

**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 Aug 31, 2003*

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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.**

**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 |  |                                       |  | 9. STATUS (X one)   |  | 10. EXAMINER ADDRESS (Street, City, State and Zip Code) |  |  |  |
|   |  |                                       |  | <input type="checkbox"/> ACTIVE DUTY<br><input type="checkbox"/> CIVILIAN<br><input type="checkbox"/> RESERVE/GUARD |  |   |  |  |  |

**MEASUREMENTS**

|                                    |  |                               |      |  |      |                  |      |            |  |  |      |                                     |      |                 |      |  |  |
|------------------------------------|--|-------------------------------|------|--|------|------------------|------|------------|--|--|------|-------------------------------------|------|-----------------|------|--|--|
| 11. HEIGHT (to nearest 1/4 inch)   |  | 12. WEIGHT (to nearest pound) |      | 13. BLOOD PRESSURE                                   |      |                  |      | 14 PULSE   |  | 15. EKG  |      |                                     |      |                 |      |  |  |
| STANDING                           |  | SITTING                       |      | SYSTOLIC   |      | /                |      | DIASTOLIC  |  | <input type="checkbox"/> NORMAL<br><input type="checkbox"/> ABNORMAL |      |                                     |      |                 |      |  |  |
| 16. AUDIOMETER                     |  |                               |      |  |      |                  |      |            |  |  |      | 17. READING ALOUD TEST              |      |                 |      |  |  |
|                                    |  | 500                           | 1000 | 2000   | 3000 | 4000             | 6000 |            |  | 500  | 1000 | 2000                                | 3000 | 4000            | 6000 | <input type="checkbox"/> SATISFACTORY<br><input type="checkbox"/> UNSATISFACTORY<br>(Explain in Item 59) |  |
| RIGHT                              |  |                               |      |  |      |                  |      | LEFT       |  |  |      |                                     |      |                 |      |  |  |
| 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 (Far only) |  |                               |      | 22. COVER TEST                                       |      | 23. COLOR VISION |      |            |  | 24. DEPTH PERCEPTION   |      |                                     |      |                 |      |  |  |
| ES0 →                              |  | EXO →                         |      | RH →   |      | LH →             |      |            |  |  |      |                                     |      |                 |      |  |  |
|                                    |  |                               |      | PASS (Non-Tropia)                                    |      | TEST USED        |      |            |  | RESULTS  |      | TEST USED                           |      | SCORE           |      |  |  |
|                                    |  |                               |      | FAIL (Tropia)  |      | PIP              |      | No. Passed |  | No. Failed   |      | VTA-ND/OVT/AFVT                     |      |                 |      |  |  |
|                                    |  |                               |      |  |      | FALANT           |      | No. Passed |  | No. Failed   |      | DPA-V                               |      |                 |      |  |  |
|                                    |  |                               |      |  |      | OTHER (Specify)  |      |            |  |  |      | TITMUS/STEREO FLY (Arcs per second) |      |                 |      |  |  |
| 25. NEAR POINT OF CONVERGENCE      |  |                               |      | 26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST) |      |                  |      |            |  |  |      |                                     |      |                 |      |  |  |
|                                    |  |                               |      | 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                                      |  |
| LEUKOCYTE ESTERASE |  | NEG |            | T |  | 1+   | 2+ | 3+ | 4+ | (List results)                                |  |
| 28. BLOOD          |  |     |            |   |  | 29. OTHER TESTS (Specify type and results) |    |    |    |   |  |
| TYPE               |  |     | RH FACTOR  |   |  |  |    |    |    |   |  |
| HEMATOCRIT         |  |     | HEMOGLOBIN |   |  |  |    |    |    |   |  |

**CLINICAL EVALUATION**

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

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 |
|-----------------------|------|-----------------|-----------|

60. PHYSICIAN

|                       |      |        |           |
|-----------------------|------|--------|-----------|
| TYPED OR PRINTED NAME | RANK | DEGREE | SIGNATURE |
|-----------------------|------|--------|-----------|