85 & 86 - Remainder of Form: These blocks will be filled out by the examiner/examining facility.

PREVIOUS INJURIES OR ILLNESSES: Bring a complete report or copies of medical records from your physician if you have been treated for a serious illness or injury in the last six months. This action should prevent delays in reviewing your Physical Examination.

<p style="text-align: center;">APPLICANT AND EXAMINER INSTRUCTIONS REPORT OF MEDICAL EXAMINATION (DD FORM 2351)</p>
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UNLESS OTHERWISE SPECIFIED BELOW, ALL BLOCKS WILL BE COMPLETED AS INDICATED. WHERE DEFINITIVE GUIDANCE IS NOT ISSUED, ACCEPTED STANDARDS OF MEDICAL CARE WILL PREVAIL.

ITEMS 1 through 9 - APPLICANT INSTRUCTIONS (USE BLACK INK)

1. **Date of Examination:** YYYY MM DD (2009/01/30 = January 30, 2009)
2. **Name:** Last, First, Middle Initial (If there is no middle initial enter "NMI")
3. **Applicant's Social Security Number:** (example 123-45-6789)
4. **Date of Birth** in YYYY MM DD (1990/05/12 = May 12, 1990)
5. **Age** in years (example 18)
6. **Sex:** (Male, Female) If the individual does not have any sexual organs or is a hermaphrodite, note specifically in Block 57.
7. **Race:** (African American, Caucasian, Hispanic, etc.)
- 8a. **Current Mailing Address**
- 8b. **ROTC Detachment Code**
9. **Status:** (Check applicable block)

ITEMS 10 through 59 - EXAMINER INSTRUCTIONS (USE BLACK INK)

10. **Examiner Address:** (Facility name, street, city, state, and zip code)
11. **Height:** (See instructions below)

Standing Height: Measure to the nearest quarter inch and record as a decimal (such as 72.00, 72.25, 72.50, or 72.75). The measurement will be made with the applicant wearing socks, stockings, or bare feet; without any other footwear.

Sitting Height: Measure while sitting on a hard flat surface, hips flexed at 90 degrees, lower legs dangling free, and torso erect, with head facing directly forward. Measure from the top of the head to the top of the hard surface that the examinee is sitting upon; measure sitting height to the nearest quarter of an inch.

12. Weight: The applicant will be weighed in average street clothes with minimum garments worn (remove all bulky items - such as coats, shoes, etc.). The weight will be recorded as is; without any deduction for the weight of the clothes.

13. Pulse: Record the pulse as a number in this block (example 72). If a pulse reading is over 100, wait 5 minutes and repeat. Record the second pulse reading in Item 14a.

14. Blood Pressure: (example 120/84) If blood pressure is greater than 140/90, wait five minutes and repeat. Record the second blood pressure in Item 14a.

15. Audiometer: Give a pure tone frequency threshold test for the following frequencies: 500, 1000, 2000, 3000, 4000, and 6000 Hertz. This test should not be administered in an area where other audible distractions may be present. This is NOT a screening test. The desired results are a determination of threshold, NOT hearing ability, as defined by the American Speech-Language-Hearing Association of Rockland, Maryland. The test will be measured in incremental decibel levels of five (such as 0, 5, 10, etc.). **NOTE:** Though certain machines are calibrated more precisely than these requirements, test results will be recorded using these decibel levels. Indicate the type of standard (American National Standards Institute, 1969 or the International Standards Organization, 1964).

16. Reading Aloud Test: The Reading Aloud Test will be administered to all applicants. The test will be conducted as follows:

Have the examinee stand erect, face the examiner across the room and read the boxed paragraph below aloud, as if he were confronting a class of students.

If the applicant pauses, even momentarily, on any phrase or word, the examiner immediately and sharply says, "What's that?" and requires the examinee to start over again with the first sentence of the test. The true stammerer usually will halt again at the same word or phonetic combination and will often reveal serious stammering. Note any speech deficiencies, or history thereof, in Block 57.

READING ALOUD TEST: "You wished to know all about my grandfather. Well, he is nearly 93 years old; he dresses himself in an ancient black frock coat, usually minus several buttons; yet he still thinks as swiftly as ever. A long flowing beard clings to his chin giving those who observe him a pronounced feeling of the utmost respect. When he speaks, his voice is just a bit cracked and quivers a trifle. Twice each day he plays skillfully and with zest upon our small organ. Except in winter when the ooze of snow or ice is present, he slowly takes a short walk each day. We have often urged him to walk more and smoke less, but he always answers, "Banana oil!" Grandfather likes to be modern in his language."

Items 17 through 26 - Eye Examination: Please ensure you bring a current pair of glasses to the examination. Before conducting vision tests, the examiner shall determine if the applicant is wearing contact lenses. Soft contact lenses must be removed a minimum of 72 hours before the manifest refraction. All rigid contact lenses (hard or gas permeable) must be removed at least 21 days before the refraction. If an applicant is undergoing ortho-keratology or corneal refractive treatment, the rigid lenses must be out for 90 days. If the contact lenses have not been out the required period, note that fact in Block 57, and continue with the examination, including the refraction.

