

Branch of Service: Please Circle One: ARMY NAVY MARINE AIRFORCE

PERIODIC HEALTH ASSESSMENT CHECKLIST

PLEASE FILL OUT BOXES 1-8 ONLY

1. LAST NAME:	<input type="text"/>	2. FIRST NAME:	<input type="text"/>	3. RANK:	<input type="text"/>
4. FULL SSN:	<input type="text"/>	5. PHONE #:	<input type="text"/>	6. AGE:	<input type="text"/>
7. UNIT:	<input type="text"/>	8. TODAY'S DATE:	<input type="text"/>		

Visual Acuity

UNCORRECTED Distant

Right eye uncorrected	20/	Left eye uncorrected	20/	INITIALS	_____
Both eyes uncorrected	20/				

CORRECTED Distant

Right eye corrected	20/	Left eye corrected	20/	INITIALS	_____
Both eyes corrected	20/				

UNCORRECTED Near

Right eye uncorrected	20/	Left eye uncorrected	20/	INITIALS	_____
Both eyes uncorrected	20/				

CORRECTED Near

Right eye corrected	20/	Left eye corrected	20/	INITIALS	_____
Both eyes corrected	20/				

LABORATORY (OVER 40/50 PHAs)

OVER 40 LABS

TOTAL CHOLESTEROL _____	FASTING GLUCOSE _____
TRIG _____	PSA _____
HDL _____	

OVER 50 LABS

FOB _____	FOB _____	FOB _____
CHEST XRAY _____		

PHYSICAL EXAM SECTION

10 PAGE QUESTIONNAIRE COMPLETED _____

HEARING EXAM (WITHIN 1 YEAR) _____ WELL WOMAN EXAM (PAP) _____

MAMMOGRAM (OVER 40) DATE: _____ BIOPSYCHOSOCIAL QUESTIONNAIRE _____

EKG (OVER 40: EVERY 5 YRS UNLESS OTHERWISE INDICATED)

DATE OF PART 2: _____ APPT TIME: _____

PROVIDER: _____ PCM: _____

REMARKS: Due to high demand, I understand that if I'm a "No-Show" I may, not receive a PE/PHA appt. for 30 days. INT: _____

PERIODIC TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

For use of this form see, MEDCOM Reg 40-64, the proponent agency is MCPO-SA

Periodic Tuberculosis (TB) Risk Assessment Tool

REVIEWER INSTRUCTION

1. Since your last TB risk assessment, did you have face-to-face contact with someone who was sick with tuberculosis (TB)?

Yes No

If yes, nature of exposure: Household - Co-worker - Family - Other _____

Dates of exposure _____

2. Since your last TB risk assessment, did you work, volunteer, or reside in a detainee facility, prison, homeless shelter, refugee camp, or drug treatment facility?

Yes No

3. Since your last TB risk assessment, did you develop any of the following conditions: organ transplant; HIV infection; immunosuppression secondary to use of prednisone (equivalent of >15mg/day for >1 month) or other immunosuppressive medication such as Humira, Enbrel or Remicade?

Yes No

4. Since your last TB risk assessment, did you develop any of the following conditions: diabetes, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal weight], or injection drug use?

Yes No

All "NO" answers = low risk → STOP
 Any "YES" answers = increased risk → Go to question #5

If all "NO" responses → Do NOT test for TB

5. Do you have any of the following symptoms of tuberculosis: cough > 2 weeks, fever > 2 weeks, drenching night sweats, or unplanned weight loss?

Yes No

If "NO" → Go to question #6
 If "YES" → STOP

If "YES" then refer immediately to provider for evaluation of TB disease

6. Have you had a prior TB test, prior diagnosis of TB, or prior treatment for TB?

Yes No

STOP.

Reviewer comments: _____

If "NO" → Test for TB.
 If "YES" → Do NOT test.
 REFER for provider evaluation.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; DOB; SSN; date; hospital or medical facility)

REVIEWER NAME

REVIEWER SIGNATURE

TODAY'S DATE _____

HEARING TEST DATA

DoD Comp: Army Air Force Marine Navy

Service Comp: Regular Reserve National Guard

Rank/Grade: _____ / _____

Last Name: _____ First Name _____

MI _____ Gender: _____ SSN _____ - _____ - _____

DOB (mm/dd/yyyy) _____ / _____ / _____

Current MOS: _____ UIC: (If known) _____

Unit: _____

Major Command (If known) _____

Location/Place of work _____

Contact Number: () _____ - _____

Do you have any ears, nose, or throat Problems? Yes or No

Do you wear hearing aids? Yes or No

Do you wear glasses? Yes or No

Do you wear hearing protection while working? Yes or No

Hearing Category H1 H2 H3