

MANUAL: Personnel
Chapter Series CC--Commissioned Corps Personnel Manual
Part 2--Commissioned Corps Personnel Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chapter CC29--Officers' Relations, Services, and Benefits
Subchapter CC29.3--Medical and Health Program
Personnel INSTRUCTION 5--Medical Examination Requirements

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Section A. Purpose and Scope

This INSTRUCTION states the medical examination requirements for the Public Health Service (PHS) Commissioned Corps and provides instructions on completion, review, and disposition of the medical reports.

Note: These instructions are not applicable to disability retirement medical examinations. Special instructions concerning these examinations are contained in Commissioned Corps Personnel Manual (CCPM), Subchapter CC23.8 INSTRUCTION 6, "Disability Retirement," and in CCPM Pamphlet No. 47, "Disability Evaluation Manual for the Commissioned Corps of the U.S. Public Health Service."

Section B. General Information

1. Examinations of Applicants for Appointment and/or Call to Active Duty (CAD). These examinations are used to determine medical qualification for appointment into the PHS Commissioned Corps and for CAD, and for baseline documentation of abnormalities existing prior to CAD. Therefore, it is necessary that every significant finding of a variance from normal be reported. In no instance should the examining physician tell an applicant that he/she is physically qualified for appointment since there may be other information submitted to the Division of Commissioned Personnel (DCP) rendering the individual medically unqualified. On the other hand, if the applicant has a condition which significantly affects mobility or professional performance or carries a high risk of premature disability or death, the physician may indicate to him/her, merely for the convenience of the applicant, that he/she may not qualify. CCPM Pamphlet No. 46 entitled "Guiding Medical Standards for the Commissioned Corps of the U.S. Public Health Service," sets forth medical requirements for commissioning and for CAD. (Applicants for extended active duty should also see Exhibits I-VI.

Applicants for the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) duty should see Exhibits II and VII. Applicants for short tours of active duty should see Exhibits II and VII, and if indicated per Exhibit VII, also Exhibits I and VI.)

2. Examinations of Active-Duty Officers. Periodic medical examinations of all active-duty officers are required (see Section D, below) to document service-incurred or -aggravated conditions and to promote attention to health maintenance and disease prevention needs. The officer and examiner should refer to Exhibits I, II, and VII of this issuance for guidelines to physicians on completing the examination forms, SF-88 and SF-93. If clinically indicated, additional examinations, tests, and consultations should be performed and reported.

The officer should be queried regarding exposure to occupational hazards and, if indicated, appropriate medical monitoring procedures carried out. Information regarding proper monitoring of health effects of particular environmental hazards should be available from the officer or his/her PHS component. The officer should also be questioned regarding his/her immunization history, and immunizations should be updated in accordance with the current recommendations of the PHS Advisory Committee on Immunization Practices (available from the Centers for Disease Control and Prevention, Atlanta, Georgia 30333).

It is important that the examiner counsel the officer regarding the findings of the examination, including risk factors, and recommend preventive measures in accordance with current accepted medical practices. Of particular importance is follow-up on abnormalities discovered on reports of laboratory tests and other special procedures received subsequent to the examination.

3. Retirement and Separation Examinations. Since this is the officer's final physical examination in PHS, it is important that this examination be thorough and complete (see Exhibit VII). All positive history should be well documented and, if not previously investigated, work-up should be completed and recorded. In addition, copies of pertinent records of any previous evaluations and treatments of significant medical conditions should be submitted directly or through the examiner to the Medical Evaluations Staff, Medical Affairs Branch (MAB), DCP. If, based on the examination, a question arises as to the officer's fitness for continuation on active duty if he/she were not separating, MAB should be contacted immediately.

Section C. Responsibilities

1. The Examinee (officer or applicant). Each examinee is responsible for arranging for his/her medical examination, preferably at a Uniformed Services facility, when due as stated in Section F of this INSTRUCTION. (See Section I, below, regarding funding restrictions for the examination and related travel.) It is also the responsibility of the examinee to inform the examiner of the examination requirements. The examinee is required to provide necessary forms to the examiner if these forms are not routinely used by the examiner's facility. (Forms PHS-6355 and PHS-6379 must be supplied by applicants to all examiners; forms SF-88 and SF-93 may need to be supplied by examinees to civilian examiners.) (See Exhibits for forms and examination requirements, and Section D, below, for form requirements.)
2. The Examining Physician. The physician (examiner) will be responsible for obtaining the medical history and performing the medical examinations. Examinations performed by others must be countersigned by the supervising physician. Completed reports should be mailed promptly to the Division of Commissioned Personnel/MAB, ATTN: Medical Evaluations Staff, 5600 Fishers Lane, Room 4C-06, Rockville, MD 20857-0001.
3. Medical Affairs Branch, DCP. MAB, is responsible for the review, evaluation, and coordination of an officer's latest medical examination with previous examinations and other medical data maintained by this branch in the officer's central medical file. This office is also responsible for the determination of physical qualifications of all applicants to the commissioned corps.

