

# REPORT OF MEDICAL EXAMINATION

STANDARD FORM 88

|   |         |   |   |  |                               |  |
|---|---------|---|---|--|-------------------------------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME               |         |   | 2. GRADE AND COMPONENT                      |  | 3. IDENTIFICATION NO.         |  |
| 4. HOME ADDRESS (Number, street, city, town, ST, ZIP) |         |   | 5. PURPOSE OF EXAMINATION                   |  | 6. DATE OF EXAMINATION        |  |
| 7. SEX  | 8. RACE | 9. TOTAL YEARS GOVT SERVICE<br>MILITARY                      Y                      M | 10. AGENCY<br>DOD                           | 11. ORGANIZATION UNIT                              | <b>UIC:</b>                   |  |
| 12. DATE OF BIRTH                                     |         | 13. PLACE OF BIRTH  |   | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |                               |  |
| 15. EXAMINING FACILITY OR EXAMINER AND ADDRESS        |         |   | 16. OTHER INFORMATION<br><b>RELIGION:</b>   |  |                               |  |
| 17. RATING OR SPECIALTY                               |         |   | TIME IN THIS CAPACITY (TOTAL)<br><b>HRS</b> |  | LAST SIX MONTHS<br><b>HRS</b> |  |

## CLINICAL EVALUATION

| NOR-<br>MAL | (Check each item in appropriate column; enter "NE" if not evaluated.) | ABNOR-<br>MAL |
|-------------|---|---------------|
|             | 18. HEAD, FACE, NECK AND SCALP  |               |
|             | 19. NOSE  |               |
|             | 20. SINUSES   |               |
|             | 21. MOUTH AND THROAT  |               |
|             | 22. EARS - GENERAL  |               |
|             | 23. DRUMS   |               |
|             | 24. EYE - GENERAL   |               |
|             | 25. OPHTHALMOSCOPIC   |               |
|             | 26. PUPILS  |               |
|             | 27. OCULAR MOTILITY   |               |
|             | 28. LUNGS AND CHEST   |               |
|             | 29. HEART   |               |
|             | 30. VASCULAR SYSTEM   |               |
|             | 31. ABDOMEN AND VISCERA   |               |
|             | 32. ANUS AND RECTUM   |               |
|             | 33. ENDOCRINE SYSTEM  |               |
|             | 34. G - U SYSTEM  |               |
|             | 35. UPPER EXTREMITIES   |               |
|             | 36. FEET  |               |
|             | 37. LOWER EXTREMITIES   |               |
|             | 38. SPINE, OTHER MUSCULOSKELETAL                                      |               |
|             | 39. IDENTIFYING MARKS, SCARS TATTOO                                   |               |
|             | 40. SKIN, LYMPHATICS  |               |
|             | 41. NEUROLOGIC  |               |
|             | 42. PSYCHIATRIC   |               |
|             | 43. PELVIC (Females only) (Check how done)                            |               |
|             | <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL      |               |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

|   |            |          |                |          |         |          |          |          |          |       |       |       |    |    |                  |    |      |
|---|------------|----------|----------------|----------|---------|----------|----------|----------|----------|-------|-------|-------|----|----|------------------|----|------|
| 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth) |            |          |                |          |         |          |          |          |          |       |       |       |    |    |                  |    |      |
| o   |            |          | /              |          |         | x        |          |          | x x x    |       |       | ( x ) |    |    | Fixed by partial |    |      |
| 1 2 3   | Restorable | 1 2 3    | Non-Restorable | 1 2 3    | Missing | 1 2 3    | Replaced | 1 2 3    | dentures | 1 2 3 |       |       |    |    |                  |    |      |
| 32 31 30  | teeth      | 32 31 30 | teeth          | 32 31 30 | teeth   | 32 31 30 | dentures | 32 31 30 |          |       |       |       |    |    |                  |    |      |
| o   |            |          |                |          | x       |          |          | x x x    |          |       | ( x ) |       |    |    |                  |    |      |
| RIGHT   | 1          | 2        | 3              | 4        | 5       | 6        | 7        | 8        | 9        | 10    | 11    | 12    | 13 | 14 | 15               | 16 | LEFT |
|   | 32         | 31       | 30             | 29       | 28      | 27       | 26       | 25       | 24       | 23    | 22    | 21    | 20 | 19 | 18               | 17 |      |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

**TYPE:**

**CLASS:**

**DENTALLY QUALIFIED?**

## LABORATORY FINDINGS

|  |  |                      |  |   |  |                  |  |
|--|--|----------------------|--|---|--|------------------|--|
| 45. URINALYSIS:                              |  | A. SPECIFIC GRAVITY: |  | 46. CHEST X-RAY (Place, Date, Film number and result) |  |                  |  |
| B. ALBUMIN                                   |  | D. MICROSCOPIC       |  | BRANCH MEDICAL CLINIC - NAVHOSP JAX 32212             |  | FILM NO.         |  |
| C. SUGAR                                     |  |                      |  | RESULTS:  |  | DATE:            |  |
| 47. SEROLOGY (Specific test used and result) |  | 48. EKG              |  | 49. BLOOD TYPE / RH FACTOR                            |  | 50. OTHER TESTS: |  |
| RPR  |  |                      |  |   |  |                  |  |