The lenses must be removed for those tests where the lenses would obviously cause erroneous results; example - items 17 and 19 (uncorrected visual acuity tests). If the applicant normally wears corrective lenses (spectacles or contact lenses), spectacles shall be worn during color vision testing. However, neither tinted lenses nor "color corrective" lenses shall be worn during color vision testing. If an applicant appears for testing with only tinted or "color corrective" lenses, the examiner shall test using the applicant's prescription "in phoropter" or in a trial frame.

If the applicant's habitual distance glasses prescription does not correct the applicant to 20/20 in either eye at distant or near, the results of the manifest refraction shall be used "in phoropter" or in a trial frame for convergence testing, binocularity testing, as well as cover testing, heterophoria testing, and color vision testing.

If the examiner notices a definite inconsistency between visual acuity and refraction, the examiner shall explain the inconsistency.

17. Distant Vision: Distant visual acuity will be measured in the eye lane. No "screening" apparatuses are acceptable for measurements of visual acuity. Monocular distant visual acuity will be noted with a constant numerator of 20/ (such as 20 feet) and a denominator in accordance with the individual's vision. If the individual's vision is less than 20/20 in either eye, the best-corrected monocular visual acuity will be measured for each eye. If the individual cannot identify the largest testing letter, he or she should walk toward the letter until they are able to recognize it. The distance (in feet) from the individual to the letter should then be used in the numerator (instead of 20) and the appropriate foot letter size indicated in the denominator. The doctor should then change the visual acuity notation to reflect a 20-foot test distance (such as 5/400 equates to 20/1600).

18. Refraction: A manifest shall be completed on each applicant. To accept or report the applicant's habitual refraction as "adequate" is unacceptable. The refraction should be the power needed to produce a full 20/20 in each eye. To receive credit for reading a line of letters on the eye chart, it is important that the individual be able to read the entire line correctly. Should the applicant be 20/20 (-2), continue the exam until such power is used to fully correct to 20/20. In all cases, we seek refractions that are least minus (most plus) to **BEST** visual acuity. Should the applicant not be correctable to 20/20 in either eye, the examiner should confirm and explain this fact in Block 57. Possible explanations include, but are not limited to, amblyopia, cataracts, corneal scarring, macular degeneration, and solar retinitis.

If the examiner sees +2.50 diopters or greater latency in either eye during retinoscopy, the examiner will report this in Block 57.

19. Near Vision: Record near vision in Snellen notation. Near vision testing distance is 14 inches or 16 inches depending on the standard for the particular chart used. The applicant must not be allowed to "trombone" the chart until clear. Enter uncorrected near vision for right eye and left eye. If the applicant's uncorrected near vision is worse than 20/20 right eye or left eye record the applicant's best corrected near vision right eye and left eye and record the lens values producing the applicant's best corrected near vision. If these lens values are a distance correction, leave the spaces empty after the word "BY." If the corrected near acuities were measured through additional plus power over the distance prescription listed in Item 19, enter the power of the "add" values after the word "BY" in Item 19.

If the corrected near vision was measured through a single vision near prescription, so state, and record the near prescription in Block 57.

20. Heterophoria/Tropia (Far only): Heterophoria will be performed at 20 feet. Enter the numerical value for the lateral phoria test in the appropriate box; enter the numerical value for the vertical phoria test in terms of hyperphoria in the appropriate box. Enter "0" for "ortho" results.

If an applicant is strabismic and does not respond to subjective tests because of suppression, then the amount of strabismus should be measured objectively (such as neutralize movement on unilateral or alternating cover test(s) with loose prisms or prism bars). When the applicant is strabismic, the results are tropias, not phorias. Enter the results as appropriate and note in Block 57 that these are tropia measurements.

21. Cover Test: Differentiate between distant phorias and tropias by use of the objective cover test. If the examiner finds esotropia, exotropia, or hypertropia on the cover test, he or she should check "FAIL." Check "PASS" if there is no strabismus. In cases of intermittent strabismus, the examiner should check "FAIL."

22. Color Vision: Color vision testing will be done using a pseudoisochromatic plate test consisting of one demo and 14 test plates. Test plate sets of other sizes are unacceptable. Dvorine plates are preferred, but Ishihara or American Optical are acceptable. The plates should be used with a Macbeth Easel Lamp. If one is not available, cool white fluorescent is an acceptable substitute. Daylight illumination or incandescent illumination are unacceptable and will corrupt the test.

Record the number of plates correct and the number of plates incorrect. Specify the kind of pseudoisochromatic plates (**PIP**). Do not enter "PASS" or "FAIL" for pseudoisochromatic plate color vision tests.

If the applicant misses more than 4 of 14 plates, he or she should be checked for the ability to distinguish and identify, without confusion, the colors of objects, substances, materials or lights that are vivid red and vivid green; record the results of this additional test in Item 25 of DD Form 2351.

