

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2807-1,
“REPORT OF MEDICAL HISTORY”**

**APPLICANTS TO THE
JUNIOR COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM**

1. Items # 1-29 must be completed by the applicant. A licensed health care provider (physician or mid-level provider such as a physician assistant or nurse practitioner) must complete item # 30 a-d. For item # 8 please list all current medications (including dose, frequency of use and indication). For item # 9 please list all allergies as indicated. If there are no medications or allergies to list, indicate this in the appropriate section.
2. A “yes” response to any item requires that a detailed explanation be recorded in Item 29. Include in the explanation for each condition the diagnosis, date, duration and frequency of symptoms, treatments received (including name of doctors and/or hospitals) and current medical status (i.e. resolved, ongoing, any present symptoms and/or functional limitations). Please include additional pages if necessary.
3. Additional Medical Information regarding the applicant that must be completed by the reviewing health care provider and recorded below includes:

- a. Height: _____ (in inches-no shoes)
- b. Weight: _____ (in pounds-light clothing)
- c. Age: _____ (in years)
- d. % Body Fat: _____ Use mandatory method described at:
www.jag.navy.mil/documents/careers/bca.pdf. Circumference site measurements (as per website instructions) should be recorded and submitted on letter-head stationery along with date and signature of the reviewing health care provider.
- e. Current Use of Tobacco Products: _____(Y/N)

(Printed Name of Health Care Provider)

(Signature)

(Date)

4. Please return this instruction sheet with your DD Form 2807-1, “Report of Medical History, to:

Division of Commissioned Corps Personnel and Readiness
ATTN: JRCOSTEP
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

NOTE: I understand that the falsification or other nondisclosure of material medical information may result in the immediate close out of my application or my separation from active duty without benefits at any time during my career. The determination of material non-disclosure (a form of misconduct) is made by the Director, DCCPR, and this decision is final, in accordance with CCPM 23.8 INSTR 6 “Disability Retirement” and CCPM Pamphlet No. 47 “Disability Evaluation Manual for the Commissioned Corps of the U.S. Public Health Service”.

(Printed name of Applicant)

(Signature)

(Date)