

## INSTRUCTIONS FOR REPORT OF MEDICAL HISTORY OF INTERNATIONAL MILITARY STUDENTS

### **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 training and 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.** Enter home phone number.
- (f) **Item 5: Examining Location and Address.** **Enter the full name and address.**
- (g) **Item 6a: Service.** Mark a box next to the appropriate service.
- (h) **Item 6b: Component.** Mark a box next to the appropriate component.
- (i) **Item 6c: Purpose of Examination.** **Mark "Other" and explain above the box "IMS"**
- (j) **Item 7a: Position.** Use official abbreviation of current grade or rate, branch of the Service, class and status; i.e., regular, reserve, or retired and if active or inactive. **Example: 3SG, RSAF; CPT, RSA; MAJ, RBN.** If not a Service member, enter "civilian."
- (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. Include as a part of the summary the evaluatee’s Smoking History. 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".

Dental Classification of Individuals. Dental classifications are used to designate the health status and the urgency or priority of treatment needs for active duty personnel. Use the following guidelines and criteria for the classification of patients. When a criterion for a specific condition is not listed, the dental officer shall evaluate the prognosis for a dental emergency and assign the appropriate classification.

(a) Class 1. Patients who do not require dental treatment. The following are criteria for such classification.

1. no dental caries or defective restorations;
2. healthy periodontium, no tooth accumulated materials (hard or visible soft deposits);
3. stable occlusion, asymptomatic temporomandibular joint;
4. unerupted or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, and are not recommended for prophylactic removal; and
5. no edentulous spaces for which a prosthesis is indicated.

(b) Class 2. Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months. Class 2 dental patients are considered fit for operational duties, but the dental diseases or conditions causing designation shall be reevaluated at each dental examination. Any one of the following is a sufficient criterion for such a classification:

1. Dental caries, decalcification, or tooth fractures extending beyond the dentinoenamel junction, or causing definitive symptoms;
2. Restorations with fractures or marginal defects;
3. Periodontal diseases or periodontium exhibiting:
  - a. nonspecific gingivitis. Inflammation of the gingiva characterized by changes in color, gingival form, position, surface appearance, bleeding upon brushing or flossing, or the presence of blood or exudate after probing with a periodontal probe;
  - b. slight or mild adult periodontitis. Progression of the gingival inflammation into the deeper periodontal structures and alveolar bone crest with accompanying periodontal probing depths of from 3 to 4mm, slight loss of connective attachment, and slight loss of alveolar bone;
  - c. moderate periodontitis. Gingival inflammation with destruction of the periodontal structures including radiographic or clinical evidence of loss of alveolar bone support, with possible early furcation involvement of multirrooted teeth or tooth mobility;
  - d. stable or nonprogressive mucogingival conditions. This includes conditions such as irregular marginal contours, gingival clefts, and aberrant frena or muscle attachments,

which could potentially progress, or pathosis but are currently stable and compatible with periodontal health; or  
e. past history of periodontal disease or therapy when the disease is currently under control in a long-term maintenance program.

4. The presence of supragingival or subgingival tooth accumulated materials without concomitant periodontal disease.
5. Prosthodontics indicated. Edentulous areas, provisional/interim/temporary prostheses, defective prostheses, provisional crowns, large extracoronary direct restorations, or endodontically treated teeth without full coverage, that need prosthetic treatment but delay will not compromise the patients immediate health or masticating function.
6. Unerupted, nonfunctional, or malposed teeth without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal to prevent future pathologic conditions (e.g., unopposed or unerupted third molars, or malposed teeth which complicate plaque control measures).
7. Preventive dentistry requirements not fulfilled.
8. Those conditions described in subparagraphs 4. through 7. above are not considered disqualifying for overseas, sea duty, or isolated duty assignment.

(c) Class 3. Patients who have dental conditions that are likely to cause a dental emergency within 12 months. The following conditions have the potential to cause an emergency, and any one is sufficient criterion for disqualification for overseas or isolated duty assignment:

1. Periodontal diseases or periodontium exhibiting:
2. Advanced periodontitis. Significant progression of periodontitis with major loss of alveolar bone support and probable complex furcation involvement of multirrooted teeth and increased tooth mobility. The periodontal probing depth may reach 7mm and deeper;
  - a. periodontal abscess;
  - b. acute necrotizing ulcerative gingivitis (NUG);
  - c. periodontal manifestations of systemic diseases and hormonal disturbances (e.g., acute herpetic gingivostomatitis);
  - d. refractory, rapidly progressive periodontitis. Rapid bone and attachment loss, or slow but continuous bone and attachment loss resistant to normal therapy; or
  - e. juvenile and prepubertal periodontitis, either localized or generalized.
3. Acute or chronic pulpitis.
4. Indication of periradicular pathosis with or without existing root canal filling which may require treatment.

5. Presence of a tooth or teeth undergoing endodontic therapy.
6. Stomatitis.
7. Pericoronitis.
8. Prosthodontics required to replace an existing prosthesis exhibiting dental caries, or a large defective amalgam restoration requiring replacement with a casting. Also, appliances required due to:
  9. Insufficient masticatory function, active arch collapse from tooth loss, or essential performance of military duties (e.g., replacement of missing teeth for esthetics or phonetics);
  10. soft tissue inflammation, such as papillary hyperplasia under a denture base;
  11. an essential prosthesis in need of repair in order to be functional; or
  12. a provisional, interim, or temporary prosthesis which cannot be maintained for a 12 month period.
13. Unerupted, partially erupted, nonfunctional or malposed teeth associated with historical, clinical or radiographic evidence of pathosis, or with a high potential to cause a dental emergency.
14. Soft or hard tissue lesions requiring an incisional or excisional biopsy for the definitive diagnosis and treatment of the lesions, including the period of time awaiting the results of the histopathologic examination.
15. Appropriate postoperative treatment not yet completed, including suture removals for surgery and occlusal adjustments for restorative dentistry.
16. All conditions requiring immediate treatment for relief of pain, traumatic injuries, or acute oral infections.
17. Orthodontic therapy in progress, with either fixed or removable appliances.