



Periodic Health Update

General Instructions for Completing Periodic Health Update

Forms DD-2807-1 “Report of Medical History,” DD-2808 “Report of Medical Examination,” and DD 2813, “Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination”

Forms for the Periodic Health Update (PHU) are intended for the purposes of Retention, Retirement/Separation, Long Term Training, and other medical information reporting purposes. **Failure to complete the forms according to these instructions will delay your medical review.** The forms are available at https://dcp.psc.gov/ccmis/forms/FORMS_medical_m.aspx.

A completed PHU is required annually by all officers. The PHU must be completed and submitted between the first day of the month prior to your birth month through the last day of the month following your birth month.

A complete PHU consists of:

1. [DD-2807-1](#), “Report of Medical History”
2. [DD-2808](#), “Report of Medical Examination” completed to the extent appropriate as determined by the provider. **Minimum requirement is current vital signs and weight.** (This form will not open in Chrome browser)
3. [PHS-7083](#), “Behavioral Health Survey”
4. [DD-2813](#), “Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination”
5. [Disclosure Form](#)

All of these documents including the Disclosure Statement must be completed per the instructions below and scanned into **one** PDF file which must be uploaded through the medical eDOC-U portal located in the Officer Secure Area of the [CCMIS website](#).

1. Once in the Officer Secure Area, select eDOC-U (Document Upload)
2. Select “Medical” from the Document Category dropdown
3. Select “PERIODIC HEALTH UPDATE” for Document Type
4. For the Document Date, use the date that the provider signed the DD-2808. For those officers who got their physical at a Military Treatment Facility that splits the process into parts, enter the date when the first part was completed

DO NOT UPLOAD ANY PHU FORMS OR ASSOCIATED REPORTS THROUGH ANY PORTAL OTHER THAN “PHYSICAL EXAM DOCUMENTS.”

Current DD-2807-1, “**Report of Medical History**” no older than one year will be required for Long Term Training or to inform Medical Affairs of a new medical condition. A self-reported DD-2807-1 is **no longer** required for permanent promotion.

To submit an updated medical history which is not part of a PHU, upload the DD-2807-1 with a Disclosure Statement using Document Type, "REPORT OF MEDICAL HISTORY".
Always keep copies for your records. Make sure that all forms are dated and your Name and USPHS SERNO are on ALL documents uploaded through eDOC-U.

Uploaded copies must be legible; illegible records will be rejected.
MAILED COPIES AND FAXES WILL NOT BE
ACCEPTED unless prior approval is given by the
Medical Affairs Branch



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Instructions for Completing DD-2807-1 "Report of Medical History"

Items 1 through 5 on page 1 of the form **MUST** be completed including information on the top of page 2 and 3:

Last Name, First Name, Middle Name and USPHS Service Number (SERNO) in place of Social Security Number (enter as 0000+SERNO: 000012345 if typing the form online).

1. Last Name, First Name, Middle Name
2. Social Security Number-*must* be entered as SERNO (enter as 0000+SERNO if typing the form online. Example: 000012345).
3. TODAY'S date-use YYYY-MM-DD numerical format. **THE DOCUMENT IS CONSIDERED INCOMPLETE UNLESS IT IS DATED.**
4. a. Home addresses
b. Home telephone (include area code);
5. Examining Location and Address
6. a. Service-*write in* "USPHS"
b. Component-"Active Duty"
c. Purpose of Examination: you may check one or more of the choices listed in this section,
e.g.: Retention (a.k.a. PHU)
Separation
Retirement
OR check the box "Other" and write in:
PHU, Training, or Fitness for Duty
7. a. Position-your rank
b. Usual Occupation-category
8. Current Medications-list all medications you currently take and for what condition. Use section #29 if you need more space
9. Allergies-medication and non-medication allergies
10. **HAVE YOU EVER HAD OR DO YOU NOW HAVE**
Answer YES or NO to items 10 through 28, (If your response to question 14c is "No", please provide explanation.) -**REMEMBER** the question asks, "Have You Ever Had or do You Now Have"
If you are submitting the DD-2807-1 to update a specific medical condition, fill out only the relevant sections and provide more information in Question 29.
29. **Explanation of "YES" answer(s)**
Describe in detail all yes answer(s); give date(s) of problem(s), name(s) of doctor(s) and/or hospital(s), treatment(s) given, current medical status, and limitations. Use this question to provide updates on specific medical conditions.
30. **Examiner's Summary and Elaboration of All Pertinent Data for PHU.**
Complete as described in this section.
 - a. Comments-of examining provider
 - b. Typed or Printed Name of Examiner-Last, First, Middle Initial
 - c. Signature-of provider +NPI number
 - d. DATE SIGNED-YYYY-MM-DD format



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Instructions for Completing DD-2808 “Report of Medical Examination”

Items 1 through 10a, 15 to 16, and information at the top of page 2 and 3 MUST be provided.
Items 10b through 14c are optional.

Last Name, First Name, Middle Name and USPHS Service Number (SERNO) in place of Social Security Number (enter as 0000+SERNO: 000012345 if typing the form online).

