

DD Form 2808, Report of Medical Examination (Reference Army Reg. 40-501)

| Item Number | Notes | Responsibility |
|---|---|-----------------------|
| Items 1-16 | | Service member |
| Items 17 - 40 | Check "Normal" or "Abnormal." | Examining Physician |
| Item 41, Pelvic/Pap smear. | Required for all females. Obtain smear and send to lab or PAP results from examinee less than 1 year old. FHPO will fill in results. Pelvic exam required with or without examinee provided PAP results. Include examinee provided PAP results with exam documentation | Examining Physician |
| Item 42 | Must describe every abnormality in detail; enter pertinent item number before each comment and continue in Item #73 as required. Must have remarks annotated if "Age 39 & Over", to include applicable statements regarding the following: "Digital Rectal" - indicate if within normal limits (WNL) "Prostate Exam" - indicate if within normal limits (WNL) "Occult Blood, Hemocult or Guiac" - indicate "Negative (-)" or "Positive (+)" | Examining Physician |
| Item 43, Dental Defects and Disease | Must indicate "Acceptable" or "Not Acceptable". Based on a quick visual check of the mouth, acceptable indicates that no emergency dental care should be needed in the next 12 months | Examining Physician |
| Item 44, Feet | Indicate category of arch. Indicate if symptomatic | Examining Physician |
| Item 45, Urinalysis | Leave blank | FHPO |
| Item 47, Hemoglobin/Hematocrit | Leave blank | FHPO |
| Item 49, HIV | Leave blank | FHPO |
| Item 52(a), Pap smear. | Leave blank, FHPO will fill in results. Obtain smear and send to lab or PAP results from examinee less than 1 year old. FHPO will fill in results. Include examinee provided PAP results with exam documentation. | Examining Physician |
| Items 53 - 57, Measurements and other findings | Record all findings | Examining Physician |
| Item 58, Blood Pressure | Only "Box A" required. May do serial BP's if elevated. | Examining Physician |
| Items 61 - 63, Distant/Near Vision | If client wears glasses or contact lenses, or had surgery to correct vision (as referenced in DD Form 2807-1, Report of Medical History, Items #11 (f) and #11 (h)), then corrected vision and uncorrected vision must be annotated | Examining Physician |
| Item 70, Intraocular Tension | Required "Age 39 & Over" (mm of Mercury) | Examining Physician |
| Items 71, Hearing/Audiometer/Unit | All information required. Ensure that decibels heard are recorded at each | Examining Physician |

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| Serial Number | frequency level | |
| Item 73, Notes | (Continued from Item 42) and Significant or Interval History. Include a "Tobacco use statement" e.g., "smoker" or "nonsmoker" Required for "Age 39 & Over" (e.g., "Normal" or "Abnormal") | Examining Physician |
| Item 74(a), Examinee/Applicant. | Leave blank | FHPO |
| Item 74 (b), Physical Profile. | Leave blank | FHPO |
| Item 77, Summary of Defects and Diagnosis | List defects and diagnosis with item numbers (use additional sheets if necessary) | Examining Physician |
| Item 78, Recommendations | Indicate specific follow up | Examining Physician |
| Item 81(a) & Item 81(b), Typed/Printed Name and Signature of Physician | Printed/typed name and signature of examining M.D. or D.O. If exam performed by a Physician Assistant or Nurse Practitioner, MD or DO must also sign in box 81 or 82 | Examining Physician |
| Items 84(a) and 85, signatures. | Leave blank | FHPO |