Section D. Medical Examination Requirements

The following forms are required in the examinations as indicated below:

SF-88, "Report of Medical Examination"
SF-93, "Report of Medical History"
PHS-6379, "Supplemental Medical History Record Required of Applicants to
PHS Commissioned Corps"
PHS-6355, "Report of Dental Examination of Applicants to the
Commissioned Corps of the Public Health Service"
PHS-6380, "Request for Uniformed Services Medical Records."

(See Exhibits I - V for examples of the above forms). 1/

Medical examinations and completion of forms are required as follows:

1. Before appointment and before entry on active duty:
 - a. JRCOSTEP: SF-93 (no examiner comment required), and written self-report of age, height, weight - both reports completed within 12 months before CAD.
 - b. Short tours of active duty: SF-88 completed within 5 years, and SF-93 completed within 1 year before CAD.
 - c. Extended active duty (including Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP): SF-88 completed within 2 years; and SF-93, PHS-6355, and PHS-6379 completed within 1 year before CAD. If prior Uniformed Service (not PHS Commissioned Corps) active duty, PHS-6380 within 1 year.

Note: Applicants must notify MAB immediately of any significant change in health status occurring after the preappointment history and/or examination.

2. Officers remaining on active duty:
 - a. Periodic examination: SF-93 and SF-88 completed within 5 years of last complete examination.
 - b. Physical qualification for assimilation: SF-88 completed within 5 years of nomination by the President, and SF-93 completed within 1 year of the nomination.
 - c. Physical qualification for long-term training: SF-88 completed within 5 years of entering long-term training, and SF-93 completed within 1 year of entering long-term training.

1/ Forms SF-93 and SF-88 are available at Military Entrance Processing Stations, military treatment facilities, and many other government facilities. As required, these forms and other forms and applicant instructions are supplied in applicant packets. However, if any are needed, they may be obtained from the Medical Affairs Branch, Division of Commissioned Personnel, 5600 Fishers Lane, Room 4C-06, Rockville, MD 20857-0001.

- d. Physical qualification for removal or extension of medical limited tour appointment restriction: SF-93 and medical evaluation/collection of medical documents as specified by MAB, completed no sooner than 7 months before the end of the medical limited tour, but received in MAB at least 45 days prior to the end of the medical limited tour.
3. Officers undergoing non-medical, voluntary or involuntary separation from active duty (retirements, inactivations, terminations):
 - a. SF-88 and SF-93 within 6 months prior to separation (to be received in MAB at least 60 days before separation date). In cases of involuntary separation with only 30 days notice is given, the preceding retirement of 60 days advance notice before separation is hereby waived. Officers should notify MAB immediately of any significant change in health status occurring after the separation examination which affects their fitness for duty (fitness to remain on active duty if they were not separating.) Copies of records of other less significant change occurring after the separation examination but before separation should be sent to MAB.
 - b. An officer may waive this examination by executing the waiver on form PHS-1373, "Separation of Commissioned Officer," which states:

"I hereby waive separation physical examination realizing that, after separation, I cannot be retired for disability for any disease or injury incurred in or aggravated by my tour of duty with PHS."

Before executing this waiver, the officer should understand that the examination not only serves to protect his/her potential right to disability retirement, but it also serves to protect any future entitlements that he/she may have for benefits provided by the Department of Veterans Affairs (VA) after his/her separation. These benefits include disability compensation, medical care, and survivor benefits for service-connected disease or injury. It is important, therefore, that an officer's medical status at the time of separation from active duty be documented in his/her central medical file. Because neither voluntary nor involuntary separations will be delayed solely because the separation examination report was not received in the MAB prior to the separation date, officers need not waive the separation examination to assure timely separation.

4. Officers undergoing fitness for duty evaluation (see CCPM, INSTRUCTION 6, Subchapter CC23.8, "Disability Retirement"):

Because of the possibility of medical separation, these officers usually will be receiving a thorough examination, which will serve as a separation examination and which will be reported to the PHS Medical Review Board (MRB). However, these officers should assure that their central medical files contain documentation of any conditions which they wish to bring to the attention of the MRB and/or the VA, and that they have obtained indicated screening for asymptomatic, undetected disease before their medical separation dates.

Section E. Examining Facilities

1. Uniformed Services Facilities. Uniformed services (military, Coast Guard) facilities and Bureau of Prisons and Indian Health Service facilities may perform medical examinations for applicants and active-duty PHS commissioned officers if in accord with individual facility policy. Applicants may not be examined at Uniformed Services Treatment Facilities, (former USPHS facilities authorized to provide health care services to member of the Uniformed Services.) Applicants, but not active-duty officers, may be examined at Military Entrance Processing Stations. (See Section I for funding restrictions.)
2. Private Facilities. Licensed practitioners of medicine, dentistry, audiology, optometry, and podiatry, and certified nurse practitioners, physicians' assistants, and audiology technicians may perform required appropriate examinations within the areas of their professional qualification for applicants and officers, but at no expense to the Government. Although active-duty officers are encouraged to use Uniformed Services facilities for routine medical examinations, MAB may, under certain circumstances and for active-duty officers only (not applicants), preauthorize payment for examinations required or recommended by commissioned corps policy (see Section I.2., below). It is the responsibility of the officer or applicant to assure that required information is forwarded to MAB, DCP, (see Section C.2., above).

Section F. Scheduling of Examinations

1. Each officer (or applicant) will arrange for his/her medical examination by contacting the examining facility by telephone or letter. Arrangements should be made sufficiently in advance to allow for lack of open appointments for several weeks, for the need for more than one appointment for completion of the examination, for mailing, and review of reports before any expected deadlines (see Section D, above, for deadlines).

2. Planned separation dates for active-duty officers will not be postponed solely because of an inability to schedule the separation examination before the separation date. However, if the inability resulted from events outside the officer's control (see Section F.1., above), he/she may contact MAB for assistance (see Section I.2., below.) In the event that MAB cannot assist in arranging a timely appointment in a Uniformed Services facility and MAB deems Government funding of an examination in a private facility to be inappropriate use of the legislated entitlement, the officer may obtain a private examination at his/her own expense or waive the formal separation examination. In electing the latter option, the officer should seek while on active duty to have documented medically any known service-connected conditions which have not previously been brought to the attention of MAB.
3. Applicants must not seek to schedule examinations at Government expense until they have received the letter of authorization from the Transactions and Applications Section, Personnel Services Branch, DCP. Applicants who undergo examinations at their own expense without having examination instructions to follow may cause themselves unnecessary expense and inconvenience.

Section G. Completion of Examinations

1. The forms prescribed for medical examinations of PHS commissioned officers and applicants are shown in Exhibits I through V (see Section D, above).
2. Exhibits VI and VII provide guidelines for these examinations. It should be noted that Exhibit VI concerns applicants and Exhibit VII concerns active-duty officers, inactive reserve officers applying for short tours of duty, and JRCOSTEP applicants.

Section H. Disposition of Reports

1. The original examination reports and all pertinent medical material should be forwarded in an envelope marked "Medical Confidential" directly to MAB (see Section C.2., above).

To expedite processing, "working copies" of originals may be forwarded to MAB at the above address in advance of the originals, and may also be sent to the medically confidential telefacsimile equipment in MAB. Transmission of telefacsimile documents are acceptable if the originals are concurrently mailed to MAB.

2. Confidential medical examination reports and other medical documents cannot be required to be forwarded to or through officials in employing or selecting Health and Human Services (HHS) or other agency components. (To do so may delay the processing of these materials in MAB. If an officer or applicant chooses to forward these materials to or through these officials, that officer or applicant will be assuming the responsibility for assuring that his/her medical privacy is protected.

Section I. Funding of Medical Examinations and Related Travel

1. Preappointment Examinations. DCP does not fund travel related to preappointment examinations. When authorized by a letter from DCP addressed specifically to the individual applicant, HHS funding of preappointment examinations will be provided for those done at Military Entrance Processing Stations, military treatment facilities, Coast Guard medical facilities, Bureau of Prison facilities, and Indian Health Service medical facilities. Examinations done elsewhere, including those done at Uniformed Services Treatment Facilities, (former USPHS facilities authorized to provide health care services to members of the Uniformed Services) will be the applicant's responsibility and will not be funded by HHS on the basis of DCP's authorization.
2. Examinations for Active-Duty Officers. Officers may obtain periodic and separation examinations without prior funding authorization if performed at the military, Coast Guard, Bureau of Prisons, or Indian Health Service facilities, or at other government facilities providing free services to government employees. No preauthorization is required for examinations at Uniformed Services Treatment Facilities or at contract facilities if the officer is already enrolled to receive care at that facility. If one of the preceding facilities is not within reasonable travel distance, the officer should try to schedule a needed examination when on temporary duty, home leave, or in official travel status in the area of such a facility. However, when this is not possible, for examinations elsewhere than the above, preauthorization by the Beneficiary Medical Program section, MAB, is required and will be granted only in special circumstances. The expense of travel for the examination is the officer's responsibility unless MAB has preauthorized travel outside of the local travel area.

Section J. Privacy Act Provisions

1. Personnel records are subject to the Privacy Act of 1974. The applicable systems of records are 09-37-0002, "PHS Commissioned Corps Personnel Records," HHS/OASH/OSG, and 09-37-0003, "PHS Commissioned Corps Medical Records," HHS/OASH/OSG.

2. Contract health care records are maintained in 09-15-0008, "Emergency Non-PHS Treatment Authorization File," HHS/HRSA/BPHC, and 09-15-0029, "PHS Beneficiary-Contract Medical/Health Care Records," HHS/HRSA/BHCDA.

EXHIBIT I (Continued)

NAME										IDENTIFICATION NUMBER										NO. OF SHEETS ATTACHED																																		
MEASUREMENTS AND OTHER FINDINGS																																																						
20. HEIGHT					21. WEIGHT					22. COLOR HAIR					23. COLOR EYES					24. BUILD					25. TEMPERATURE																													
															<input type="checkbox"/> SLIMDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE																																							
26. BLOOD PRESSURE (Arm at heart level)															27. PULSE (Arm at heart level)																																							
A. SITTING			B. RECLINANT			C. STANDING (5 mins.)			A. SITTING			B. RECLINANT			C. STANDING (7 mins.)			D. AFTER EXERCISE			E. 2 MINS. AFTER																																	
SYS.			DIAS.			SYS.			DIAS.			SYS.			DIAS.			SYS.			DIAS.																																	
28. DISTANT VISION										29. REFRACTION										30. NEAR VISION																																		
RIGHT 20/					CORR. TO 20/					BY					S.					CX					CORR. TO					BY																								
LEFT 20/					CORR. TO 20/					BY					S.					CX					CORR. TO					BY																								
31. METEOROPHORIA (Specify distances)																																																						
ESD					EXO					R/L					L/R					PRISM DIV.					PRISM CORR. CT					PC					PD																			
32. ACCOMMODATION										33. COLOR VISION (Test used and result)										34. DEPTH PERCEPTION (Test used and score)										35. UNCORRECTED																								
RIGHT																														CORRECTED																								
LEFT																																																						
35. FIELD OF VISION										36. NIGHT VISION (Test used and score)										37. RED LENS TEST										38. INTRAOCULAR TENSION																								
RIGHT																														RIGHT																								
LEFT																														LEFT																								
39. HEARING										40. ALDICHOMETER										41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																		
RIGHT WV					/18 BV					/18					250					300					1000					2000					3000					4000					6000					8000				
															288					312					1024					2048					2896					4096					6144					8192				
LEFT WV					/18 BV					/18					RIGHT																																							
										LEFT																																												
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																						

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)										45A. PHYSICAL PROFILE									
										P U L H E S									
46. EXAMINEE (Check)										45B. PHYSICAL CATEGORY									
A. <input type="checkbox"/> IS QUALIFIED FOR										A									
B. <input type="checkbox"/> IS NOT QUALIFIED FOR										B									
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER										C									
										E									
48. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE									
49. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE									
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)										SIGNATURE									
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY										SIGNATURE									

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EXHIBIT II

Form SF-93, "Report of Medical History"

Note: The form SF-93 is required in all instances in which the SF-88 is required. It is also required in the following additional circumstances: Junior COSTEP applicants, medical history updates for medical limited tour evaluations, assimilation, long-term training, and entry on short tours of duty. No physician comment under item #25 is required if the SF-93 is the only form required. In all cases, the examinee must complete items 1,2,4,6-24, and explain positive responses in detail.

MEDICAL RECORD		REPORT OF MEDICAL HISTORY		NO. OF ATTACHED SHEETS	DATE OF EXAM						
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons											
1. NAME OF PATIENT (Last, first, middle)		2. IDENTIFICATION NUMBER		3. GRADE							
4a. HOME STREET ADDRESS (Street or RFD, City or Town, State, and ZIP Code)			5. EXAMINING FACILITY								
4b. CITY		4c. STATE	4d. ZIP CODE								
6. PURPOSE OF EXAMINATION											
7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)											
a. PRESENT HEALTH			b. CURRENT MEDICATION		REGULAR OR INTERM.						
c. ALLERGIES (Include insect bites/stings and common foods)											
8. PATIENT'S OCCUPATION			9. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED								
10. PAST/CURRENT MEDICAL HISTORY											
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculin or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Bleed in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve injury			
Eye surgery to correct vision				Frequent palpitation				Paralysis (including infantile)			
Loss vision in either eye				Stomach, liver or intestinal				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or ailment in urine				Plata, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted diseases				Born told to cut down or omitted for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay fever or allergic rhinitis				Eating disorder (anorexia bulimia, etc.)				Used tobacco			
Head injury				Arthritis, Pneumonia, or Bursitis							
Asthma				Thyroid trouble or other							

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STANDARD FORM 83 (REV. 8-88)
Prescribed by ICMR/QSA
FORM 141 CFR 201-9.202-1

EXHIBIT II (Continued)

11. FEMALES ONLY						
CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons (if yes, give reasons.)		
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
14. Have you ever been denied life insurance? (If yes, state reason and give details.)		
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)		
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unavailability.)		
20. Have you ever received, or are you pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when.)		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details.)		
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".
 25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in Items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
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50-104 STANDARD FORM 93 (REV. 6-54) BACK

U.S. Government Printing Office: 1968 - 484-780-0004

EXHIBIT III

Form PHS-6379, "Supplemental Medical History Record
Required of Applicants to PHS Commissioned Corps"

Note: Form PHS-6379 is required for only for extended general duty and Senior COSTEP applicants. It is not for use by PHS active-duty officers.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

SUPPLEMENTAL MEDICAL HISTORY RECORD
REQUIRED OF APPLICANTS TO PHS COMMISSIONED CORPS

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

(Please Print)

Last Name	First Name	Middle Initial	Social Security No.
-----------	------------	----------------	---------------------

CHECK EACH ITEM "YES" OR "NO".
EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN THE BLANK SPACE PROVIDED BELOW.

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you had a high risk exposure to HIV (AIDS virus)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever had a positive test for HIV antibody (test positive for AIDS virus infection)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you now use or have you used within the last 10 years without prescription: marijuana, cocaine, hashish, narcotics, stimulants, depressants, hallucinogenics, or other dangerous or illegal drugs? |

IN THE LAST 10 YEARS:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever felt you ought to cut down on your drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have people annoyed you by criticizing your drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever felt bad or guilty about your drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Has your alcohol use ever interfered with your performance or attendance at school or work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has your alcohol use ever caused you to have an accident or contribute to your arrest? |

HAVE YOU NOW OR HAVE YOU EVER:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Had a history of alcohol or drug or substance abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Had, or been advised to have, evaluation or treatment for alcohol or drug or substance abuse? |

EXPLAIN IN DETAIL ALL "YES" RESPONSES TO QUESTIONS HERE: (Use reverse side if necessary)

I certify that I have reviewed all information supplied on this form and that it is true and complete to the best of my knowledge. (Nondisclosure or falsification can be cause for disqualification or termination of appointment.)

