MEDICAL PRESCREEN OF MEDICAL HISTORY REPORT

(Chapter #2 Physicals Only)

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. APPLICANT

a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	b. DATE OF BIRTH *(YYYYMMDD)*	c. SOCIAL SECURITY NUMBER

2. Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 2b.

a. HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
(1) Asthma, wheezing, or inhaler use (4)			(27) Ulcer *(stomach, duodenum or other part of intestine)* (4)		
(2) Dislocated joint, including knee, hip, shoulder, elbow, ankle or other joint (1)(7)			(28) Received disability compensation for an injury or other medical condition (4)		
(3) Epilepsy, fits, seizures, or convulsions (4)			(29) Hepatitis *(liver infection or inflammation)* (4)		
(4) Sleepwalking (4)			(30) Intestinal obstruction *(locked bowels)*, or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or colitis (4)		
(5) Recurrent neck or back pain (4)(1)(7)					
(6) Rheumatic fever (4)					
(7) Foot pain (3)			(31) Detached retina or surgery for a detached retina (4)		
(8) A swollen, painful, or dislocated joint or fluid in a joint *(knee, shoulder, wrist, elbow, etc.)* (1)(7)			(32) Surgery to remove a portion of the intestine *(other than the appendix)* (4)		
(9) Double vision (4)			(33) Any other eye condition, injury or surgery (4)		
(10) Periods of unconsciousness (4)			(34) Are you over 40? *(If so, call the MEPS for information on special requirements for over-40 physicals)* (4)		
(11) Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches (4)			(35) Gall bladder trouble or gall stones (4)		
(12) Wear contact lenses *(If so, bring your contact lens kit and solution so you can remove your contact when we test your vision at the MEPS; also, if you have a pair of eyeglasses, bring them with you no matter how old they are.)*			(36) Jaundice (4)		
			(37) Missing a kidney (4)		
			(38) Allergy to common food *(milk, bread, eggs, meat, fish or other common food)* (4)		
(13) Fainting spells or passing out (4)					
(14) Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc. (4)			(39) *(Males only)* Missing a testicle, testicular implant, or undescended testicle (4)		
(15) Back surgery (4)			(40) Broken bone requiring surgery to repair *(with or without pins, plates, screws or other metal fixation devices used in repair)*		
(16) Seen a psychiatrist, psychologist, counselor or other professional for any reason *(inpatient or outpatient)* including counseling or treatment for school, adjustment, family, marriage or any other problem, to include depression, or treatment for alcohol, drug or substance abuse (6)(2)			(41) Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk (4)		
(17) Any of the following skin diseases:			(42) Thyroid condition or take medication for your thyroid (4)		
(a) Eczema (5)			(43) Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip or other joint (4)(1)(7)		
(b) Psoriasis (5)					
(c) Atopic dermatitis (5)			(44) Drug or alcohol rehab (4)		
(18) Irregular heartbeat, including abnormally rapid or slow heart rates (4)			(45) Kidney, urinary tract or bladder problems, surgery, stones or other urinary tract problems (4)		
(19) Allergic to bee, wasp, or other insect stings *(itching/swelling all over and/or get short of breath)* (4)			(46) Sugar, protein or blood in urine (4)		
			(47) Surgery on a bone or joint *(knee, shoulder, elbow, wrist, etc.)* including Arthroscopy with normal findings		
(20) Heart murmur, valve problem or mitral valve prolapse (4)					
(21) Allergic to wool (4)			(48) Taking any medications *(If so, list reason in Item 2b.)*		
(22) Heart surgery (4)			(49) Pain or swelling at the site of an old fracture (4)(1)(7)		
(23) Been rejected for military service *(temporary or permanent)* for medical or other reasons (4)			(50) Perforated ear drum or tubes in ear drum(s) (4)		
			(51) Anemia (4)		
(24) Any other heart problems (4)			(52) Ear surgery, to include mastoidectomy or repair of perforated ear drum (4)		
(25) High blood pressure (4)					
(26) Discharged from military service for medical reasons (4)			(53) Night blindness (4)		

MEDICAL PRESCREEN

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER

2a. *(Continued)* HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
(54) Arthritis (4)			(66) Cataracts or surgery for cataracts (4)		
(55) Absence or disturbance of the sense of smell (4)			(67) Eye surgery, including radial keratotomy, lens implant or other eye surgery to improve your vision (4)		
(56) Absence or removal of the spleen, or rupture or tear of the spleen without removal (4)			(68) Collapsed lung or other lung condition (4)		
(57) Anorexia or other eating disorder (4)			(69) Bed wetting since age 12 (4)		
(58) Recent fracture(s) (4)			(70) Been a sleepwalker (4)		
(59) Bursitis (4)			(71) Taken medication, drugs, or any substance to improve attention, behavior, or physical performance (2)(1)(6)		
(60) Braces *(If you wear or are planning on obtaining braces for your teeth, have the orthodontist submit a letter stating that braces will be removed before active duty date; release form and sample format can be found in the Recruiter's Medical Guide.)*			(72) Do you smoke? *(If yes:)*		
			(a) Type ☐ Cigarettes ☐ Cigars ☐ Smokeless tobacco		
			(b) How many per day?	(c) Date last used	
(61) Loss of finger, toe or part thereof (4)			(73) Have you used illegal drugs or abused prescription drugs? *(If*		
(62) Loss of the ability to fully flex *(bend)* or fully extend a finger, toe or other joint (4)(1)(7)			(a) Name(s) of drug(s)		
(63) Shoulder, knee, or elbow problem *(out of place)* (4)(1)(7)			(b) Frequency of use	(c) Date last used	
(64) Locking of the knee or other joint (4)(1)(7)					
(65) Giving way of knee or other joint (4)(1)(7)			(74) Any illnesses, surgery, or hospitalization not listed above		

b. EXPLAIN ALL "YES" ANSWERS TO QUESTIONS (1) - (74) ABOVE. *(Describe answer(s), give date(s) of problems, name doctor(s), clinic(s), hospital(s), treatment given and current medical status. Attach additional sheet(s) if necessary.)*