Testing Procedure: The test plates are placed on a table or shelf that allows the test to be given directly

in the examinee's line of sight and at right angles to the line of sight (such as perpendicular).

The light

source and plates will also be positioned so that during test administration the examinee is not facing an

open window or other strong light sources that will produce a glare on the plates.

a. The examinee will be positioned 30 inches from the test set and instructed to "read the numbers as they are presented." The examiner will also instruct the examinee not to touch the plates or attempt

to trace the numbers. After these instructions the examiner will not offer any further guidance or

clues about the test.

b. The demonstration plate is always the first plate presented in the testing sequence to insure the

examinee understands the test. Be sure to ask examinee if he or she fully understands the test

procedures. After the demonstration plate is presented, the remaining 14 plates are shown in

sequence, with up to 5 seconds between plates to allow the examinee to respond. If the examinee does not make an immediate response, the examiner will ask for a number: if there is still no response, the examiner will go to the next plate without further comment to the examinee.

Scoring: The demonstration plate is not used in determining the results of the screening test. To pass the test, the examinee must correctly answer 10 or more of the 14 test plates. On those plates with two-digit numbers, both numbers must be correctly identified for credit. Five or more incorrect responses or failures to respond is defined as failing this particular color testing method.

Compromise of the Test: To preclude possible memorization or compromise of the plate presentation sequence, the test plate order will be shuffled on a regular basis, but not less than once a week. If there is any suspicion that an examinee may have the sequence memorized, the order will be changed and the test re-administered. This is extremely important with male applicants that have a family history of "color blindness" or "color deficiencies".

Recording: Enter the number of plates correct and the number of plates incorrect in the appropriate spaces in Item 22. Indicate the type of pseudoisochromatic plates used (such as Dvorine, Ishihara, or American Optical) in Item 22.

In the event the applicant fails the initial color vision test, then a vivid "Red/Green" test must be administered by using any material (preferably vivid red and vivid green yarn) to determine if the

applicant can distinguish between red and green colors. Record the results in Item 25. If applicant is applying for any of the Sea Services please administer a Falant (if available) and record results in Item 22.

23. Depth Perception: Four types of depth perception tests are acceptable: Verhoeff Stereopter, the Titmus Stereotest (Randot), the Titmus Stereotest (Circles), and Optec Vision Tester (OVT). (The Titmus Circle Stereotest is frequently referred to as the Titmus Stereofly, but the "fly" image is not the image used for the test.) Record the appropriate score for the test used. Do not report "PASS," "FAIL" or percent (%) stereopsis. If an applicant requires spectacle correction, then they should be worn during depth perception testing.

- a. Verhoeff: number correct/number presented. (The number of presentations will be 8)
- b. Titmus Stereotest (Randot): arc seconds up to a maximum stereopsis of 20 arc seconds
- c. Titmus Stereotest (Circles): arc seconds up to a maximum stereopsis of 40 arc seconds
- d. OVT: record the letter of the row that an applicant scores all answers correct (A – F)

24. Point of Convergence: DoDMERB seeks to obtain the lowest NPC (Near Point of Convergence) value on examinees. The NPC will be accomplished on all physical examinations. If glasses are required by the examinee, they will be worn during testing. The equipment required to perform the NPC is an Accommodation Test Rule. Performance of the NPC will require the examiner and examinee to be on an eye-to-eye level so that movement of the examinee's eye is easily detected. The zero point of the Accommodation Test Rule is placed on the bridge of the nose. The rule will be held at a slight downward angle (15 to 20 degrees from the examinee's perpendicular line of sight). A test object is placed at the distal end of the rule on the nasal side, and the examinee is instructed to focus on the object and follow it as the examiner moves it toward the eyes. The examiner will move the test object slowly toward the examinee's eye, while constantly observing the examinee's eyes for any break in fusion, as indicated by outward movement of either eye. Results of the NPC will be obtained by noting the point at which fusion on the test object was broken. Record the results in millimeters. Do not use vague terms such as "better than 6" or "8+". Be clear on the test results. Some examinees will be able to fuse on the test object the entire length of the test rule. In this case, the test will be repeated and examinee instructed to report the point at which doubling of the test object is noted.

25. Vivid Red/Green Test: (Use only if the applicant fails Color Vision Test; Item 22) The vivid "Red/Green" test must be administered by using any material (preferably vivid red and vivid green yarn) to determine if the applicant can distinguish between red and green colors. Record the results in Item 25.

