



To Begin

Go to:



<http://www.myhealth.va.gov/>

Register

Log In To Account

To access more information, you must log in to your account.

User ID:

Password:

First time user?
[Register Now](#)

[Forgot User ID?](#)
[Forgot Password?](#)

Once logged in - go to

Track Health (Top Menu Bar)

In "Track Health" - go to

Health History

In "Health History" - go to

Military Health History (Left Menu Bar)

View Military Health History Information
(self-entered)
(Personal Health Journal of)

Add New

Write your story on line using the form that looks like this: (you can include multiple stories by beginning this program again)

* Indicates Required Information

Add Military Health History Information

Title: *	n
Event Date: *	Month <input type="text"/> <input type="button" value="▼"/> Day <input type="text"/> <input type="button" value="▼"/> Year <input type="text"/> <input type="button" value="▼"/>
Branch of Service:	<input type="text"/> <input type="button" value="▼"/>
Rank:	<input type="text"/>
Location of Service:	<input type="text"/> <input type="button" value="▼"/>
Onboard Ship?	<input type="text"/> <input type="button" value="▼"/>
Military Occupational Specialty:	<input type="text"/>
Assignments: (e.g. 3rd Armored Division, XYZ AFB)	<input type="text"/>
Exposures and Military Service: *	<p>(Please complete one or the other, or both)</p> <p>Exposures you think you may have experienced: (e.g. weapons, environmental pollutants, diseases, radiation, or any other incidents or agents)</p> <input type="text"/>
	<p>Describe your military service: (e.g. Were you required to fire your weapon in combat, did you see any casualties, did you help injured people, are there any other combat experiences to describe?)</p> <input type="text"/>