

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

REQUEST FOR UNIFORMED SERVICES MEDICAL RECORDS

SUBJECT: Request for Uniformed Services Medical Records

To: _____

As a requirement of the application process for the U.S. Public Health Service Commissioned Corps, I request that you send to the address below *a copy of my separation physical examination and the last preceding periodic physical examination (SF-88, SF-93, DD Form 2807-1, DD Form 2808, and supporting laboratory, radiology, and consultation reports).*

These must be sent to:

Office of Commissioned Corps
Operations/DCCA
ATTN: Medical Evaluation Staff
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

1. NAME <i>(Type or print)</i>	2. NAME OF SERVICE	3. DATE
4. DATES OF LAST TOUR OF ACTIVE DUTY		5. SOCIAL SECURITY NUMBER
6. NAME USED WHEN ON ACTIVE DUTY IF OTHER THAN 1. ABOVE	7. SIGNATURE	

Please also note *IF* signed below:

Because I was awarded disability or was separated for medical reasons, I further request *a copy of my entire medical record for the last 3 years on active duty be sent to the above address.*

Signature	Type or Printed Name	Date
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REQUEST FOR UNIFORMED SERVICES MEDICAL RECORDS

(See Privacy Act for Form PHS-6380)

(To be completed by those applicants to the Commissioned Corps of the Public Health Service who have previously served or are currently serving with a military service, the U.S. Coast Guard, or the Commissioned Corps of the National Oceanic and Atmospheric Administration.)

INSTRUCTIONS TO APPLICANT

If you are SEPARATED from a military service, the U.S. Coast Guard, or the Commissioned Corps of the National Oceanic and Atmospheric Administration:

- (1) Enter address of the National Personnel Records Center (below) in the "To" section of form PHS-6380 and mail to same.

National Personnel Records Center
9700 Page Boulevard
St. Louis, MO 63132-5100

- (2) Complete Items 1 through 7 on form PHS-6380.
- (3) If you were awarded disability, sign the bottom paragraph of form PHS-6380.
- (4) Submit a completed photocopy of this form with your other medical and dental forms to:

Office of Commissioned Corps
Operations / DCCA
ATTN: Medical Evaluation Staff
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

If you are CURRENTLY SERVING with a military service, the U.S. Coast Guard, or the Commissioned Corps of the National Oceanic and Atmospheric Administration:

- (1) Enter address of your hospital/clinic medical records department in the "To" section of form PHS-6380 and mail or hand carry to same.
- (2) Complete Items 1 through 7 on form PHS-6380.
- (3) Submit a completed photocopy of this form with your other medical and dental forms to:

Office of Commissioned Corps
Operations / DCCA
ATTN: Medical Evaluation Staff
1101 Wootton Parkway, Suite 100
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Privacy Act Statement
PHS-6380 "Request for Uniformed Services Medical Records"

Authority:

Our authority to collect this information is 42 U.S.C. 202 et seq and Executive Order 10450.

Purpose and Use of Information: The medical information provided will be used to determine whether you meet the medical standards that apply to Public Health Service (PHS) Commissioned Corps officers. This is a critical evaluation because you must be physically and mentally fit to perform satisfactorily in national or worldwide health and defense emergencies. In addition, the information will be used to begin monitoring your health and fitness for duty on an ongoing basis if you are appointed. It may be provided to other Federal Agencies that furnish you medical care, when needed to ensure continuity of care or to evaluate your eligibility for benefits from that Agency based on your medical condition. It may also be provided to health care practitioners in the private sector in the event you receive emergency medical care or to ensure continuity of care.

In very rare circumstances this information may be provided to: a congressional office at your request; officials of this Department or the Department of Justice to prepare an effective defense when the Department or any of its employees are the subject of litigation; or your legal guardian if you are found mentally incompetent by a court of law.

More information about how these records are maintained is contained in the Privacy Act System Notice of Records number 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS, a copy of which may be obtained from the office to which you submit this form.

Information Regarding Disclosure of Your Social Security Number (SSN): Disclosure of the SSN is mandatory under provisions of the Social Security Act, since PHS Commissioned Corps officers are under social security covered employment and taxes must be withheld from their salaries. The SSN is also used as an identifier throughout an officer's career. It is used primarily to identify an officer's personnel, leave, and pay records and to related one to the other. The SSN is also used in connection with lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former active, inactive, and retired officers and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Effects of Nondisclosure: Failure to provide the information requested on these forms will eliminate your application from further consideration. If you withhold or falsify information about your medical condition, your appointment will be terminated, you will lose any benefits provided to you based on the false information, and you may be subject to criminal or civil prosecution.