26. Ocular Motility and Binocularity (Red Lens Test): In the past DoDMERB required examiners to use the Red Lens Test to check binocularity and ocular motility, and test for nystagmus, suppression, and diplopia. Other appropriate tests may now be substituted for the Red Lens Test, such as a Worth 4-dot test. However, a DoDMERB eye examination still requires an evaluation of binocularity and ocular motility, and a check for nystagmus, suppression, and diplopia. Applicants must be checked for the presence of suppression and diplopia in the primary position of gaze as well as the six cardinal positions of gaze. Applicants who have suppression or diplopia in any position of gaze within 34 degrees (59 prism diopters) of the primary position should be marked "FAIL." Applicants who lack binocularity and applicants with gaze restrictions or nystagmus should also be marked "FAIL." Explain all failures in Block 57. By these criteria, all strabismic applicants (constant or intermittent) will fail both the cover test and the binocularity/motility test. An applicant can fail the binocularity/motility test, but pass the cover test. This could happen with central suppression and peripheral fusion. However, all cover test failures (strabismics) are necessarily binocularity/motility test failures. If an applicant fails the Red Lens Test, comments **MUST** be made in Block 57 as to presence of suppression and/or diplopia and to the extent to which this adversely influences the applicant's visual performance.

Red Lens Test Instructions:

Purpose: This test is to determine the presence of diplopia (double vision) or suppression ("change in color") when the examinee's gaze is shifted away from the central fixation point.

Equipment Required: The equipment required for Red Lens testing includes; one red lens, one adjustable stool, one chin rest, and adjustable (dim) light source, one 5 diopter and plano prism paddle, and a tangent screen. If a tangent screen is not available, lines drawn on a white wall at 0°-180°, 45°-225°, 135°-315° intersecting at a fixation point 48 inches from the floor and running at least 20 inches from the fixation point will be sufficient.

Pre-testing Procedures:

- a. The examinee is seated on the adjustable stool 30 inches from the tangent screen or a central fixation point. Adjust the height of the stool so the examinee is comfortable when their chin is placed in the chin rest.
- b. Give the examinee the red lens and have them place it in front of one eye. Place the plano portion of the prism paddle in front of the examinee's other eye in their line of sight, and place the light source at the fixation point.
- c. Ask the examinee to describe the light at the fixation point:
 - The correct response is a "single pink" light.
 - Some examinees may report a "red" light. Do not interpret this response as suppression. Have the examinee close the eye with the plano prism in front of it and ask the examinee to again describe the light. The light should now appear to be a "truer" red. Now have the examinee change and close the other eye so they can see the "white" light. Then have the examinee open both eyes again and confirm the differences in the three colors.
- d. With the red lens still over one eye, rotate the prism paddle to place the five diopter prism base up or base down in front of the other eye and again instruct the examinee to describe the light.
 - The examinee should now report two lights, one red and one white.
 - The five diopter prism placed base up or base down in front of the eye will produce diplopia. The purpose of this prism is to avoid routine negative responses during the test.

Instructions to the Examinee:

The examinee will follow the light at all times by moving the eyes only, keeping the head stationary. They are to report any doubling (diplopia) or change in color (suppression) of the light.

Testing Procedures:

- a. Have the examinee again place the red lens over one eye and you place the light source at the fixation point. Placing one side of the prism paddle in front of the eye (it doesn't matter which side), ask for a response from the examinee.
- b. Slowly move the light out line number 1 starting from the fixation point. While moving the light, randomly alternate placing the Plano and five diopter prism in front of the examinee's eye.

Solicit a response from the examinee each time the light stops and you have placed the prism paddle in front of the eye. Stop at least twice on each numbered line with one of them being the farthest point on the line.

- c. Follow the same procedure for lines 2 through 6, starting at the fixation point each time.

Interpreting Results:

- a. Abnormal results can only be confirmed when the plano prism is in front of the eye.
- b. Diplopia should be suspected if the examinee reports seeing both a red and a white light when they are supposed to see a pink light (plano prism).
- c. Suppression should be suspected if the examinee reports:
 - Seeing a red light only or a white light only when they are supposed to see a pink light (plano prism)
 - Seeing a single red or single white light when they are supposed to see a red and a white light (5 diopter prism)
- d. CAUTION should be taken when determining the difference between a pink light and a red light.
Consideration should be given to individuals with prominent brows that might cut off the view from one eye when the light is moved into one of the upper diagonal meridians. It is also important to remember to keep both the red lens and the prism paddle in the examinee's line of sight.

Recording Results:

- a. If the examinee does not report diplopia or suppression, report PASS on record.
- b. If the examinee reports either diplopia or suppression, report FAIL on record.
- c. Record whether the failure was for diplopia or suppression.
- d. If failure was diplopia, record which meridians the diplopia occurred.

27. Urinalysis: Check the appropriate boxes for protein, sugar, and blood. Multi-reagent strips or "dip stick" strips may be used. If the multi-reagent strip is positive, an actual microscopic examination must be performed and the results annotated.

28. Other Tests: Not normally used

Items 29 through 59: Listed below are specific areas to be included, but limited to, in the examination process. Examine all areas and mark an "X" in the NORMAL or ABNORMAL block as appropriate. If there is an abnormality, enter the item number in block 57 and describe the abnormality in detail.

