

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

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Form Approved
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PRIVACY ACT STATEMENT

DODMERB USE ONLY

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.

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. MAILING ADDRESS OR DET NUMBER/BTN NUMBER University of San Francisco, Dept. of Military Science 2130 Fulton Street San Francisco, CA 94117-1080 DET 001325				9. STATUS (X one) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> RESERVE/GUARD		10. EXAMINER ADDRESS (Street, City, State and Zip Code)			

MEASUREMENTS

11. HEIGHT (to nearest 1/4 inch) STANDING SITTING		12. WEIGHT (to nearest pound)		13. BLOOD PRESSURE SYSTOLIC / DIASTOLIC				14. PULSE				15. EKG <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL					
16. AUDIOMETER														17. READING ALOUD TEST			
RIGHT		500	1000	2000	3000	4000	6000	LEFT		500	1000	2000	3000	4000	6000	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>(Explain in Item 59)</i>	
18. DISTANT VISION				19. REFRACTION				MANIFEST		CYCLO		BY LENS		20. 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			
21. HETEROPHORIA/TROPIA <i>(Far only)</i>				22. COVER TEST		23. COLOR VISION				24. DEPTH PERCEPTION							
ESO →	EXO →	RH →	LH →	<input type="checkbox"/> PASS <i>(Non-Tropia)</i>		TEST USED RESULTS				TEST USED		SCORE					
				<input type="checkbox"/> FAIL <i>(Tropia)</i>		PIP	No. Passed		No. Failed		VTA-ND/OVT/AFVT						
						FALANT	No. Passed		No. Failed		DPA-V						
						OTHER (Specify)				TITMUS/STEREO FLY <i>(Arcs per second)</i>							
25. NEAR POINT OF CONVERGENCE						26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)											
						<input type="checkbox"/> PASS		<input type="checkbox"/> FAIL		IF FAILED: <input type="checkbox"/>		<input type="checkbox"/> DIPLOPIA		<input type="checkbox"/> SUPPRESSION			

LABORATORY

27. URINALYSIS													
PROTEIN		NEG	T	1+	2+	3+	4+	MICROSCOPIC EXAMINATION <i>(If required) (X one)</i>					
SUGAR		NEG	T	1+	2+	3+	4+	NEGATIVE					
BLOOD		NEG	T	1+	2+	3+	4+	POSITIVE					
LEUKOCYTE ESTERASE		NEG	T	1+	2+	3+	4+	<i>(List results)</i>					
28. BLOOD				29. OTHER TESTS (Specify type and results)									
TYPE		RH FACTOR											
HEMATOCRIT		HEMOGLOBIN											

CLINICAL EVALUATION

NORMAL	(X each item in the appropriate column. Enter "NE" if not evaluated)	ABNOR- MAL	NORMAL	(X each item in the appropriate column. Enter "NE" if not evaluated)	ABNOR- MAL
	30. HEAD, FACE, NECK AND SCALP			44. ABDOMEN AND VISCERA (Include hernia)	
	31. NOSE			45. ENDOCRINE SYSTEM	
	32. SINUSES			46. SPINE, OTHER MUSCULOSKELETAL	
	33. MOUTH AND THROAT			47. UPPER EXTREMITIES (Strength, sensation, range of motion)	
	34. EARS - GENERAL (Internal and external canals) (Auditory acuity under item 14)			48. LOWER EXTREMITIES (Except feet) (Strength, sensation, range of motion)	
	35. DRUMS (Perforation)			49. FEET	
	36. VALSALVA			50. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	37. EYES - GENERAL (Visual acuity and refraction under items 18, 19, and 20)			51. SKIN, LYMPHATICS	
	38. PUPILS (Equality and reaction)			52. GU SYSTEM	
	39. OCULAR MOTILITY (Associated parallel movements, nystagmus)			53. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) EXTERNAL EXAM	
	40. OPHTHALMOSCOPIC			54. FEMALE GU EXTERNAL VISUAL EXAM	
	41. LUNGS AND CHEST (Include breasts)			55. NEUROLOGIC	
	42. HEART (Thrust, size, rhythm, and sounds)			56. PSYCHIATRIC (Specify any personality deviation)	
	43. VASCULAR SYSTEM (Varicosities, etc.)				

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

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

59. EXAMINER (If performed by PA or PCNP)

TYPED OR PRINTED NAME	RANK	CORPS OR DEGREE	SIGNATURE
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60. PHYSICIAN

TYPED OR PRINTED NAME	RANK	DEGREE	SIGNATURE
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