

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

PERSONNEL OPERATIONS MEMORANDUM



POM 821.71  
EFFECTIVE DATE: 24 August 2022  
AMENDED: 20 May 2024

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By Order of the Surgeon General of the U.S. Public Health Service:

VADM Vivek H. Murthy, MD, MBA

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TO: All Members of the Regular Corps and Ready Reserve Corps and Candidates Seeking an Appointment in the United States Public Health Service (USPHS) Commissioned Corps.

SUBJECT: Physical Examination Requirements

1. As required by Commissioned Corps Instruction (CCI) [221.02](#), "Medical Readiness," this Personnel Operations Memorandum (POM) establishes the physical examination requirements for active duty and Ready Reserve Corps officers and for candidates seeking a commission in the USPHS Commissioned Corps.
2. Required Forms.
  - a. Medical History. Regular Corps and Ready Reserve Corps officers will submit [DD Form 2807-1](#), "Report of Medical History," or the Military Treatment Facility's (MTF) equivalent. Civilian providers may attach their standard history form to the DD Form 2807-1. Candidates for commission in the USPHS Commissioned Corps will submit [DD Form 2807-2](#), "Accessions Medical Prescreen Report," during the medical qualification evaluation process.
  - b. Physical Examination. Regular Corps and Ready Reserve Corps officers will submit [DD Form 2808](#), "Report of Medical Examination," or the MTF's equivalent. Candidates for commission in the USPHS Commissioned Corps will submit DD Form 2808, "Report of Medical Examination," during the medical qualification evaluation process.
  - c. Dental Examination. Regular Corps and Ready Reserve Corps officers will submit [Form DD 2813](#), "Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination." Candidates for commission in the USPHS Commissioned Corps will submit [Form PHS-6355](#), "Report of Dental Examination of Applicants to the Public Health Service Commissioned Corps."
  - d. Behavioral Health Questionnaire. Regular Corps and Ready Reserve Corps officers will submit [Form PHS-7083](#), "Behavioral Health Survey," which includes questions from Audit-C alcohol screen, Patient Health Questionnaire-2 (PHQ-2), Generalized Anxiety Disorder scale (GAD-2), and Primary Care Post-Traumatic

- Stress Disorder (PTSD) Screen for Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (PC-PTSD-5).
3. Civilian candidates for a commission in the Regular Corps and Ready Reserve Corps. In addition to examination requirements (Medical History, Physical Examination, Audiometry evaluation, Vision evaluation), and the PHS Dental Examination, applicants to the USPHS Commissioned Corps must submit the following laboratory tests:
    - a. Hepatitis B Surface Antigen (HBsAg);
    - b. Hepatitis C Antibody (HCV Antibody);
    - c. Human Immunodeficiency Virus (HIV);
    - d. Tuberculosis blood test (QuantiFERON-TB Gold or T-SPOT.TB);
    - e. Age 40 years and older.
      - (1) Fasting blood sugar;
      - (2) Blood lipid panel;
    - f. Women only.
      - (1) Urine pregnancy test;
      - (2) Most recent Pap smear (only if there has been an abnormal Pap smear within the previous 10 years); and
    - g. Additional tests, if requested, by the Medical Affairs Branch (MAB), Commissioned Corps Headquarters (CCHQ).
  4. Interservice Transfers, Transfers from the Regular Corps to the Ready Reserve Corps, and Transfers from the Ready Reserve Corps to the Regular Corps.
    - a. Interservice transfers to the USPHS Commissioned Corps from other uniformed services must submit to MAB comprehensive physical and dental examinations performed no more than three months prior to their application to the USPHS Commissioned Corps. In addition, they must submit a digital copy of their complete medical record as well as a Veterans Affairs examination/disability rating, if applicable.
    - b. Members of the Ready Reserve Corps who are transferring to the Regular Corps must have a current Periodic Health Update (PHU) on file for review. Additional medical documentation must be submitted, if requested by MAB.
    - c. Regular Corps officers who are transferring to the Ready Reserve Corps must have a current PHU on file for review. Additional medical documentation must be submitted, if requested by MAB.
  5. Candidates for the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) must complete and submit a current medical history using a DD Form 2807-2. The candidate must have a healthcare provider review and sign the form, and have the healthcare provider verify the candidate's height and weight. The candidate must also submit a statement regarding any use of tobacco products.

