

INSTRUCTIONS FOR REPORT OF MEDICAL EXAMINATION OF FAMILY MEMBERS ACCOMPANING MILITARY MEMBER

DD-2808 (Rev. Jul 01) (Report of Medical Examination).

a. Purpose. The DD 2808 (Rev: Jul 2001) is used to record physical examination results to determine whether an examinee does, or does not, meet the standards established for the type of physical examination administered (i.e., family members of candidate for training in another country.)

b. Preparation.

(1) When Prepared. DD-2808 shall be prepared and submitted to the reviewing authority whenever a complete physical examination is required.

(2) Required Entries. Certain groups of personnel are required to meet physical standards somewhat different from other groups. Accordingly, the use of all the spaces or use of the same spaces on the DD-2808 is not necessarily required for reporting the results of the various categories of physical examinations. If a certain item of the medical examination is required and facilities for accomplishing it are not available, an entry "**NFA**" (No Facilities Available) shall be made in the appropriate space. An entry "**NE**" (Not Evaluated) shall be made in the appropriate space for any item of the clinical evaluation (Items 17-42) which was not evaluated. For other items listed on the DD-2808 which were not required for a particular category of physical examination, an entry "**NI**" (Not Indicated) shall be made in the appropriate space. Unless otherwise indicated by such provisions, the minimum requirements for completing the DD-2808 are:

(a) All Examinations. Items 1-44, 45-63, 66, and 71a, shall be completed for all physical examinations, if facilities are available. Item 41, shall be completed for all female personnel.

(b) Aviation Personnel. Additionally, Items 64,65, and 66-70 and 72b shall be completed for physical examinations of aviation personnel.

(3) A physical examination must be thorough, recorded accurately, and contain sufficient information to substantiate the final recommendation. Before signing and forwarding, the examiner shall review the completed DD-2808 for completeness and accuracy. Failure to do so reflects significantly on the examiner's clinical and/or administrative attention to detail. Remember that the reviewing authority does not have the advantage of a direct examination and must rely on the examiner's written record and appropriate additional information in arriving at a decision.

c. Details for Entries on DD-2808.

(1) **Item 1: Date of Examination.** Enter date in format - 02Aug15.

(2) **Item 2: Social Security Number. Enter passport number.**

(3) **Item 3: Last Name.** Last Name - First Name - Middle Name. 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 in quotation marks (i.e., MANUEL, Thomas "W"). If the individual has no middle name, enter the letter "(n)" in parenthesis [i.e., TARVIN, Laurie (n)]. Designations, such as, "Jr." or "II" shall appear after the middle name

or initial. In the absence of a middle name or initial, these designations shall appear after the "(n)."

- (4) **Item 4: Home Address.** Enter the evaluatee's present residence
- (5) **Item 5: Home Telephone Number.** NA
- (6) **Item 6: Grade.** NA
- (7) **Item 7: Date of Birth.** (e.g.57Sep04).
- (8) **Item 8: Age.** Enter age.
- (9) **Item 9: Sex.** Mark one or the other of the boxes.
- (10) **Item 10: Race.** Mark the box next to the racial or ethnic group of which member belongs.
- (11) **Item 11: Total Years of Government Service.** NA
- (12) **Item 12: Agency.** NA
- (13) **Item 13: Organization and UIC/Code.** NA
- (14) **Item 14a: Rating or Specialty.** NA
- (15) **Item 14b: Total Flying Time.** NA
- (16) **Item 14c: Last six months.** NA.
- (17) **Item 15a: Service.** NA
- (18) **Item 15b: Component.** NA
- (19) **Item 15c: Purpose of Examination.** Mark "Other," and explain above the box "IMS Accompanying dependant"
- (20) **Item 16: Examining Facility or Examiner.** Enter the full name and address.
- (21) **Item 17-42: Clinical Evaluation.** Check each item in appropriate column.
 - (a) **Item 35:** Is continued on lower right side (Feet), circle appropriate category.
 - (b) **Item 41:** Wife only. Note if pregnant.
- (22) **Item 43: Dental Defects and Disease.** NA
- (23) **Item 44: Notes.** Describe every abnormality from Items 17-43 in detail. Enter pertinent item number before each comment. Continue in Item 73 and use Continuation Sheet (SF-507), if necessary.
- (24) **Item 45: Laboratory Findings.** Enter all laboratory results in quantitative values.
 - (a) **Urinalysis.** Enter specific gravity and results of albumin, sugar and if required, microscopic tests in the indicated spaces.
 - (b) **Item 46: Urine HCG.** If applicable.
 - (c) **Item 47: H/H.** Enter either the hematocrit or the hemoglobin results.
 - (d) **Item 48: Blood Type.** If applicable.
 - (e) **Item 49: HIV.** Enter date drawn only in the results section. **The lab report is to be attached to the DD-2808**
 - (f) **Item 50: Drugs Test Specimen ID Label.** NA
 - (g) **Item 51: Alcohol.** NA
 - (h) **Item 52: Other.** Enter all other tests performed and their results which are not indicated on the form and which were performed in connection with the physical examination (e.g., sickle cell test, PAP test, PPD, EKG, Chest X-ray results, Hepatitis B screening, etc.). **Supporting lab reports should be provided where appropriate.** The results will be

