

## **INSTRUCTIONS FOR REPORT OF MEDICAL HISTORY OF FAMILY MEMBERS ACCOMPANING MILITARY MEMBER**

### **DD-2807-1 (Rev. Jul 01) (Report of Medical History).**

a. Purpose. DD-2807-1 provides a standardized report of the examinee's medical history to help the examiner evaluate the individual's total physical condition, and to establish the presence of potentially disabling conditions which are not immediately apparent upon physical examination. In preparing the form, encourage the examinee to enter all medical problems or conditions experienced, no matter how minor they may be. The examiner must investigate and evaluate all positive medical history indicated on the form.

b. Preparation and Submission of DD-2807-1. Prepare and submit DD-2807-1 with all physical examinations.

c. Preparation Procedures. DD-2807-1 shall be prepared by the examinee and the examining medical officer.

(1) The examinee shall furnish a true account of all injuries, illnesses, operations, and treatments since birth. False statements or willful omissions in completing the DD-2807-1 may result in **termination of status return to host country**.

(2) A copy of the DD-2807-1 must be included in the member's health record. Entries must be printed, in the examinee's and examiner's own handwriting, using either ball-point pen or ink pen (black or dark blue). Pencils or felt-tip pens will not be used. Information in the numbered blocks on the form will be entered in the following manner:

- (a) **Item 1: Last Name, First, Middle Name.** SMITH, Hannibell H.  
Record the surname in all capital letters. Record the given name(s) in full, without abbreviation. If the individual's first or middle name consists only of an initial, enclose each initial within quotation marks. If the individual has no middle name, enter the letter "(n)" in parenthesis. Designations such as "Jr." or "II" will appear after the middle name or initial or after "(n)" if there is no middle name.
- (b) **Item 2: Social Security Number.** Enter **Passport Number**.
- (c) **Item 3: Enter date format** –2001Sep04.
- (d) **Item 4a: Home Address.** Enter the evaluatee's present residence.
- (e) **Item 4b: Home Telephone.** NA
- (f) **Item 5: Examining Location and Address.** Enter the full name and address.
- (g) **Item 6a: Service.** NA
- (h) **Item 6b: Component.** NA
- (i) **Item 6c: Purpose of Examination.** Mark “Other” and explain above the box “IMS Dependant”
- (j) **Item 7a: Position.** NA
- (k) **Item 7b: Usual Occupation.** List current occupation.
- (l) **Item 8: Current Medications.** List all current medications including over the counter meds.
- (m) **Item 9: Allergies.** List any allergies to insect bites/stings, foods medicine or other substances.

- (n) **Item 10 to 28.** Check appropriate box.
- (o) **Item 29: Explanation of “Yes” Answer(s).** Describe all “yes” answers from section 10-28. Include date(s) of problems, name of doctor(s), and /or hospitals(s), treatment given and current medical status.
- (p) **Item 30. Examiner’s Summary and Elaboration of all Pertinent Data.** Prior to performing the physical examination, the examiner will review the completeness of the information furnished on the DD-2807-1. When this is done, summarize the medical history under (**Item 30a. Comments**) as outlined below and then sign the form. If additional space is needed, use Continuation Sheet, SF-507. **If no additional comments are necessary, examiner should indicate “none of significance”.**
- (q) Do not use the term "usual childhood illnesses"; however, childhood illnesses (those occurring before age 12) may be grouped together enumerating each one. Incidents, other than those occurring in childhood, shall have the date recorded rather than the examinee's age. Do not use "NS" or "non-symptomatic" for items of history. Use "NCNS," "No Comp., No Seq." after items of recorded history where applicable. Elaborate on all items of history answered affirmatively except "Do you have vision in both eyes".