

FIGURE 3-A-1 (revised 02/02)

<b>MODIFIED PHYSICAL EXAMINATION FOR:</b> <b>SUBSTITUTION/OVERSEAS ASSIGNMENT/SEA DUTY/PSU HEALTH SCREENING</b>				
This form is subject to the Privacy Act Statement of 1974.				
A. EVALUEE DATA				
LAST NAME - FIRST NAME - MIDDLE INITIAL	RATE/RANK	SOCIAL SECURITY NUMBER		
UNIT	EXAMINING FACILITY			
PURPOSE OF EXAMINATION	TRANSFER/DEPLOYMENT LOCATION	DATE		
B. HEALTH HISTORY (completed by examinee)				
1. Would you say your health in general is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
2. Do you have any medical or dental problems or concerns?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Do you have any health related duty limitations?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Could you be pregnant? (females request HCG if needed)	<input type="checkbox"/> N/A	<input type="checkbox"/> Unknown	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Are you taking prescription medications? (request refills if needed)			<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. During the past year, have you sought or required counseling or mental health care?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Explain any "fair, poor, yes, or unknown" responses: _____				
8. Have you been hospitalized since your last physical? Yes / No. If (Yes) explain. _____				
<b>I certify that responses above are true: (signature of examinee)</b> _____				
C. PHYSICAL EXAMINATION REVIEW (current approved physical examination required)				
9. Date and type of current approved physical examination: _____				
10. Status of recommendations or further specialist examination: _____				
11. Summary of significant health history since last physical examination: _____				
D. HEALTH RECORD REVIEW				
12. Have routine gynecologic (pap) examinations been completed in past year? (females)	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
13. Does examinee have two pair of glasses? (if required to correct refractive error)	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
14. Does PSU examinee have a gas mask insert? (if required to correct refractive error)	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
15. Has DNA sampling been completed and documented? (once per career)			<input type="checkbox"/> No	<input type="checkbox"/> Yes
16. Has G-6-PD screening been completed and documented? (once per career)			<input type="checkbox"/> No	<input type="checkbox"/> Yes
17. Are immunizations up-to-date and meet requirements for destination?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
18. Has an HIV AB test been drawn in the past 6 months? (foreign country PCS only)	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
19. Are malaria chemoprophylaxis, PPD, and special health concern requirements met?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Contact the Center for Disease Control and Prevention at <a href="http://www.cdc.gov">http://www.cdc.gov</a> for information.				
20. Has a Type 2 dental examination been completed in the past year and is examinee "Class 1 or 2"?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
21. Explain any "no" answers: _____				
E. SIGNATURE AND APPROVAL/DISAPPROVAL				
Medical Officer signature/stamp: _____			Date: _____	
Dental Officer signature/stamp: _____			Date: _____	
Reviewing/approving authority: _____			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	