continued in Item 73 or on Continuation Sheet (SF 507), if necessary. If provided on the lab report, include "normal" range values for all tests performed by a civilian or military lab. Use quantitative values and avoid vague terms such as "WNL" or other such qualitative forms.

- (25) **Item 53: Height.** Measure without shoes and record to the nearest one-half centimeter.
- (26) **Item 54: Weight.** Measure with the evaluatee in under garments and record results to the nearest kilogram.
- (27) **Item 55: Min Weight-Max weight, Max BF%.** NA
- (28) **Item 56: Temperature.** Leave Blank.
- (29) **Item 57: Pulse.** Record the actual pulse rate.
- (30) **Item 58: Blood Pressure.** Record the actual value in numerals for both systolic and diastolic.
- (31) **Item 59: Red/Green.** NA
- (32) **Item 60: Other Vision Test.** If applicable.
- (33) **Item 61: Distant Vision.** Test and record using the Snellen scale. Record vision in the form of a fraction and in round numbers, that is 20/20, 20/40, not 20/20-2 or 20/40-3.
- (34) **Item 62: Refraction.** Enter the lens prescription when the evaluatee wears (or requires) lenses for correction of visual acuity. Do not enter the term "lenses."
- (35) **Item 63: Near Vision.** Test and record using the Snellen scale.(See item 61).
- (36) **Item 64: Heterophoria.** NA
- (37) **Item 65: Accommodation.** NA
- (38) **Item 66: Color Vision.** NA
- (39) **Item 67: Depth Perception.** NA
- (40) **Item 68: Field of Vision.** NA
- (41) **Item 69: Night Vision.** NA
- (42) **Item 70: Intraocular Tension.** NA
- (43) **Item 71: Audiometer.** Only if indicated by history or something unusual observed when examining. Otherwise NA
- (44) **Item 72a: Reading Aloud Test.** NA
- (45) **Item 72b: Valsalva.** NA
- (46) **Item 73: Notes and Significant or Interval History.** Use this space for recording items such as:
 - (a) any pertinent medical history;
 - (b) summary of any condition which is likely to recur or cause more than minimal loss of duty time;
 - (c) **continuations from Items 44 or 52**
- (47) **Item 74a: Examinee's Qualification.** State whether or not the examinee is qualified for the purpose of the examination.
- (48) **Item 74b: Physical profile.** Leave blank.
- (49) **Item 75: I have been advised of my disqualifying condition.** If indicated, have evaluatee sign and date.
- (50) **Item 76: Significant or Disqualifying Defects.** Leave Blank
- (51) **Item 77: Summary of Defects and Diagnoses.** List ALL defects. All defects listed which are not considered disqualifying shall be so indicated by the

abbreviation NCD (Not Considered Disqualifying). When an individual has a disease or other physical condition that, although not disqualifying, requires medical treatment clearly state the nature of the condition and the need for treatment. If a medical condition is disqualifying, and treatment is scheduled to be completed prior to transfer to overseas, indicate the date the dependant is expected to be fully qualified. Waiver blocks blank. **If no defects are listed, indicate NA.**

(52) **Item 78: Recommendations.** Indicate any medical recommendations. Specify the particular type of further medical examination indicated (use SF-507, if necessary).

(53) **Item 79: MEPS Workload.** Leave Blank.

(54) **Item 80: Medical Inspection Date.** Leave Blank.

(55) **Item 81-84: Names and Signature of Examiners.** The name, grade, branch of Service, and status of each medical and dental examiner shall be typewritten, printed, **and** stamped in the left section. Each examiner shall sign using ballpoint pen or ink pen (black or blue-black ink only) in the appropriate section. Do not use facsimile signature stamps. When attachment sheets are used as a supplement or continuation to the report, they shall be serially number (both sides); however, indicate only the actual number of attached sheets in the bottom right **block 87** on DD-2808.

(56) **Item 85: Administrative Review.** The person who reviews the PE prior to submitting for approval shall sign, **stamp** and date.

(57) **Item 86: Waiver Granted.** Leave Blank.

(58) **Item 87: Number of attached Sheets.** Fill in with appropriate number of forms attached.