29. Head, Face, Neck, and Scalp: Any obvious deformities that would preclude wearing of helmets or obtaining a viable seal on oxygen and chemical protective masks, such as asymmetry

of the head, severe scarring, severe cystic acne, enlarged thyroid, thyroglossal duct cysts, lymphadenopathy, psoriatic or other skin lesions.

30. Nose: Note the presence of any perforations, polyps, hypertrophic turbinates, deviations, or masses. Estimate the degree of airway obstruction.

31. Sinuses: Note any sinus tenderness or drainage.

32. Mouth and Throat: Is there any airway obstruction or abnormal post nasal or anterior nasal discharge? Are there mucosal lesions, excessive carious teeth, severe periodontal disease, cleft palate, or hypertrophic tonsils?

33. Ears General (Internal and external canals): Is there any obvious purulent discharge from or tenderness of the canals or cartilage deformity of the pinnae, or purulent discharge from the canals? If operative scars are noted over the mastoid area, include a notation of simple or radical mastoidectomy.

34. Drums (Perforation): Are there any perforations (record size and location), retractions, immobility, bulging, or signs of middle ear fluid or pus? If there is scarring of the tympanic membrane, record the percent of the membrane involved and evaluate the mobility of the membrane.

35. Valsalva: Include a visual inspection of the eardrum during increased intranasal pressure. Make an objective determination of tympanic membrane movement, bilaterally. Do not rely on the patient's assessment.

36. Eyes General: Is there crusting or scaling along the margins of the eyelids and lashes? Are there duplicate rows of lashes, entropion/ectropion eyelids, or obvious deformities in or around the eyes? When there is ptosis of lids, make a statement about the cause and whether it interferes with vision. Is there any conjunctiva injection or corneal scarring? When a pinguecula or pterygium is detected, note the following:

- a. Encroachment on the cornea
- b. Progression
- c. Vascularity - check particularly for radial keratotomy or evidence of orthokeratology or other procedures employed to improve visual acuity

37. Pupils (Equality and reaction): Are the pupils equally round and reactive to light and accommodation? Is there any evidence of Marcus Gunn or Adie's tonic pupils?

38. Ocular Motility (Associated parallel movements and nystagmus): Evaluate the extraocular muscles. Observe the "cardinal positions" to determine if there is any paralysis or gaze restriction or nystagmus.

39. Ophthalmoscopic: Is there any lid or iris coloboma or deformities of the cornea, iris, retina, and/or optic nerve? Are there any lens opacities or congenital anomalies? If so, make a statement about size, type, progression and interference of vision. Is there any debris in the anterior chamber or vitreous? Are there any pigment problems?

40. Lungs and Chest (Include breasts): Both males and females should be examined for any signs of breast lumps or tumors. Is there any wheezing (inspiratory and/or expiratory), rhonchi, and/or rales? Note abnormalities including chest wall deformities.

- 41. Heart (Thrust, size, rhythm, and sounds):** What is the location of the PMI? Are there murmurs and where are they in the four major areas? Do they radiate or produce thrills, or fremitus? If present, do they diminish or increase with body position or Valsalva? When describing murmurs by grade, indicate basis of grade (example IV or VI). Note any additional sounds (clicks, etc.) and their time in the cardiac cycle, synchrony, and intensity; and whether they are of cardiac origin or adventitious.
- 42. Vascular System (Varicosities):** Record absent pulses or sign of lymphedema. Is there any abnormality in the skin temperature of the extremities? When varicose veins are present, give their location, severity, and evidence of venous insufficiency.
- 43. Abdomen and Viscera (Include hernia):** Are/is (Is) there any organomegaly, pulsating masses, or unusual tenderness (particularly over the gastroduodenal area)? Note any abdominal scars and describe the length in centimeters, their location and direction. If you find a dilated inguinal ring, please state whether a hernia is present.
- 44. Endocrine System:** Are there any obvious signs of Cushing's syndrome, hyper/hypo adrenalism, thyroid, or other endocrine abnormalities?
- 45. Spine, Other Musculoskeletal:** Are there any signs of kyphosis, lordosis, scoliosis, spina bifida defects, and/or scapular winging, muscle atrophy or absence of muscle?
- 46. & 47. Upper Extremities and Lower Extremities (Strength and range of motion):** Are there any signs of obvious asymmetry of muscle mass, loss of strength or range of motion or difference in leg length? If so, provide measurements of both sides. If the applicant has a history of previous injuries or fracture of any extremity, indicate if there is a deformity and if function, to include strength, range of motion, and any positive findings, is normal.
- 48. Feet:** Are there any marked abnormal arches (mild, moderate, or severe), marked dystrophy of the 1st metatarsal, or clubbing? Are orthotics or special footwear used? Gait abnormalities?
- 49. Identifying Body Marks, Scars, Tattoos:** If any of these exist, annotate in Block 57 the type, location, size, and degree of imperfections (example there is a 3 cm long by 2 cm wide red and blue tattoo on the left forearm with the Harley Davidson logo). With respect to scars, identify if they are a result of surgery, trauma, or other.
- 50. Skin, Lymphatics:** Describe pilonidal cyst or sinus and indicate whether symptomatic in past or at present. If there is a skin disease, indicate what it is, record its chronicity, severity, and response to treatment in Block 57. If you detect a skin disease of the face, back, or shoulders, state whether the defect will interfere with wearing an oxygen mask or whether wearing a parachute harness, shoulder straps, or other military equipment will irritate it.
- 51. Male GU System:** Male applicants shall have a visual inspection of the external genitalia for the purpose of reporting abnormalities. If a varicocele or hydrocele is detected, indicate the size in relation to the opposite testicle and whether it's symptomatic. If an undescended testicle is detected, describe its location, particularly in relation to the inguinal canal. Also, perform a visual inspection of the external genitalia to determine any abnormalities (such as new growths, evidence of sex change, genital warts, etc.). Note all abnormalities in Block 57.
- 52. Anus and Rectum:** *This examination must be conducted, visual only. "NE" (not evaluated) will not be entered for any applicant.* Perform an external visual inspection for both males and females. Check for external hemorrhoids and note size, number, and symptomatology. Check for fistula, cysts, etc.

