

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

(Please read Privacy Act Statement before completing this form.)

*Form Approved
OMB No. 0704-0396
Expires Sep 30, 2006*

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 and Communications Directorate (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.

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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 Account Number (SSN) is used for positive identification of records.

DODMERB USE ONLY

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)			
8. ADDRESS INFORMATION (If left blank will delay processing)						9. STATUS (X one)			
a. APPLICANT MAILING ADDRESS (Include ZIP Code)						<input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> RESERVE/GUARD			
						10. EXAMINER ADDRESS (Street, City, State and Zip Code)			
b. ROTC DETACHMENT CODE (If applicable):									

MEASUREMENTS

11. HEIGHT (to nearest 1/4 inch)		12. BLOOD PRESSURE		13. AUDIOMETER												14. READING ALOUD TEST		
STANDING	SITTING	SYSTOLIC	DIASTOLIC	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000	<input type="checkbox"/>	SATISFACTORY	
				RIGHT						LEFT						<input type="checkbox"/>	UNSATISFACTORY (Explain in Item 57)	
15. PULSE		17. DISTANT VISION			18. REFRACTION			MANIFEST			CYCLO			BY LENS			19. NEAR VISION	
16. WEIGHT (to nearest pound)		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						23. DEPTH PERCEPTION						
ESO ^Δ	EXO ^Δ	RH ^Δ	LH ^Δ	PASS (Non-Tropia) FAIL (Tropia)		TEST USED			RESULTS			TEST USED			SCORE			
						PIP			No. Passed No. Failed			VTA-ND/OVT/AFVT						
						FALANT			No. Passed No. Failed			DPA-V						
						OTHER (Specify)						TITMUS/STEREO FLY (Arcs per second)						
24. NEAR POINT OF CONVERGENCE						25. VIVID RED/GREEN (If fail Item 22)				26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)								
						<input type="checkbox"/> PASS <input type="checkbox"/> FAIL				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL IF FAILED: <input type="checkbox"/> DIPLOPIA <input type="checkbox"/> 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 POSITIVE (List results)			
BLOOD		NEG	T	1+	2+	3+	4+				
LEUKOCYTE ESTERASE		NEG	T	1+	2+	3+	4+				

28. OTHER TESTS (Specify type and results)

CLINICAL EVALUATION

NORMAL	<i>(X each item in the appropriate column. Enter "NE" if not evaluated)</i>	ABNOR- MAL	NORMAL	<i>(X each item in the appropriate column. Enter "NE" if not evaluated)</i>	ABNOR- MAL
	29. HEAD, FACE, NECK AND SCALP			43. ABDOMEN AND VISCERA <i>(Include hernia)</i>	
	30. NOSE			44. ENDOCRINE SYSTEM	
	31. SINUSES			45. SPINE, OTHER MUSCULOSKELETAL	
	32. MOUTH AND THROAT			46. UPPER EXTREMITIES <i>(Strength, sensation, range of motion)</i>	
	33. EARS - GENERAL <i>(Internal and external canals) (Auditory acuity under item 13)</i>			47. LOWER EXTREMITIES <i>(Except feet) (Strength, sensation, range of motion)</i>	
	34. DRUMS <i>(Perforation)</i>			48. FEET	
	35. VALSALVA			49. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	36. EYES - GENERAL <i>(Visual acuity and refraction under items 17, 18, and 19)</i>			50. SKIN, LYMPHATICS	
	37. PUPILS <i>(Equality and reaction)</i>			51. GU SYSTEM	
	38. OCULAR MOTILITY <i>(Associated parallel movements, nystagmus)</i>			52. ANUS AND RECTUM <i>(Hemorrhoids, fistulae) (Prostate if indicated) EXTERNAL EXAM</i>	
	39. OPHTHALMOSCOPIC			53. FEMALE GU EXTERNAL VISUAL EXAM	
	40. LUNGS AND CHEST <i>(Include breasts)</i>			54. NEUROLOGIC	
	41. HEART <i>(Thrust, size, rhythm, and sounds)</i>			55. PSYCHIATRIC <i>(Specify any personality deviation)</i>	
	42. VASCULAR SYSTEM <i>(Varicosities, etc.)</i>				

56. REPEAT BP OR PULSE EXAM (SITTING) IF BP \geq 140/90 OR PULSE \geq 100

57. NOTES *(Describe every abnormality in detail. Enter the item number before each comment.)*

58. EXAMINER *(If performed by PA, PCNP, OR FNP)*

TYPED OR PRINTED NAME	RANK	CORPS OR DEGREE	SIGNATURE
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59. PHYSICIAN *(MD/DO)*

TYPED OR PRINTED NAME	RANK	DEGREE	SIGNATURE
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