Applicant Signature

Date

PHS-6379 (7/88)

EXHIBIT IV

Form PHS-6355, "Report of Dental Examination of Applicants to the Commissioned Corps of the Public Health Service"

Note: Form PHS-6355 is required for only for extended general duty and Senior COSTEP applicants. It is not for use by PHS active-duty officers.

Department of Health and Human Services
Public Health Service

REPORT OF DENTAL EXAMINATION OF APPLICANTS TO THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE

NAME (Last, First, Middle) <i>(Please type or print)</i>	SOCIAL SECURITY NUMBER
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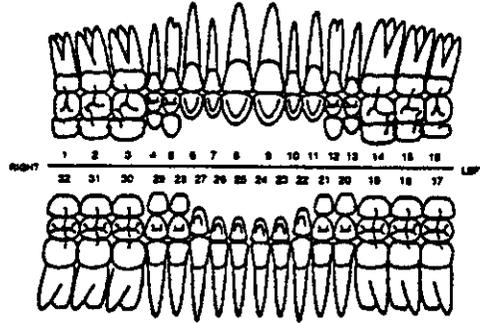
INSTRUCTIONS TO APPLICANT

Present this form to your examining dentist for completion. Failure by you or your examiner to comply completely will delay medical clearance, which is required prior to call to active duty. You may be able to obtain a dental examination at dental examination sections of military medical facilities. If done privately, it must be done at your own expense.

INSTRUCTIONS TO EXAMINING DENTIST

A complete examination is required in order that all questions listed below can be completed. If there are a number of "Yes" responses to questions listed below, or if otherwise clinically indicated, bitewing and panoramic (or diagnostic quality full mouth) radiographs should be performed. If examinee has a questionable occlusal relationship, forward diagnostic casts to the address at the end of this form.

(1) Indicate on the chart below restorable teeth with an "R," non-restorable teeth with an "N," missing teeth with an "X," teeth replaced by a fixed or removable prosthesis by a "continuous line," and any other defects or abnormalities. Do not chart restorations.



(2) GENERAL (X Yes or No for each answer)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. DENTAL CARIES (Indicate on chart, do not chart incipient)
<input type="checkbox"/>	<input type="checkbox"/>	b. MISSING TEETH, OTHER THAN THIRD MOLARS (Indicate on chart by marking "X" through the roots)
<input type="checkbox"/>	<input type="checkbox"/>	c. NON-RESTORABLE TEETH (Indicate on chart by marking "N" through tooth)
<input type="checkbox"/>	<input type="checkbox"/>	d. UNERUPTED TEETH (Draw circle around the tooth on the chart and indicate position by an arrow)
<input type="checkbox"/>	<input type="checkbox"/>	e. DEVELOPMENTAL DISTURBANCES IN TEETH (Significant enamel hypoplasia, enamelogenesis imperfecta, dentinogenesis imperfecta, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	f. STAINED TEETH (historic) (emergency)

(3) HISTORY OR ORAL DISEASE, TUMOR OR ANY OTHER ABNORMALITY OF THE ORAL CAVITY

(X Yes or No for each question, if additional space is needed use "REMARKS" section)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. HAS THE EXAMINEE EVER HAD A CYST OR TUMOR REMOVED FROM THE MOUTH OR JAW? (If so, describe)
<input type="checkbox"/>	<input type="checkbox"/>	b. HISTORY OF ABNORMAL BLEEDING OF THE ORAL TISSUES (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	c. ORAL ULCERATIONS, SOFT TISSUE LESIONS, ETC. (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	d. HISTORY OF CLEFT LIP
<input type="checkbox"/>	<input type="checkbox"/>	e. HISTORY OF CLEFT PALATE
<input type="checkbox"/>	<input type="checkbox"/>	(1) If yes, is there an oro-nasal or oro-oral fistula present?
<input type="checkbox"/>	<input type="checkbox"/>	f. HISTORY OF TMJ DISEASE OR PAIN (Describe)

(Continued on reverse)

PHS-6355
Rev. 7/68

EXHIBIT IV (Continued)