53. Female GU External Visual Exam:: *This examination **must** be conducted, visual only. "NE" (not evaluated) **will not** be entered for any applicant.* Female applicants shall have a visual inspection of the external genitalia for the purpose of reporting abnormalities. Check for Bartholin cysts and/or leukorrhea. Also, perform a visual inspection of the external genitalia to determine any abnormalities (such as new growths, evidence of sex change, genital warts, etc.). Specifically, females will have the prepuce, labium (major and minor), clitoris, vestibule, meatus, vaginal orifice, anterior vaginal wall, fossa navicularis, and fourchette visually inspected. No internal (manual or speculum) examination is required. Note all abnormalities in Block 57.

54. Neurologic: Through observation and interview does there appear to be any neurologic deficit (such as slurring of speech, muscular tics, abnormal reflexes, loss of motor function, etc.)? Mark an "X" in the block as appropriate. If there is an abnormality, enter the item number in Block 57 and describe in detail.

55. Psychiatric: Through observing and interviewing the examinee, determine if there appears to be a personality disorder, flat affect, lack of maturity, etc. Will this person be capable of adapting to the military (such as Ask the question "Do you really want to join the military?" A response such as, "No, I'm doing it for my parents." would indicate that adaptability may be a problem.) Explain any negative recommendation in detail.

56. Repeat BP or Pulse Exam (Sitting): If 14 and 14a are greater than 140, diastolic blood pressure is greater than 90, or pulse reading is greater than or equal to 100 on the second reading, wait 5 minutes and repeat again. Record the third BP or pulse reading here.

57. Notes: Enter the item number before each comment. Describe **EVERY** abnormality in detail.

58. Examiner: Clinical evaluation may be performed by Physician Assistant (PA) or Primary Care Nurse Practitioner (PCNP). If the examiner IS NOT a physician, enter the data as specified concerning the examiner.

59. Physician: Enter all data as specified concerning the physician. The physician is responsible for the accuracy and completeness of examinations conducted by PA's, PCNP's, etc., and must sign and date the original DD Form 2351.

EXAMPLE

DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB) REPORT OF MEDICAL EXAMINATION <i>(Please read Privacy Act Statement before completing this form.)</i>							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								
<p>AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.</p> <p>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).</p> <p>ROUTINE USES: This information may be disclosed to any U.S. Government agency requiring the information to complete applications to their organizations.</p> <p>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.</p>															
APPLICANT DATA															
1. DATE OF EXAMINATION (YYYYMMDD) 2009/01/29		2. NAME (Last, First, Middle Initial) Muffet, Missy C.				3. SOCIAL SECURITY ACCOUNT NUMBER 987-65-4321									
4. DATE OF BIRTH (YYYYMMDD) 1990-10-03		5. AGE 19	6. SEX Female	7. RACE (Ethnic Group/Medically Significant) Caucasian											
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) 1220 Curdsenwhey Lane Nokomish, WI 12345				<input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> RESERVE/GUARD	Tuffet AFB 1951 Crawling Spider Lane Nokomish, WI 12345										
b. ROTC DETACHMENT CODE (If applicable):															
MEASUREMENTS															
11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)	13. PULSE	14. BLOOD PRESSURE SYSTOLIC DIASTOLIC		14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS HERE: SYSTOLIC DIASTOLIC PULSE									
STANDING	SITTING	150	72	130	180	1									
66.25	33														
15. AUDIOMETER															
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000	X	SATISFACTORY	
RIGHT	5	5	0	5	10	10	LEFT	0	0	5	5	5	10		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				
25		20		-0.25	+0.25	100		20	20		same				
LEFT 20/		CORR TO 20/		SPH	CYL	AXIS		20/	CORR TO 20/		BY				
25		20		-0.25	+0.25	090		25	20		same				
20. HETEROPIORIA/TROPIA (Far only)		21. COVER TEST		22. COLOR VISION				23. DEPTH PERCEPTION							
ESO ^Δ	EXO ^Δ	RH ^Δ	LH ^Δ	X	PASS (Non-Tropia)	PIP (14 plate test only)	No. Passed	No. Failed	MTF and MEPS 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				
0	1	0	0		FAIL (Tropia)	13	1			X	VTA-ND/OVT/AFVT	Passes (F)			
											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)									
25 mm				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL IF FAILED: <input type="checkbox"/> DIPLOPIA <input type="checkbox"/> SUPPRESSION									
LABORATORY															
27. URINALYSIS															
PROTEIN	X	NEG	T	1+	2+	3+	4+	MICROSCOPIC EXAMINATION (If required) (X one)							
SUGAR	X	NEG	T	1+	2+	3+	4+	NEGATIVE							
BLOOD		NEG	X	1+	2+	3+	4+	X POSITIVE (List results) 2-5 RBC's							
28. OTHER TESTS (Specify type and results)															

