

Civil Affairs and Psychological Operations PHYSICAL EXAM CHECKLIST

as of 20201015

NAME _____ SSN _____ CLASS / YG _____ STN _____

DA PAM 40-502 6-3d., AR 40-501 5-3, 5-4, 5-5. AR 40-502 4-13 a,b., DoDI 6130.03

Block # DD Form 2808 pages 1-4, Report of Medical Examination

1 - 15b	_____	Examinee information / General Information, all legible and current; Name and SSN/DoDID at top of pages 2 and 3
15c	_____	Purpose of exam (Must state CAAS/CAQC/POAS/POQC)
16	_____	Name of examining location -- Hospital / Clinic / TMC
17 - 42	_____	Clinical Evaluation (Rectal exams/female pelvic exams not required unless indicated; 31/33 ARE required)
35	_____	Feet (Should not be symptomatic, pes planus)
43	_____	Dental (Must be Acceptable. Do not annotate Class 1 or 2 unless completed by a Dentist)
44	_____	Explain abnormalities in 17-42; Annotate Neuro Exam to include MSE/Cranial Nerves/Motor/Sensory/Coord/DTRs
45	_____	Urinalysis (Specific Gravity and Micro; Must be <2.00 Specific Gravity)
45a	_____	Urine Albumin (Negative or trace only)
45b	_____	Urine Sugar (Negative only)
46	_____	Urine hCG (Females only; serum hCG is acceptable; must be performed within 30 days prior to course start)
47	_____	HGB (Male: 13.5 or higher; Females: 12.0 or higher)
48	_____	Blood Type (initial results only, do not repeat)
49	_____	HIV (Negative result only, do not annotate "Drawn")
52a	_____	Latest PAP Smear results-no need to repeat unless clinically indicated
52c	_____	Chest X-Ray not required for CA/PO unless clinically indicated
53-54	_____	Height / Weight
56-57	_____	Temperature; Pulse
58a - c	_____	Blood Pressure
59	_____	IF attending ABN: Vivid Red/Green Pass by Ophtho Projector or SVT (Required if PIP FAIL in Block #66)
61	_____	Distant Vision (if attending ABN, vision corrects with spectacles to at least 20/20 in one eye, 20/100 in the other)
62	_____	Refraction (if vision does not correct to 20/20 or if worse than 20/100 in either eye, must correct <+/-8 diopters)
63	_____	Near Vision
66	_____	IF attending ABN: Color Vision. If SM fails PIP, must be able to pass Vivid Red / Green, item # 59)
68-70	_____	Field of Vision, Night Vision, and Intraocular Pressures
71a	_____	Hearing: 500 - 2000hz = Average <30db/ear, none >35db; 3000hz - not >45db; 4000hz - not >55db
72b	_____	Valsalva (Should be SAT OR +)
73	_____	In the Notes Section: WBC/platelets, Sickle Cell and G6PD (initial screens only, do not repeat), Total Chol, LDL, HDL, TG, Occult Blood (>40 only or if indicated), Presurgical Refraction for PRK/LASIK/LASEK, EKG (ORIGINAL or LEGIBLE Copy EKG signed by the provider, with Soldier's Name and SSN and attached to packet), TB Screen (PPD, TST or Quant Gold), Good Health Statement, Cardiac Statement, SERE Statement
74	_____	Qualification for service (Must state CAAS/CAQC/POAS/POQC, and ABN if attending Airborne)
76	_____	Physical Profile and Category (MIN 111121)
78-79	_____	Summary of Medical Diagnoses (78), Recommendations (79)
82-83 a/b	_____	Doctor (MD/DO) and Physician Assistant (PA) signatures with Date Signed
84a	_____	Dentist (DC or DDS) signature (not required for CAAS/POAS) Additional
89	_____	Remarks Page 4

Block # DD Form 2807-1 pages 1-3, Report of Medical History

1 - 7a	_____	Examinee information, legible and current; Name and SSN/DoDID at top of pages 2 and 3
6c	_____	Purpose of exam (Must state CAAS/CAQC/POAS/POQC)
8	_____	Current Medications
9	_____	Current Allergies
10 - 28	_____	Completely filled out, All Yes answers must be explained in Item 29, page 2, 2807-1 All Yes
29	_____	answers will be fully explained by examinee
30	_____	All Yes answers by the examinee will be fully explained by PA or DR
30b - c	_____	Doctor or Physician Assistant signature and date

All Lab results should be annotated on DD 2808 – Retain copy of lab printout in Residual file but do not scan in with physical EKG / ECG – Should be annotated on DD 2808 as Normal- Must have Doctor's Signature and SM Information

Physical QC'd BY: _____ Physical QC'd BY: _____
 Recruiter Station Commander