(4) **OCCUSAL RELATIONSHIP** (X Yes or No for each question) (If additional space is needed, use "REMARKS" section)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. ANTERIOR VERTICAL OPEN SITE GREATER THAN 1mm.
<input type="checkbox"/>	<input type="checkbox"/>	b. ANTERIOR OVERBITE IN EXCESS OF 4mm.
<input type="checkbox"/>	<input type="checkbox"/>	c. ANTERIOR HORIZONTAL OVERJET IN EXCESS OF 4 mm.
<input type="checkbox"/>	<input type="checkbox"/>	d. SOFT TISSUE IMPINGEMENT OF THE LOWER ANTERIOR TEETH INTO THE HARD PALATE, OR THE UPPER ANTERIOR TEETH INTO THE LOWER LABIAL GINGIVAE
<input type="checkbox"/>	<input type="checkbox"/>	e. ANTERIOR CROSSBITE (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	f. MANDIBULAR PROGNATHISM
<input type="checkbox"/>	<input type="checkbox"/>	g. POSTERIOR OPEN SITE (Bilateral involving more than one tooth)
<input type="checkbox"/>	<input type="checkbox"/>	h. POSTERIOR CROSSBITE (Bilateral)
<input type="checkbox"/>	<input type="checkbox"/>	i. UNSIGHTLY CRUSHING OF THE ANTERIOR TEETH
<input type="checkbox"/>	<input type="checkbox"/>	j. MULTIPLE CONSIDERABLY MISSING TEETH

(5) **ORTHODONTICS** (X Yes or No for each question)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. PAST HISTORY OF ORTHODONTIC TREATMENT (If "Yes," state completed _____)
<input type="checkbox"/>	<input type="checkbox"/>	b. WAS INDICATION FOR ORTHODONTIC TREATMENT STRICTLY COSMETIC? (If functional corrections were made, please describe)
<input type="checkbox"/>	<input type="checkbox"/>	c. WAS THERE EVER OR IS THERE NOW, ANY INDICATION OF POST TREATMENT ADVERSE SEQUELAE? (If "Yes," please explain)
<input type="checkbox"/>	<input type="checkbox"/>	d. PRESENTLY UNDERGOING ACTIVE ORTHODONTIC TREATMENT (Specify fixed or removable)
<input type="checkbox"/>	<input type="checkbox"/>	e. WEARING RETAINER APPLIANCES

(6) **PROSTHODONTICS** (X Yes or No for each question) (If additional space is needed, use "REMARKS" section)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. MISSING TEETH (Prosthesis required) (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	b. MISSING TEETH REPLACED BY AN UNSERVICEABLE PROSTHESIS (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	c. ARE THERE LESS THAN EIGHT, SERVICEABLE, NATURAL TEETH IN EACH ARCH?

(7) **PERIODONTAL STATUS** (X Yes or No for each question)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. MODERATE TO HEAVY CALCULUS (Supra and/or sub-gingival)
<input type="checkbox"/>	<input type="checkbox"/>	b. GINGIVITIS (Generalized)
<input type="checkbox"/>	<input type="checkbox"/>	c. ACUTE NECROTIZING ULCERATIVE GINGIVITIS
<input type="checkbox"/>	<input type="checkbox"/>	d. LOCAL OR GENERALIZED PERIODONTITIS (with associated bone loss)
<input type="checkbox"/>	<input type="checkbox"/>	e. JUVENILE PERIODONTITIS
<input type="checkbox"/>	<input type="checkbox"/>	f. PERIODONTITIS

(8) **RESULTS OF RADIOGRAPHIC EXAMINATION, IF PERFORMED** (X Yes or No for each question) (If additional space is needed, use "REMARKS" section)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a. ABNORMAL RADIOCENTRIC/RADIOPACID AREA (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	b. IMPACTED TEETH WITH PATHOLOGY (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	c. IMPACTED TEETH WITH OTHER THAN THIRD MOLARS (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	d. OTHER RADIOGRAPHIC ABNORMALITIES (Describe)

(9) **OTHER ABNORMAL CONDITIONS OF THE ORAL CAVITY NOT PREVIOUSLY MENTIONED** (X Yes or No)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	

(10) **REMARKS** (Indicate item of reference) (Use additional sheet if necessary)

NAME AND ADDRESS OF EXAMINING DENTIST (Please type or print)	SIGNATURE OF DENTIST	DATE

FORWARD COMPLETED FORM AND ANY ATTACHMENTS TO: Medical Branch
 Division of Commissioned Personnel/OSG
 Parklawn Building, Room 4-35
 5600 Fishers Lane
 Rockville, MD 20857-0001

PHS-592 (BACK)
 Rev. 7/88

EXHIBIT V

Form PHS-6380, "Request for Uniformed Services Medical Records"

Note: Form PHS-6380 is required for only for extended general duty and Senior COSTEP applicants who have had prior Uniformed Service active duty other than with the PHS Commissioned Corps. It is not for use by PHS active-duty officers.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service		
REQUEST FOR UNIFORMED SERVICES MEDICAL RECORDS		
<p>SUBJECT: Request for Uniformed Services Medical Records</p> <p>To: _____ _____ _____</p> <p>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, and supporting laboratory, radiology, and consultation reports).</p> <p>These must be sent to:</p> <p style="text-align: center;">Division of Commissioned Personnel/HRS/PSC Attn: Medical Affairs Branch 5600 Fishers Lane, Room 4C-05 Rockville, MD 20857-0001</p>		
1. NAME (Type or print)	2. NAME OF SERVICE	3. DATE
4. DATES OF LAST TOUR OF ACTIVE DUTY		5. SOCIAL SECURITY NUMBER
FROM: _____ THROUGH: _____		7. SIGNATURE
8. NAME USED WHEN ON ACTIVE DUTY IF OTHER THAN 1. ABOVE		
<p>Please also note <i>IF</i> signed below:</p> <p>Because I was awarded disability or was separated for medical reasons, I further request a copy of my entire medical record for the last three (3) years on active duty be sent to the above address.</p>		
Signature	Type or Printed Name	Date

PHS-6380 (Rev. 8/87)

EXHIBIT V (Continued)

DETACH HERE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

REQUEST FOR UNIFORMED SERVICES MEDICAL RECORDS

(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 National Oceanic and Atmospheric Administration.)

INSTRUCTIONS TO APPLICANT

If you are SEPARATED from a military service, the U.S. Coast Guard, or 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) Remove this instruction sheet.
- (5) Submit the completed yellow copy of this form to the Division of Commissioned Personnel with your other medical and dental forms.

If you are CURRENTLY SERVING with a military service, the U.S. Coast Guard, or 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) Remove this instruction sheet.
- (4) Submit the completed yellow copy of this form to the Division of Commissioned Personnel with your other medical and dental forms.

PHS-6380 (Instructions)
Rev 2/97

EXHIBIT VI

Instructions for Completion of Forms SF-88 and SF-93

(These instructions apply only to applicants to the Commissioned Corps)

**INSTRUCTIONS TO APPLICANTS:
COMPLETION OF MEDICAL AND DENTAL FORMS**

Note: Failure by you or your examiners to comply completely with instructions for forms SF-88, SF-93, PHS-6379, PHS-6355, and PHS-6380 will delay medical clearance, which is required prior to call to active duty.

General Suggestions for Applicants to Expedite Medical Clearance:

1. In addition to careful compliance with the Instructions to Applicants (page 4), you should also become familiar with Instructions to Examiners (pages 5 and 6), so that you can promote their full compliance. If an examiner is unable to provide all required services, you will need to obtain the remaining necessary services from another provider.
2. Provide to the examiners for submission with forms SF-88 and SF-93, copies of medical records which you think may be necessary to clarify past or present medical problems which could raise questions about your physical qualification for commissioning. Examples of such records include narrative summaries of hospitalizations, operative reports, pathology reports, prior audiograms, and reports of specialists' evaluations. If you obtain copies of records after your physical examination, submit them directly to:
Division of Commissioned Personnel/HRS/PSC
Attention: Medical Affairs Branch/Medical Evaluations Staff
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001
3. Military Entrance Processing Stations (MEPS) do not provide the required blood hematocrit (or hemoglobin) and white cell count, tuberculin skin test (PPD), exam by dentist, or (for females) PAP smear. If you use MEPS, you may be able to obtain these additional tests at physical examination sections of military medical facilities. If done privately, they must be at your own expense.
4. If you or your examiner have questions regarding the completion of this examination, call the Medical Affairs Branch, Division of Commissioned Personnel, 1-800-368-2777 ext. 3 or (301) 594-3297 for assistance.
5. For expedited processing of your application physical, you may wish to use our medically confidential telefax 1-800-535-7691 or (301) 594-3299.

Instructions to Applicants for Completion of MEDICAL Forms

1. All items on form SF-93 must be completed by you except for item 25, which must be completed by your examiner. Under item 7, describe your current state of health and list medications you currently use on a regular or irregular basis, and the conditions for which you take them. Explain all positive ("Yes") answers under items 10 through 24; if necessary, use a separate sheet of paper as an attachment to form SF-93. Print or type and sign your name in the spaces immediately above item 25.
2. Complete form PHS-6379, "Supplemental Medical History Record Required of Applicants to the PHS Commissioned Corps." This form may be submitted through your examiner or directly to the Medical Affairs Branch (see address on page 3).
3. Applicants who have previously served or are currently serving with a military service, U.S. Coast Guard, or National Oceanic and Atmospheric Administration must complete and sign form PHS-6380. Medical clearance will not be held-up waiting for these reports; however, information from them can provide evidence of non-disclosure (see page 3, Privacy Act Statement, last paragraph, "Effects of Nondisclosure"). Therefore, full disclosure on form SF-93 is essential. If you were awarded disability by the military or Department of Veterans Affairs or were separated from active duty for a medical reason, you must sign the bottom portion of form PHS-6380. The original must be mailed by you immediately to the National Personnel Records Center or to your hospital/clinic medical records section if you are still on active duty. A yellow copy of the completed form PHS-6380 must be submitted to the Division of Commissioned Personnel with your other medical and dental forms.
4. A copy of your current prescription for eye glasses or contact lenses must be submitted if either one is worn.
5. Present to your examiners forms SF-88 and SF-93, any attachments and copies of medical records which you think may be necessary to clarify past or present medical problems which could raise questions about your physical qualification for commissioning, and "Instructions to Examiners."

NOTE: You must notify the Medical Affairs Branch, Division of Commissioned Personnel, at 1-800-368-2777 ext. 3 or (301) 594-3297 of the following important medical information if they occur after you have submitted your form SF-93:

1. Any change in your health status not indicated on the form SF-93 or form PHS-6379.
and/or
2. Any change in your anticipated use of or need for health services not indicated on your form SF-93 or form PHS-6379.