1. **Date of Examination**-use YYYY-MM-DD numerical format
2. **Social security number**- *must* be entered as SERNO (enter as 0000 +SERNO if typing the form online. Example: 000012345).
3. **Last name-First name-Middle name** (suffix)
4. **Home Address**-*required*
5. **Home Telephone Number** (include area code)
6. **Grade**-rank
7. **Date of Birth**-use YYYY-MM-DD numerical format
8. **Age**
9.
 - a. **Birth Sex**-check female or male
 - b. **Preferred Gender**-select female or male
10.
 - a. **Ethnic Category**-optional
 - b. **Racial Category**-this is for **medical** purposes only-optional
11. a. and b. **Total years government service**-optional
12. **Agency**-IHS, CDC, BOP, NIH, etc.
13. **Organization Unit and UIC/Code**-leave blank
14.
 - a. **Rating or Specialty**
 - b. **Total Flying Time**
 - c. **Last six months**-leave 14a-c blank, unless you are an Aviator
15.
 - a. **Service**-*write in* “USPHS”
 - b. **Component**-“Active Duty”
 - c. **Purpose of Examination**: Check one or more of the choices listed in this section,
e.g.: Retention (a.k.a. PHU)
Separation
Retirement
OR check the box “Other” and write in:

Long-term Training
Fitness for Duty
16. **Name of Examining Location, and Address** (include ZIP Code)

Clinical Evaluation section 17 through 42 **and** number 35 [**Feet (continued)**]

This section is to be completed by your provider(s). More than one provider may use this section. The comprehensiveness of the examination is determined by the provider taking into account the officers current symptoms, known medical conditions, and health risks based on personal and family history and occupational and environmental exposures.

44. **Notes**-provider(s) should follow the instructions in this section.

The Clinical Evaluation *must* include additional testing appropriate for the needs of the individual officer. All existing health conditions must be evaluated with appropriate testing and at appropriate intervals based on community and specialty society standards. Health screening should be performed based on guidance

from the United States Preventive Services Task Force (USPSTF)

43. **Dental Defects and Disease-** Dentists **complete form DD-2813;**

Medical providers- **Acceptable or Not acceptable**-check the correct response only if a completed dental form is available for review;

Class-leave blank unless a completed DD-2813 is available for review.

****Page 2 of Form DD-2808** Name and SERNO at top of page- must be completed**

Laboratory Findings section (45-52)

- Laboratory Testing should be individualized to the needs of the officer, including suggested interval screening per USPSTF. Laboratory and radiographic studies should be submitted using a copies of the original laboratory or radiographic reports.

53. **Height**-without shoes- *required*

54. **Weight**-*required*

55. **Min wgt-Max wgt/Max BF%**-body fat test results as indicated for muscular individuals

56. **Temperature**-optional

57. **Pulse**-*required*

58. **Blood Pressure**-*required*

- Upon arrival in providers office;
- if indicated
- if indicated

61-70. **Vision testing and formal eye examination** (if appropriate based providers' recommendations)

71-72. **Audiometry** (if appropriate based on providers' recommendations)

73. **Notes and Significant or Interval History**-use as indicated

****Page 3 of Form DD-2808** Name and SERNO at top of page-must be completed**

74 a. & b. **Examinee/Applicant**-will be used by some Military Facilities.

Civilian providers leave these blank.

75. **I have been advised of my disqualifying condition.**

- Signature of Examinee**- leave blank
- Date**-leave blank

76. **Physical Profile**- leave blank

77. **Significant or Disqualifying Defects**-used in some MTFs, *civilian providers leave this blank.*

78. **Summary of Defects and Diagnoses**-list diagnoses and associated treatments (medications).

79. **Recommendations-Further Specialist Examinations Indicated**-referrals to other health care providers are written in this space.

80. **MEPS Workload (for MEPS use only)**-leave blank

81. **Medical Inspection Date**-leave blank

82. a. **Typed or Printed Name of Physician or Examiner with NPI number**

b. **Signature**-your providers *must* complete these items *and include the date of the exam.*

83. a. and b. **Typed or Printed Name of Dentist or Physician (Indicate which)** use as needed.

Signature + NPI number-your providers *must* complete these items *and include the date of the exam.*

84 a. & b. Through 86. Leave blank.

87. **Number of Attached Sheets**-Optional

Physical Examinations must be submitted on the DD-2808.

Make sure your name and USPHS SERNO are on every page submitted to the Medical Affairs' physical exam section.

Physical examinations must be complete according to these instructions when submitted to Medical Affairs



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Instructions for Completing DD-2813 “DoD Active Duty/Reserve/Guard/Civilian Forces Dental Examination”

- 1. Service Member’s Name**-Last name, First name, middle initial
- 2. Social Security Number**-Enter SERNO
- 3. Branch of Service**-USPHS
- 4. Unit Assignment**-Leave Blank
- 5. Unit Address**-Enter home address
- 6. Examination Results**-Dental Provider must mark only one of Boxes (1), (2), or (3). If Box (3) is marked, the dental provider must mark all boxes (a)-(f) that apply with further explanations in Box (4) and (5).
- 7. Dentist’s Name**-Last name, First name, middle initial
- 8. Dentist’s Telephone Number**-required
- 9. Dentist’s Signature and License Number**-required
- 10. Date of Examination**-required

**PLEASE DO NOT MAIL OR FAX ANY PHYSICAL EXAMINATION DOCUMENTS.
ALL COMPONENT DOCUMENTS OF THE PHU MUST BE SCANNED INTO A SINGLE PDF AND
UPLOADED USING THE MEDICAL SECTION OF eDOC-U, DOCUMENT NAME, “PERIODIC
HEALTH UPDATE.”**

December 31, 2019