<table>
<thead>
<tr>
<th>1. LAST NAME - FIRST NAME - MIDDLE NAME</th>
<th>2. IDENTIFICATION NUMBER</th>
<th>3. GRADE AND COMPONENT OR POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)</td>
<td>5. EMERGENCY CONTACT (Name and address of contact)</td>
<td></td>
</tr>
</tbody>
</table>

6. DATE OF BIRTH  
7. AGE  
8. SEX  
9. RELATIONSHIP OF CONTACT  
10. PLACE OF BIRTH  
11. RACE  
12a. AGENCY  
12b. ORGANIZATION UNIT  
13. TOTAL YEARS GOVERNMENT SERVICE  
   a. MILITARY  
   b. CIVILIAN  
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS  
15. RATING OR SPECIALTY OF EXAMINER  
16. PURPOSE OF EXAMINATION  

17. CLINICAL EVALUATION  
   (Check each item in appropriate column, enter "NE" if not evaluated.)  
   (Check each item in appropriate column, enter "NE" if not evaluated.)  
   (Check each item in appropriate column, enter "NE" if not evaluated.)  

   | A. HEAD, FACE, NECK AND SCALP | O. PROSTATE (Over 40 or clinically indicated) |  |
   | B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40) | P. TESTICULAR |  |
   | C. DRUMS (Perforation) | Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results) |  |
   | D. NOSE | R. ENDOCRINE SYSTEM |  |
   | E. SINUSES | S. G-U SYSTEM |  |
   | F. MOUTH AND THROAT | T. UPPER EXTREMITIES (Strength, range of motion) |  |
   | G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 36) | U. FEET |  |
   | H. OPHTHALMOSCOPIC | V. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |  |
   | I. PUPILS (Equality and reaction) | W. SPINE, OTHER MUSCULOSKELETAL |  |
   | J. OCULAR MOTILITY (Associated parallel movements nystagmus) | X. IDENTIFYING BODY MARKS, SCARS, TATTOOS |  |
   | K. LUNGS AND CHEST | Y. SKIN, LYMPHATICS |  |
   | L. HEART (Thrust, size, rhythm, sounds) | Z. NEUROLOGIC (Equilibrium tests under item 41) |  |
   | M. VASCULAR SYSTEM (Varicosities, etc.) | AA. PSYCHIATRIC (Specify any personality deviation) |  |
   | N. ABDOMEN AND VISCERA (Include hernia) | BB. BREASTS |  |
   | O. PROSTATE (Over 40 or clinically indicated) | CC. PELVIC (Females only) |  |

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)  
   | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES |  |
   | A. URINALYSIS: (1) SPECIFIC GRAVITY |  |
   | B. URINE ALBUMIN | (2) SPECIFIC GRAVITY |  |
   | C. URINE SUGAR | (3) SPECIFIC GRAVITY |  |
   | D. SYPHILIS SEROLOGY (Specify test used and results) | (4) SPECIFIC GRAVITY |  |
   | E. BLOOD TYPE AND RH FACTOR | (5) SPECIFIC GRAVITY |  |
   | F. OTHER TESTS | (6) SPECIFIC GRAVITY |  |

19. TEST RESULTS (Copies of results are preferred as attachments)  
   A. URINALYSIS: (1) SPECIFIC GRAVITY  
   B. CHEST X-RAY OR PPD (Place, date, film number and result)  
   C. SYPHILIS SEROLOGY (Specify test used and results)  
   D. EKG  
   E. BLOOD TYPE AND RH FACTOR  
   F. OTHER TESTS  

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**STANDARD FORM 88 (Rev. 10-94) (EG)**  
Approved by GSA/ICMR Firmr (41 CFR) 201-9.202-1  
NSN 7540-00-634-4038  
88-126  
Designed using Perform Pro, WHS/DIOR, Jan 97
# MEASUREMENTS AND OTHER FINDINGS

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<tr>
<th>NO.</th>
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</tr>
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<td>WEIGHT</td>
</tr>
<tr>
<td>22.</td>
<td>COLOR HAIR</td>
</tr>
<tr>
<td>23.</td>
<td>COLOR EYES</td>
</tr>
<tr>
<td>24.</td>
<td>BUILD</td>
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<tr>
<td>25.</td>
<td>TEMPERATURE</td>
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<tr>
<td>26.</td>
<td>BLOOD PRESSURE <em>(Arm at heart level)</em></td>
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<td>PULSE <em>(Arm at heart level)</em></td>
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<td>REFRACTION <em>(Sitting, Recumbent, Standing)</em></td>
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<td>HETEROPHORIA <em>(Specify distance)</em></td>
</tr>
<tr>
<td>32.</td>
<td>ACCOMMODATION <em>(Right, Left)</em></td>
</tr>
<tr>
<td>33.</td>
<td>COLOR VISION <em>(Test used and result)</em></td>
</tr>
<tr>
<td>34.</td>
<td>DEPTH PERCEPTION <em>(Test used and score)</em></td>
</tr>
<tr>
<td>35.</td>
<td>FIELD OF VISION <em>(Right, Left)</em></td>
</tr>
<tr>
<td>36.</td>
<td>NIGHT VISION <em>(Test used and score)</em></td>
</tr>
<tr>
<td>37.</td>
<td>RED LENS TEST <em>(Right, Left)</em></td>
</tr>
<tr>
<td>38.</td>
<td>INTRAOCULAR TENSION <em>(Right, Left)</em></td>
</tr>
<tr>
<td>39.</td>
<td>HEARING <em>(Right W/V, Left W/V)</em></td>
</tr>
<tr>
<td>40.</td>
<td>AUDIOMETER <em>(Right W/V, Left W/V)</em></td>
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- **20. HEIGHT**
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- **36. NIGHT VISION** *(Test used and score)*
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- **38. INTRAOCULAR TENSION** *(Right, Left)*
- **39. HEARING** *(Right W/V, Left W/V)*
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- **41. PSYCHOLOGICAL AND PSYCHOMOTOR** *(Tests used and score)*
- **42. NOTES** *(Continued) AND SIGNIFICANT OR INTERVAL HISTORY*