NOAA PERIODIC MEDICAL EXAM COVER SHEET

Date:_____

Name: _____ DOD#: _____

Contact #: _____ D.O.B: _____

Required Paperwork for **ALL** Periodic Medical Exams (PME)

- ☐ *Form DD2807-1 "Report of Medical History"*
- ☐ *Form DD2808 "Report of Medical Examination"*

Please ensure the following are completed on the DD2808:

- *Height and Weight*
- *Blood Pressure*
- *Visual Acuity*
  - *(refraction and Intraocular Pressure if uncorrected vision is not 20/20)*
- *Audiometer*

Labs (on DD2808 or printed)

- ☐ Urinalysis
- ☐ Hematocrit or Hemoglobin

- ☐ *NOAA OSHA Respirator Medical Evaluation Questionnaire*
- ☐ *NOAA Form 57-10-02 "Annual Tuberculosis Screening Document"*
- ☐ *Form DD2813 "Dental Examination"*
- ☐ *NOAA Privacy Act, NOAA Notice of Privacy Practices, and Consent for Electronic Medical Record*

Please attach additional tests and studies per the Periodic Medical Exam requirements:

- ☐ Lipid Panel
- ☐ Fasting Glucose
- ☐ PAP Smear/Pelvic and breast exam
- ☐ Mammogram Screening (Females 40 and over)
- ☐ Prostate Screening (Males starting at age 45)
- ☐ Colorectal Cancer Screening (50 and over)

This form is to assist in organizing and submitting medical documentation. For a detailed description of requirements please see: https://www.corpscpc.noaa.gov/medical/medical_req.html

Instructions:

Please ensure the DD2807 and DD2808 are complete to include provider signature and date.

All forms combined into one single PDF and labeled:
NOAA Periodic Medical Exam_ DATE (mm-dd-yyyy)