6. Periodic Health Update (PHU). A PHU consists of the following documents:
  - a. Medical History, DD Form 2807-1. Reviewed by the officer with a healthcare provider and signed by the provider.
  - b. Focused Medical Examinations.
    - (1) Minimal requirements are vital signs (pulse, blood pressure) and a provider-verified weight and height. Additional examinations and testing if indicated for existing medical conditions and current occupational health risks, as recommended by the provider in consultation with the officer.
    - (2) The USPHS Commissioned Corps will consider the provider-verified height and weight submitted with the PHU as an officer's official annual submission. If an officer's BMI is outside of USPHS Commissioned Corps standards (BMI 19.0-27.5 kg/m<sup>2</sup>), the officer must submit the additional documentation required under Section 3. of POM 821.66 with their PHU.
    - (3) Additional screening examinations as recommended by the United States Preventive Services Task Force (USPSTF) based on age, gender and medical history are required. (See Appendix).
  - c. Dental Examination, Form DD 2813.
  - d. Behavioral Health Screening Survey, Form PHS-7083.
7. Submission of PHU to MAB.
  - a. Each officer must submit an annual PHU completed within one month of the officer's birth month.
  - b. All officers are required to report in a timely fashion any medical/behavioral health/dental issues that could impact long-term (greater than six months) readiness. The officer must document such health issues on a DD Form 2807-1 (provider's signature not required) and submit the form to MAB. The officer should also submit a temporary waiver request with medical documentation if the issue prevents the officer from deploying or completing requirements for Basic Readiness.
8. The timely submission of the PHU satisfies "Health Standards" requirement for permanent promotion as documented in [CCD 122.01](#), "Promotions," Section 6-5.d.
9. The Surgeon General or designee may require that officers submit additional pre-deployment and post-deployment health information.
10. This POM replaces POM 821.71, "Physical Examination Requirements," dated 19 January 2021 and will remain in effect until rescinded.

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VADM, USPHS  
Surgeon General

## Appendix

Conditions Requiring Additional Screening Examinations  
(as recommended by USPSTF as of the date of this POM)

1. Women and Men.
  - a. Hypertension. Adults 18 years or older.
  - b. Type 2 Diabetes Mellitus. Women and men 40-70 years of age who are overweight or obese.
  - c. Colorectal Cancer. Begin at 50 years of age and continue until age 75 years.
  - d. Human Immunodeficiency Virus (HIV).
    - (1) Screen 15-65 year olds at intervals based on individual risk assessments.
    - (2) Screen all pregnant persons.
2. Women only.
  - a. Breast Cancer. Routine biennial (every two years) screening beginning at 40 years of age with discontinuation at 74 years of age.
  - b. Cervical Cancer.
    - (1) Every three years with cytology alone for women 21 to 29 years of age.
    - (2) Every three years with cytology alone, every five years with HPV testing, or every five years with combined cytology and HPV testing in women 30 to 65 years of age.
    - (3) Discontinue after hysterectomy with removal of the cervix for benign indications and no history of cervical intraepithelial neoplasia (CIN) 2 or CIN 3 or cervical cancer; or 65 years of age with adequate prior screening (negative recommended screening over previous 10 years).
  - c. Osteoporosis.
    - (1) Begin at 65 years of age with no recommended screening interval.
    - (2) Postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.
3. Men only.
  - a. Abdominal Aortic Aneurysm.
    - (1) Screen once with ultrasonography in men 65 to 75 years of age if they have ever smoked.
    - (2) No recommendation for or against screening in men 65 to 75 years of age who have never smoked.