**MEASUREMENTS AND OTHER FINDINGS**

|            |            |                |                |   |                                  |
|------------|------------|----------------|----------------|---|----------------------------------|
| 51. HEIGHT | 52. WEIGHT | 53. COLOR HAIR | 54. COLOR EYES | 55. BUILD<br><input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE | 56. TEMPERATURE<br><br><b>NR</b> |
|------------|------------|----------------|----------------|---|----------------------------------|

|   |      |                |      |                                |      |            |                   |                |              |                        |
|---|------|----------------|------|--------------------------------|------|------------|-------------------|----------------|--------------|------------------------|
| 57. BLOOD PRESSURE (Arm at heart level) |      |                |      | 58. PULSE (Arm at heart level) |      |            |                   |                |              |                        |
| A<br>SITTING                            | SYS  | B<br>RECUMBENT | SYS  | C<br>STANDING<br>(5MIN)        | SYS  | A. SITTING | B. AFTER EXERCISE | C. 2 MIN AFTER | D. RECUMBENT | E. AFTER STANDING 3 MI |
|   | DIAS |                | DIAS |                                | DIAS |            |                   |                |              |                        |

|                    |     |             |                |   |    |                 |     |             |
|--------------------|-----|-------------|----------------|---|----|-----------------|-----|-------------|
| 59. DISTANT VISION |     |             | 60. REFRACTION |   |    | 61. NEAR VISION |     |             |
| RIGHT              | 20/ | CORR TO 20/ | BY             | S | CX | RIGHT           | 20/ | CORR TO 20/ |
| LEFT               | 20/ | CORR TO 20/ | BY             | S | CX | LEFT            | 20/ | CORR TO 20/ |

|                                     |    |     |      |            |             |    |    |  |  |
|-------------------------------------|----|-----|------|------------|-------------|----|----|--|--|
| 62. HETEROPHORIA (Specify Distance) |    |     |      |            |             |    |    |  |  |
| ES                                  | EX | R.H | L.H. | PRISM DIV. | PRISM CONV. | PC | PD |  |  |
|                                     |    |     |      |            |             | CT | NR |  |  |

|                   |      |  |  |  |  |  |  |  |  |             |
|-------------------|------|--|--|--|--|--|--|--|--|-------------|
| 63. ACCOMMODATION |      | 64. COLOR VISION (Test used and Results) |  |  |  | 65. DEPTH PERCEPTION (Test used and Results) |  |  |  | UNCORRECTED |
| RIGHT             | LEFT |  |  |  |  |  |  |  |  | CORRECTED   |

|                     |      |  |  |  |  |                   |  |                         |  |
|---------------------|------|--|--|--|--|-------------------|--|-------------------------|--|
| 66. FIELD OF VISION |      | 67. NIGHT VISION (Test used and score) |  |  |  | 68. RED LENS TEST |  | 69. INTRAOCULAR TENSION |  |
| RIGHT               | LEFT | NIBH                                   |  |  |  |                   |  |                         |  |

|             |      |    |                          |     |     |      |      |      |      |  |      |  |  |  |
|-------------|------|----|--------------------------|-----|-----|------|------|------|------|--|------|--|--|--|
| 70. HEARING |      |    | 71. AUDIOMETER      ANSI |     |     |      |      |      |      | 72. PSYCHOLOGICAL AND PSYCHOMOTOR<br>(Test used and score) |      |  |  |  |
| RIGHT WV    | 15SV | 15 |                          | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000   | 8000 |  |  |  |
|             |      |    |                          | 256 | 512 | 1024 | 2048 | 2896 | 4096 | 6144   | 8192 |  |  |  |
|             |      |    | RIGHT                    |     |     |      |      |      |      |  |      |  |  |  |
| LEFT WV     | 15SV | 15 | LEFT                     |     |     |      |      |      |      |  |      |  |  |  |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

This physical examination has been administratively reviewed for completeness and accuracy.

(Use additional sheets if necessary)

For Waiver Purposes Only:

**Diagnosis**

1 \_\_\_\_\_  
ICD9 \_\_\_\_\_

2 \_\_\_\_\_  
ICD9 \_\_\_\_\_

3 \_\_\_\_\_  
ICD9 \_\_\_\_\_

Waiver is contingent on:  
(Check those that apply)

\_\_\_ a) member remaining asymptomatic  
\_\_\_ b) member on no medications  
\_\_\_ c) member remains on stable dose of medication: \_\_\_\_\_  
(indicated medication and dosage)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item number)

The member's Commanding Officer is aware and concurs with this member's diagnosis, prognosis, waiver requirements and waiver recommendation.

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

| 76. A. PHYSICAL PROFILE |   |   |   |   |   |
|-------------------------|---|---|---|---|---|
| P                       | U | L | H | E | S |
|                         |   |   |   |   |   |

77. EXAMINEE (Check)

A  IS QUALIFIED FOR

B  IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

|   |   |   |   |
|---|---|---|---|
| A | B | C | E |
|   |   |   |   |

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

|   |   |   |   |
|---|---|---|---|
| A | B | C | E |
|   |   |   |   |

79. TYPE OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPE OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPE OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

81. TYPE OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NO. OF ATTACHED SHEETS

UIC:

DATE: