

DD-2808 (Rev. Jul 01) (Report of Medical Examination)
INSTRUCTIONS FOR INTERNATIONAL MILITARY STUDENT DEPENDENT(S)

1. The purpose of DD 2808 is to record physical examination results to determine whether a dependent is healthy, fit for travel and free of any communicable diseases.

2. **Required Entries.** In the following instructions, if the item is marked **NA** (not applicable), that specific item does not need to be evaluated and enter **NA** on the form. If a certain item of the medical examination is required and the country does not have the services for accomplishing it use an entry of "**NFA**" (No Facilities Available). An entry "**NE**" (Not Evaluated) shall be made in the appropriate space for any item of the clinical evaluation (Items 17-42) which was not evaluated and enter the reason in item 73

3. A physical examination must be thorough, recorded accurately, and contain sufficient information to substantiate the final recommendation. Before signing and forwarding, the examiner shall review the completed DD-2808 for completeness and accuracy.

4. Instructions for completing DD Form 2808.

Item 1: Date of Examination. Enter date in format – Year/Month/Day 2007/05/31

Item 2: Social Security Number. Enter the dependent's passport number. If the dependent does not have their passport, leave blank and the SAO will complete the entry.

Item 3: Last Name. Last Name - First Name - Middle Name or initial. Record the given name(s) in full and in all capital letters. In the absence of a middle name or initial, enter "N/A".

Item 4: Home Address. Enter the dependent's current address

Item 5: Home Telephone Number. Enter NA

Item 6: Grade. Enter NA

Item 7: Date of Birth. Enter Year/Month/Day i.e. 2007/05/31

Item 8: Age. Enter age in years.

Item 9: Sex. Mark appropriate box.

Item 10: Race. Mark appropriate box.

Item 11: Total Years of Government Service. Enter NA

Item 12: Agency. Enter NA

Item 13: Organization and UIC/Code. Enter NA

Item 14a: Rating or Specialty. Enter NA.

Item 14b: Total Flying Time. Enter NA.

Item 14c: Last six months. Enter NA.

Item 15a: Service. Enter NA.

Item 15b: Component. Enter NA.

Item 15c: Purpose of Examination. Mark "Other," and write "DEP" above the box.

Item 16: Examining Facility or Examiner. Enter the full name and address.

Item 17-42: Clinical Evaluation. Check each item in appropriate column. Note that **Item 35** is continued on lower right side of the form (Feet), circle appropriate category.

Item 43: Dental Defects and Disease. Leave blank, exam not required.

Item 44: Notes. Describe every abnormality marked in items 17-43 in detail. Enter pertinent item number before each comment. Continue in Item 73 and use Continuation Sheet, if necessary.

Laboratory Findings. Enter all laboratory results in quantitative values, US measurements.

Item 45: Urinalysis. Enter NA

Item 46: Urine HCG. Enter NA

Item 47: H/H. Enter NA

Item 48: Blood Type. Record results.

Item 49: HIV. Required only for those age 15 and older. Record results as Positive or Negative and enter date drawn..

Item labeled HIV Specimen and Drugs Test Specimen ID Label. Enter NA

Item 50: If positive for an illegal drug/medication, enter "Positive", otherwise enter "Negative".

Item 51: Alcohol. Enter NA

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Item 52: Other.

Item 52a: Not required, enter NA

Item 52b: Write in "Chest X-Ray for TB" The X-ray is required only for those age 15 and older. Enter Chest X-Ray results; Positive or Negative. OR enter data in blk 73

Item 53: Height. Measure without shoes.

Item 54: Weight. Measure and record US measurements.

Item 55: Min Weight-Max weight, Max BF%. Enter NA

Item 56: Temperature. Enter NA

Item 57: Pulse. Record the actual pulse rate.

Item 58: Blood Pressure. Record the actual value in numerals for both systolic and diastolic.

Item 59: Red/Green. Enter NA

Item 60: Other Vision Test. Enter NA

Item 61: Distant Vision. Test and record using the Snellen scale. Record vision in the form of a fraction and in round numbers, that is 20/20, 20/40, not 20/20-2 or 20/40-3.

Item 62: Refraction. Enter the lens prescription when the student requires lenses for correction of visual acuity. Do not enter the term "lenses."

Item 63: Near Vision. Test and record using the Snellen scale. (See item 61).

Item 64: Heterophoria. Enter NA

Item 65: Accommodation. Enter NA.

Item 66: Color Vision. Enter NA

Item 67: Depth Perception. Enter NA

Item 68: Field of Vision. Enter NA

Item 69: Night Vision. Enter NA.

Item 70: Intraocular Tension. Enter NA

Item 71: Audiometer. Enter NA

(a) Item 71a: Enter NA

(b) Item 71b: Enter NA.

Item 72a: Reading Aloud Test. Enter NA.

Item 72b: Valsalva. Enter NA

Item 73: Notes and Significant or Interval History. Use this space for continuations, recording items for any pertinent medical history, summary of any condition, missing teeth, dentures, identifying tattoos or scars, etc.

Item 74a: Student's Qualification. Enter NA

Item 74b: Physical profile. Enter NA.

Item 75: I have been advised of my disqualifying condition. Enter NA

Item 76: Significant or Disqualifying Defects. Enter NA

Item 77: Summary of Defects and Diagnoses. List ALL defects. When an individual has a disease or other physical condition that requires medical or dental treatment or monitoring clearly state the nature of the condition and the need for treatment/monitoring. If no defects are listed, enter NA.

Item 78: Recommendations. Enter NA

Item 79: MEPS Workload. Enter NA

Item 80: Medical Inspection Date. Enter NA

Item 81a and b: Names and Signature of Examiners. The name, grade, branch of Service, and status of each medical examiner shall be printed or stamped in the sections a. Each examiner will sign using an ink pen (black or blue-black ink only) in sections b. Facsimile signature stamps are not acceptable.

Item 82: Enter NA

Item 83: Dentist: Enter NA

Item 84: Enter NA

Item 85: Administrative Review. The person who reviews the examination prior to submitting for approval shall sign, stamp and date. This can also be the examiner if need be.

Item 86: Waiver Granted. Leave Blank, SAO will enter information.

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Item 87: Attachments. Indicate the actual number of attached sheets. When attachment sheets are used, they will be number on both sides and initialed by the writer.