EXAMPLE

CLINICAL EVALUATION					
NORMAL	(X each item in the appropriate column.) All evaluations must be addressed, or the examination is considered INCOMPLETE .	ABNOR- MAL	NORMAL	(X each item in the appropriate column.) All evaluations must be addressed, or the examination is considered INCOMPLETE .	ABNOR- MAL
X	29. HEAD, FACE, NECK AND SCALP		X	44. ENDOCRINE SYSTEM	
	30. NOSE	X		45. SPINE, OTHER MUSCULOSKELETAL	X
X	31. SINUSES		X	46. UPPER EXTREMITIES (Strength, sensation, range of motion)	
X	32. MOUTH AND THROAT (Braces/retainers - permanent/removable)		X	47. LOWER EXTREMITIES (Except feet) (Strength, sensation, range of motion)	
X	33. EARS - GENERAL (Internal and external canals) (Auditory acuity under item 15)		X	48. FEET (If Pes Planus or Pes Cavus, mild/moderate/severe, symptomatic/asymptomatic)	
X	34. DRUMS (Perforation and scarring)			49. IDENTIFYING BODY MARKS, SCARS (length, surgical/nonsurgical), TATTOOS (description and location), PIERCINGS	X
X	35. VALSALVA			50. SKIN, LYMPHATICS (acne, rashes)	
X	36. EYES - GENERAL APPEARANCE (Visual acuity and refraction under items 17, 18, and 19)		X	51. MALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
X	37. PUPILS (Equality and reaction)			52. ANUS AND RECTUM - EXTERNAL VISUAL ONLY - MANDATORY ON ALL APPLICANTS (Hemorrhoids, fistulae)	X
X	38. OCULAR MOTILITY (Associated parallel movements, nystagmus)			53. FEMALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
X	39. OPHTHALMOSCOPIC (Required by medical examiner)		X	54. NEUROLOGIC	
X	40. LUNGS AND CHEST (Include breasts)		X	55. PSYCHIATRIC (Specify any personality deviation)	
X	41. HEART (Thrust, size, rhythm, and sounds)				
X	42. VASCULAR SYSTEM (Varicosities, etc.)		X		
X	43. ABDOMEN AND VISCERA (Include hernia)		X		
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.)					
<p>#30. Moderate obstruction on (R), due to septal deviation, airflow adequate; asymptomatic.</p> <p>#45. Scoliosis, thoracic spine; minimal deviation, to (R).</p> <p>#49. 3 cm heart-shaped tattoo, lateral aspect, middle 1/3 (L) forearm.</p> <p>#52. Small external hemorrhoid; asymptomatic.</p>					
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)	
Jack S. Cruise		P.A.	<i>Jack S. Cruise</i>	2009-01-29	
59. PHYSICIAN (MD/DO)					
TYPED OR PRINTED NAME		DEGREE	SIGNATURE	DATE (YYYYMMDD)	
Samuel T. Smith		M.D.	<i>Sam T. Smith</i>	2009-01-29	

EXAMPLE

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

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

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

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

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 the Coast Guard Academy and Merchant Marine Academy for applications 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. NAME (Last, First, Middle Initial) Muffet, Missy C.	2. SOCIAL SECURITY NUMBER 987-65-4321	3. TELEPHONE NO. (Include area code) (101) 246-8102
4. PURPOSE OF EXAMINATION DODMERB	5. EXAMINATION FACILITY OR EXAMINER AND ADDRESS (Include ZIP Code) Tuffet AFB 1951 Crawling Spider Lane, Nokomish, WI 12345	6. DATE OF EXAMINATION (YYYYMMDD) 2009-01-29

Mark each item "Yes" or "No". EVERY QUESTION MUST BE ANSWERED, OR PROCESSING DELAYS WILL OCCUR. Every "Yes" must be explained in Block 83, REMARKS, on the back of the form. Mark and explain each item to the best of your ability. Be perfectly honest! Your medical records may be requested to clarify your medical history.

