

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

*(Please read Privacy Act Statement before completing this form.)*

OMB No. 0704-0396  
OMB approval expires  
Nov 30, 2009

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 the Department of Defense, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0396). 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.

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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 any U.S. Government agency requiring the information to complete applications to their organizations.

**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/Medically Significant)							
8. ADDRESS INFORMATION (If left blank will delay processing)						9. STATUS (X one)				10. EXAMINER ADDRESS AND FACILITY NUMBER.			
a. APPLICANT MAILING ADDRESS (Include ZIP Code)						ACTIVE DUTY							
						CIVILIAN							
b. ROTC DETACHMENT CODE (If applicable):						RESERVE/ GUARD							

**MEASUREMENTS**

11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)		13. PULSE		14. BLOOD PRESSURE		14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS			
STANDING	SITTING					SYSTOLIC	DIASTOLIC	HERE:	SYSTOLIC	DIASTOLIC	PULSE

15. AUDIOMETER												16. READING ALOUD TEST					
	500	1000	2000	3000	4000	6000		500	1000	2000	3000	4000	6000	SATISFACTORY			
RIGHT							LEFT							UNSATISFACTORY (Explain in Item 57)			

17. DISTANT VISION				18. MANIFEST REFRACTION (Required, regardless of corrected/uncorrected visual acuity)								19. NEAR VISION			
RIGHT 20/	CORR TO 20/	SPH	CYL	AXIS	20/	CORR TO 20/	BY	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	LEFT 20/	CORR TO 20/	SPH	CYL	AXIS	20/	CORR TO 20/	BY

20. HETEROPHORIA/TROPIA (Far only)				21. COVER TEST		22. COLOR VISION		MTF and MEPS only:		23. DEPTH PERCEPTION			
ESO <sup>Δ</sup>	EXO <sup>Δ</sup>	RH <sup>Δ</sup>	LH <sup>Δ</sup>	PASS (Non-Tropia)		PIP (14 plate test only)		Perform FALANT if applicant passes 11 or less on PIP. Document on DD Form 2489 or SF 600, recording FALANT results per protocol.		TEST USED		SCORE	
				FAIL (Tropia)		No. Passed				VTA-ND/OVT/AFVT			
						No. Failed				DPA-V			
										TITMUS/STEREO FLY (Arcs/second)			

24. NEAR POINT OF CONVERGENCE (in mm)				25. VIVID RED/GREEN (If item 22 passes 9 or less)				26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)			
				PASS	FAIL	PASS	FAIL	IF FAILED:	DIPLOPIA	SUPPRESSION	

**LABORATORY**

27. URINALYSIS										MICROSCOPIC EXAMINATION (If required) (X one)					
PROTEIN		NEG	T	1+	2+	3+	4+					NEGATIVE			
SUGAR		NEG	T	1+	2+	3+	4+					POSITIVE (List results)			
BLOOD		NEG	T	1+	2+	3+	4+								

28. OTHER TESTS (Specify type and results)

**CLINICAL EVALUATION**

NORMAL	<i>(X each item in the appropriate column.)</i> All evaluations must be addressed, or the examination is considered <b>INCOMPLETE.</b>	ABNOR- MAL	NORMAL	<i>(X each item in the appropriate column.)</i> All evaluations must be addressed, or the examination is considered <b>INCOMPLETE.</b>	ABNOR- MAL
	<b>29. HEAD, FACE, NECK AND SCALP</b>			<b>44. ENDOCRINE SYSTEM</b>	
	<b>30. NOSE</b>			<b>45. SPINE, OTHER MUSCULOSKELETAL</b>	
	<b>31. SINUSES</b>			<b>46. UPPER EXTREMITIES</b> <i>(Strength, sensation, range of motion)</i>	
	<b>32. MOUTH AND THROAT</b> <i>(Braces/retainers - permanent/removable)</i>			<b>47. LOWER EXTREMITIES</b> <i>(Except feet) (Strength, sensation, range of motion)</i>	
	<b>33. EARS - GENERAL</b> <i>(Internal and external canals)</i> <i>(Auditory acuity under item 15)</i>			<b>48. FEET</b> <i>(If Pes Planus or Pes Cavus, mild/moderate/severe, symptomatic/asymptomatic)</i>	
	<b>34. DRUMS</b> <i>(Perforation and scarring)</i>			<b>49. IDENTIFYING BODY MARKS, SCARS</b> <i>(length, surgical/nonsurgical), TATTOOS</i> <i>(description and location), PIERCINGS</i>	
	<b>35. VALSALVA</b>			<b>50. SKIN, LYMPHATICS</b> <i>(acne, rashes)</i>	
	<b>36. EYES - GENERAL APPEARANCE</b> <i>(Visual acuity and refraction under items 17, 18, and 19)</i>			<b>51. MALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY</b>	
	<b>37. PUPILS</b> <i>(Equality and reaction)</i>			<b>52. ANUS AND RECTUM - EXTERNAL VISUAL ONLY - MANDATORY ON ALL APPLICANTS</b> <i>(Hemorrhoids, fistulae)</i>	
	<b>38. OCULAR MOTILITY</b> <i>(Associated parallel movements, nystagmus)</i>			<b>53. FEMALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY</b>	
	<b>39. OPHTHALMOSCOPIC</b> <i>(Required by medical examiner)</i>			<b>54. NEUROLOGIC</b>	
	<b>40. LUNGS AND CHEST</b> <i>(Include breasts)</i>			<b>55. PSYCHIATRIC</b> <i>(Specify any personality deviation)</i>	
	<b>41. HEART</b> <i>(Thrust, size, rhythm, and sounds)</i>				
	<b>42. VASCULAR SYSTEM</b> <i>(Varicosities, etc.)</i>				
	<b>43. ABDOMEN AND VISCERA</b> <i>(Include hernia)</i>				

**56. EXAMINER: REPEAT BP AND PULSE IF RESULTS OF ITEM 14 AND 14a ARE >140/90 AND >99, RESPECTIVELY.**

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

**58. EXAMINER** *(If performed by PA, PCNP, OR FNP must be countersigned by a MD or DO.)*

TYPED OR PRINTED NAME	CORPS OR DEGREE	SIGNATURE	DATE (YYYYMMDD)
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**59. PHYSICIAN** *(MD/DO)*

TYPED OR PRINTED NAME	DEGREE	SIGNATURE	DATE (YYYYMMDD)
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