

DD Form 2795 - Pre-Deployment Health Assessment

Open the PDF format DD Form 2795 – Pre-Deployment Health Assessment

1. Under **Demographics** heading on the form fill out all areas to include:
 - a. Last Name, First Name, and Middle Initial
 - b. Fill out your Social Security Number
 - c. Today's Date and Date of Birth (DOB) in dd/mm/yyyy format
 - d. Gender
 - e. Service Branch: Air Force
 - f. Component: National Guard
 - g. Your Pay Grade
 - h. Location of Operation: SW Asia
 - i. Deployment Location: (*Deployed Location*)
 - j. List Country: (*Deployed Country*)
 - k. Name of Operation: Iraq Freedom
2. **Top of page two:** fill in your Social Security Number
3. Under **Health Assessment** heading answer the 8 questions related to individual medical readiness:
 - a. Your general health
 - b. Medical and/or Dental problems, If yes, explain in item #8.
 - c. Current medical profile, light duty, and/or medical board
 - d. Females only: Could you be Pregnant
 - e. Supply of prescribed medication for the length of deployment plus 30 days, **if not mark N/A**
 - f. Two pairs of glasses if worn; **if not worn, mark N/A**
 - g. Mental health counseling
 - h. Questions/concerns about your health
4. **Print 2-sided, head-to-foot/top-to-bottom**
5. **Payroll Signature:** Sign the Form at Service Members Signature
6. **Return the form to the Medical Representative for further action as needed.**