Note: The above is the text of the essential part of the instruction pamphlet supplied on extended general duty and Senior COSTEP applicants. It does not apply to Junior COSTEP applicants, active-duty officers, or applicants for short tours of active duty.

EXHIBIT VI (Continued)

Instructions to Applicants for Completion of DENTAL Forms

Provide to dental examiner form PHS-6355, "Report of Dental Examination," with your name and social security number entered at the top of the form.

**INSTRUCTIONS TO MEDICAL EXAMINERS OF
PHS COMMISSIONED CORPS APPLICANTS:
COMPLETION OF FORMS SF-88 AND SF-93****SF-93, "Report of Medical History"**

Complete item 25 by explaining in detail *all positive responses* by applicant in items 10 through 24 (inclusive dates, treatment, and present status).

SF-88, "Report of Medical Examination"

ALL ITEMS MUST BE COMPLETED except items 18, 25, 27, 31 through 39, 41, and 45, which may be omitted unless indicated by history or physical findings. Please note the following particulars:

- Item 17.0 - Digital prostate examination is required on all male applicants, age 40 and over.
- Item 17.0 - Anal inspection is required on all Corps applicants.
- Item 17.BB and
Item 17.CC- Items BB (Breast) and CC (Pelvis) must be completed on all women. Abnormalities should be described in the *Notes section* beneath item 17. Additionally, a copy of recent (within 1 year) PAP smear report must be submitted by the examiner or applicant.
- Item 19.B - Chest x-ray is not required unless clinically indicated (also see item 19.F).
- Item 19.C - Serology (VDRL or RPR).
- Item 19.D - Unless clinically indicated, EKG may be omitted if applicant is under age 40.
- Item 19.E - Blood type and Rh factor; information is required on ID card by issuing authority.
- Item 19.F - Other tests:
 1. Hematocrit and WBC (with *differential* if WBC is abnormal) are required.
 2. Report of PPD within the last 9 months (unless known positive) is required. If positive, give date of conversion, *history of treatment*, and report of chest x-ray within the last 9 months. (Chest x-ray must be since conversion.) Unless PPD is known positive, chest x-ray will not satisfy the requirement for PPD.
- Item 28 - If not correctable to 20/20, diagnosis and prognosis by an ophthalmologist or optometrist is required.

EXHIBIT VII

Guidelines to Physicians for Completion of Forms SF-88 and SF-93
on Commissioned Officers

(These instructions apply only to commissioned officers on active duty)

Instructions for JRCOSTEP Applicants, Applicants for Short Tours of Active Duty, and for Active Duty and Separation Physicals

Guidelines for Completion of Form SF-93, "Report of Medical History." (See Exhibit II).

The form SF-93 is required in all instances in which the SF-88 is required. It is also required in the following additional circumstances: JRCOSTEP applicants, medical history updates for medical limited tour evaluations, assimilation, long-term training, and entry on short tours of duty. No physician comment under item 25 is required if the SF-93 is the only form required. In all cases, the examinee must complete items 1,2,4,6-24, and explain positive responses in detail.

Guidelines for Completion of Form SF-88, "Report of Medical Examination."
(See Exhibit I).

(Not required of any JRCOSTEP applicants, nor of those applicants for short tours of active duty, assimilation, or long-term training who have SF-88's on file less than 5 years old. See Section D of the INSTRUCTION).

1. If required for short tour of active duty: See Instructions for SF-88, Exhibit VI., but also complete item 18.
2. Separation examination (including retirement):
 - a. If the examination is performed at a military or Coast Guard facility, the examination which is routinely provided to separating members of that facility's service shall be considered adequate for the protection of the officer and for the purposes of the Government. This does not preclude the need for further examination and testing in response to specific individual clinical indications.
 - b. If the examination is performed elsewhere than above, the following are recommended for routine testing (aside from any individual clinical indication for additional examination or testing). (These recommendations are subject to change as the "state of the art" in disease screening changes from time to time.):

SF 88, Date and Items # 1-2, 4-9, 13-16, 17-18, 19A-B, 20-21, 26A, 27A, 28-30, 38, 40, 42-44, 46, 48, 50.

The following additional testing is recommended (but may be refused by the officer): Blood work (CBC, chemistry profile, lipid profile, HIV antibody, prostatic specific antigen for males over age 40); resting EKG for males over age 35 and females over age 40; chest X-ray for all smokers and for any over age 45;

EXHIBIT VII (Continued)

screening pulmonary function testing for all smokers; tuberculosis testing if previously negative; stool occult blood testing, flexible sigmoidoscopy for over age 40; cervical Pap smear for all females, and mammography for females over age 40 who have not been recently screened.

- c. For separation examinations not performed in Uniformed Services facilities but for which funding has been preauthorized by the Medical Affairs Branch (MAB), testing beyond the above recommendations requires additional specific preauthorization by MAB.
3. Periodic physical examinations (and if required for assimilation and long-term training approval because last SF-88 is insufficiently current):
- a. Generally, any routine "hands-on" physical examination and routine laboratory testing will suffice. "Periodic physical examinations" performed at military and Coast Guard facilities will be very adequate.
 - b. For periodic-type physical examinations in private facilities, preauthorized by MAB, examination and testing must not exceed the recommendations in 2.b., above, without further specific preauthorization by MAB.