PERIODIC HISTORY AND REPORT OF OMSEP EXAMINATION

1. LAST Name, First Name, Middle Initial:	2. Grade/Rate/Rank:	3. SSN:	4. Date of Exam:
5. Home Address (apt#,Street#, street name, city, state, zip:	6. Work/duty phone:	7. Unit Name and location (city & state):	
	8. Home phone:	9. Unit OPFAC#:	10. Unit Zip Code:

11. Examining facility name & location (City & State):	12. Date of Last OMSEP Exam:	13. Present Exposure Protocols:

Review each section of the last CG 5447 (History and Report of OMSEP Examination). If there has been any changes to any section please list the item and how it has changed.

Section I. OCCUPATIONAL HISTORY

COMMENTS: ☐ No Change

Section II. FAMILY HISTORY

COMMENTS: ☐ No Change

Section III. SOCIAL HISTORY

COMMENTS: ☐ No change

Section IV. PERSONAL HEALTH HISTORY

COMMENTS: ☐ No Change

OCCUPATIONAL EXPOSURE

COMMENTS: ☐ No Change

HEALTH CARE PROVIDER REVIEW

RECOMMENDATIONS:		Initial
	Lab Results Reviewed	
	X-ray Results Reviewed	
	Other:	

Health Care Provider, *(print or type):*	Health Care Provider Signature:	Date:

Dept. of Homeland Security, USCG CG-5447A (03/03) **(This form is subject to the Privacy Act Statement of 1974)**