7. HAVE YOU EVER OR DO YOU NOW USE ANY OF THE FOLLOWING:		YES	NO	8. Wear glasses	9a. If you wear contact lenses, how many days have they been removed prior to this examination?		
YES	NO				Less than 3	3 - 20	21 or over
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Type lens:	Hard	<input checked="" type="checkbox"/> Soft
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. HAVE YOU EVER HAD YOUR VISION IMPROVED BY METHODS OTHER THAN STATED IN QUESTIONS 8 OR 9?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	66. Sleepwalking episodes after age 12		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67. Easily fatigued		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68. Motion sickness (car, train, sea, or air)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69. X-ray or other radiation therapy		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70. Sensitivity to chemicals, dust, sunlight, etc.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71. Learning disabilities or speech problems		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72. Been refused employment or been unable to hold a job or stay in school because of:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	a. Inability to perform certain movements?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Inability to assume certain positions?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Other medical reasons?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73. Been rejected for or discharged from military service because of physical, mental or other reasons?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74. Been denied or rated up for life insurance?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75. Received or applied for pension or compensation for existing disability?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76. Had or been advised to have, any surgical operations?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77. Consulted, or been treated by clinics, hospitals, physicians, healers, or other practitioners for other than minor illnesses?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78. Had any injury or illness other than those already noted?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES	NO	79. Been treated for a female disorder, painful periods, or cramps
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80. Had a change in menstrual pattern		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81. Are you now pregnant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82. Date of last menstrual period (YYYYMMDD) 2009-01-13		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83. Considered or attempted suicide		

EXAMPLE

83. REMARKS. Applicant use only. Every "yes" response in items 7 through 81 must be explained in the space provided. Give specific dates and details including names of physicians and hospitals or clinics and the current status of the condition. If additional space is required, continue on a separate sheet and attach to this form.

#9. Worn soft contact lenses for two years.

#14 & 28. I'm allergic to pollen. I take Allegra about two times a month during Spring & Summer.

#68. I was car-sick several times during my childhood. I've outgrown it. I was last car-sick at age 10.

84. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the physicians, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE/APPLICANT

Missy C. Muffet

SIGNATURE OF EXAMINEE/APPLICANT

Missy C. Muffet

DATE SIGNED

(YYYYMMDD)

2009-01-29

85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. Examiner shall comment on all "Yes" and blank answers, indicating the item number before each comment. Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is required, continue on a separate sheet and attach to this form.

#9. Wears soft contact lenses since 2007; removed 4 days prior to exam.

#14 & 28. Allergic rhinitis during Spring/Summer. Treated w/ Allegra, well-controlled, NCNS.

#68. Car sickness x 3 in childhood, no treatment sought, no episodes since age 10, NCNS.

86. EXAMINER

TYPED OR PRINTED NAME OF EXAMINER

Jack S. Cruise

SIGNATURE OF EXAMINER

Jack S. Cruise

DATE SIGNED

(YYYYMMDD)

2009-01-29

87. NUMBER OF

ATTACHED SHEETS

**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

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PRIVACY ACT STATEMENT

DODMERB USE ONLY

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

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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)			<input type="checkbox"/> ACTIVE DUTY				
			<input type="checkbox"/> CIVILIAN				
			<input type="checkbox"/> RESERVE/ GUARD				
b. ROTC DETACHMENT CODE (If applicable):							

MEASUREMENTS

11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)		13. PULSE		14. BLOOD PRESSURE SYSTOLIC / DIASTOLIC		14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS HERE: SYSTOLIC / DIASTOLIC PULSE							
STANDING	SITTING														
15. AUDIOMETER						16. READING ALOUD TEST									
	500	1000	2000	3000	4000	6000		500	1000	2000	3000	4000	6000		
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.) All evaluations must be addressed, or the examination is considered <u>INCOMPLETE</u>.</i>	ABNOR- MAL	NORMAL	<i>(X each item in the appropriate column.) All evaluations must be addressed, or the examination is considered <u>INCOMPLETE</u>.</i>	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) (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 (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)
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59. PHYSICIAN *(MD/DO)*

TYPED OR PRINTED NAME	DEGREE	SIGNATURE	DATE (YYYYMMDD)
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83. REMARKS. Applicant use only. Every "yes" response in items 7 through 81 must be explained in the space provided. Give specific dates and details including names of physicians and hospitals or clinics and the current status of the condition. If additional space is required, continue on a separate sheet and attach to this form.

84. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the physicians, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE/APPLICANT	SIGNATURE OF EXAMINEE/APPLICANT	DATE SIGNED (YYYYMMDD)
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85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. Examiner shall comment on all "Yes" and blank answers, indicating the item number before each comment. Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is required, continue on a separate sheet and attach to this form.

86. EXAMINER			87. NUMBER OF ATTACHED SHEETS
TYPED OR PRINTED NAME OF EXAMINER	SIGNATURE OF EXAMINER	DATE SIGNED (YYYYMMDD)	