

# SERE PHYSICAL EXAM CHECKLIST as of 20150730

Chapter 2, Chapter 5, para 5-3 (a-v), Chapter 8, para 8-12 (a, b, g), 8-13 (a - c), 8-14 (a7), 8-24 (a1 & 2)

NAME \_\_\_\_\_ SSN \_\_\_\_\_ CLASS / YG \_\_\_\_\_ STN \_\_\_\_\_

## Block # DD Form 2808 pages 1-3, Report of Medical Examination

1 - 15b		Examinee information / General Information, all legible and current
15c		Purpose of exam (SERE/ABN)
16		Name of examining location -- Hospital / Clinic / TMC
17 - 42		Clinical Evaluation (Any Abnormalities must be explained in notes)
35		Feet (Should not be symptomatic, pes planus)
45		Urinalysis (Must be < than 2.00 specific gravity)
45a		Albumin (Negative or trace only)
45b		Sugar (Negative only)
46		HCG (Females only, Negative only), 52. a, b, c
47		HCT / HGB (Male: 13.5 or higher; Female: 12.0 or higher) AR 40-501 para 2-4(a)
48		Blood Type
49		HIV (Negative only)
53 - 55		Height / Weight -- (If over max weight include tape test)
57		Pulse (Not over 99) AR 40-501 para 2-18g
58a - c		Blood Pressure (MAX's 140 / 90), If high, will need a 5 day BP Check
59		Vivid Red / Green Pass (Required of SM when he fails color test in item # 66 Distant Vision (corrected to at least: 20/40 in one eye and 20/100 in the other eye, or 20/30 in one eye and 20/200 in the other eye, or 20/20 in one eye and 20/800 in the other eye)
61 & 63		Refraction- PRK worksheet (required if had eye surgery; in between + or - 8 diopters max)
66		Color Vision (If SM fails PIP or falant test, must be able to pass Vivid Red / Green test, item # 59)
71a		Hearing - 500 - 2000hz - Average less than 30db per ear, not one range above 35db 3000hz - not more than 45db, 4000hz - not more than 55db
72b		Valsalva (Should be SAT OR +)
73		In the Notes Section: No Fear Statement, Rectal Exam, Hemmocult / Occult Blood CHOL, LDL, HDL, TRI, Sickle Cell, RPR EKG must be signed by the physician
74a		Qualified / Not Qualified (Must state SERE/ABN )
74b		Physical Profile and Category (MIN 111121) (111221)
81a, 82a, 84a		Doctor (MD) and Physician Assistant (PA) signatures

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

1 - 6b		Examinee information, legible and current
6c		Purpose of exam (SERE/ABN)
8		Current Medications
9		Current Allergies
10 - 28		Completely filled out, All Yes answers must be explained in Item 29, page 2, 2807-1
29		All Yes 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  
 Chest X-ray – Should be annotated on DD 2808 as Normal - 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 - Retain copy of lab printout in Residual file and *scanned in with physical*

Physical QC'd BY: \_\_\_\_\_ Physical QC'd BY: \_\_\_\_\_  
RECRUITER CENTER COMMANDER