											REENI							
				PART 1. TO E	BE COM	IPLETED	BY R											
1. NAM	E (L	LAST,	FIRST, MI)					2. DA	TE O	F BIR	TH			3. AGE			4. SEX	((M/F)
5. SSN				6.DoD ID		7. UNIT				(8. SERVI	CE BRANC	H (ARMY, I	JSAF)	9. COM	PONEN	T/STAT	E (NG, AD)
10. GE0	OGI	RAPH	ICAL LOCATION PAST	2 WEEKS (STATE/COU	JNTRY)	11. RTAC CI	LASS NUME	BER		(12. PHON	IE NUMBER	R (PERSO	NAL)				
				CH	HECK THE A	PPROPRIATE					ION BEL	WC						
12. HA\	/E \	YOU I	BEEN SEEN BY A HEAL	THCARE PROVIDER F	OR ANY REA		FULLY, ANSW YOUR RANG			,							YES	NO
			VE ANY CHRONIC MED								GERIES?						YES	NO
14. HA\	/E \	YOU I	RECENTLY STOPPED (R ARE CURRENTLY T	TAKING ANY	MEDICATION	(LAST 3 MC	ONTHS)	? IF S	Ю, Н	OW LONG	, AND WH	AT FOR?				YES	NO
15. HA\	/E \	YOU I	EVER HAD CORRECTIV	E EYE SURGERY IN T	THE LAST 6 M	MONTHS? (EX	(AMPLE: LA	SIK, PR	K, OR	RK)							YES	NO
			VE ANY FALSE TEETH,	, , , ,	, , , , , , , , , , , , , , , , , , , ,								TH?				YES	NO
			EVER BEEN MEDICALL VE ANY ALLERGIES, N		-,	,							ON DOES	IT CAUSE	?		YES	NO NO
			EVER BEEN DIAGNOSE		,		·		,	,							YES	NO
20. IN T	HE	PAS	T 72 HOURS, HAVE YO	U EXPERIENCED ANY	'NAUSEA, VO	OMITING, DIAI	RRHEA, OR	FEVER	?								YES	NO
21. EXF	PLA	NATI	ON OF ALL " <u>YES</u> " ANSV	VERS. GIVE DATES, N	IAMES OF ME	EDICAL PROV	<u>/IDERS</u> , ANI	D <u>TREA</u>	TMEN	IT FA	CILITIES	TREATME	<u>NT GIVE</u>	<u>N,</u> AND <u>C</u>	URRENT	MEDIC	AL STA	TUS.
ORDER 502, Dol ACTION 23. I HA	TE: DI 6 I TA	STS, A 130.0 KEN	HORIZE THE MEDICAL P AS NECESSARY, SPECIF 3? PLEASE NOTE, DENIA TO RECTIFY DEFICIENC THE QUESTIONS ABOV	ICALLY FOR COMPLETION AL OF THIS AUTHORIZATION IES IAW THE AFOREMENT E AND ANSWERED TO T	ON OF YOUR TION WILL RE NTIONED STA	PHYSICAL EX ESULT IN YOUR ANDARDS AND MY KNOWLED	AMINATION R MEDICAL D REGULATION OGE. BY SIGN	DOCUME DOCUME DNS. NING BE	NTAT	I AM	AW RANG	ER SCHOO URNED TO	YOU WITH	ARDS, AR H NO COR	40-501, AFRECTIVE	R 40-		
A. SIGN			GIVEN, I CAN BE DISMI	SSED FROM THE ARNG	WARRIOR IN	KAINING CENTI	ER RANGER	IKAININ	NG AS	3E33	MENT CO	UKSE AND	COOLD BI	B. DATE		IPLINA	RY ACT	ION.
				PART 2.	ТО ВЕ	COMPL	ETED E	3Y M	EDI	ICA	L SC	REENE	R					
		_	PHYSI	CAL EXAM DOCUME	NTATION		FINAL	1	2	3	SUPP	ORTING ME	DICAL D	OCUMEN	TATION (PRINTI	ED)	FINAL
1 :	2	3																
1	2	3	Sc	reener Initials on This	is Line							Scree	ener Initi	als on Th	nis Line			
1	2	3	Sc.	reener Initials on This	is Line					AUDIO		Scree					ONTHS	
1	2	3	3 DATE < 18 MONT	<u>DD FORM 2807</u> HS					<u> </u>	AUDIO	OGRAM 500	(DD 2216E 1K	2K	NEED W	AIVER) < 4K	18 MC	6K	
1 :	2	3	3 DATE < 18 MONT	DD FORM 2807					4	AUDIO	OGRAM	1K <35	2K <35	3K <45	<u>AIVER)</u> <	18 MC		
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO	<u>DD FORM 2807</u> HS	AME, SSN/Do				<u> </u>	AUDIO	500 <35	1K <35	2K <35 /ACCINA	3K <45 ATIONS	AIVER) < 4K	18 MC	6K	
1	2	3	3 DATE < 18 MONT I 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX	DD FORM 2807 HS OP OF EACH PAGE (NA	AME, SSN/Do KED "YES")	oD ID)			<u> </u>	AUDIO	500 <35	1K <35	2K <35 /ACCINA	3K <45 ATIONS PR)	<u>AIVER) <</u> 4K <55	18 MC	6K	
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG	AME, SSN/Do KED "YES")	oD ID)			2	AUDIG	500 <35	1K <35 NZA (010	2K <35 VACCINA CT-30AP	3K <45 ATIONS PR) SERIES	AIVER) < 4K <555	18 MC	6K	
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIO	500 <35 INFLUE	1K <35 NZA (010	2K <35 VACCINA CT-30AP INATION	3K <45 ATIONS PR) SERIES < 18 MO	AIVER) < 4K <555 COMPLI	18 MC	6K	
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA +	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIO	500 <35 INFLUE COVID-	1K <35 NZA (010 19 (VACC	2K <35 VACCINA CT-30AP INATION IALYSIS	3K <45 ATIONS PR) SERIES < 18 MO	AIVER) < 4K <555 COMPLI	18 MC	6K	
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17-42 CLINICAL EV	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)			<u> </u>	AUDIO	500 <35 INFLUE COVID- SPECIF PROTE	1K <35 NZA (010 19 (VACC) URINAN FIC GRAVIT	E: H2/H3 2K <35 VACCINA CT-30AF INATION IALYSIS TY (1.008	3K <45 ATIONS PR) SERIES < 18 MO	AIVER) < 4K <555 COMPLI	18 MC	6K	
1	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17-42 CLINICAL EV 43 DENTAL CLASS	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)			2	AUDIA	500 <35 INFLUE COVID- SPECIF PROTE GLUCC	1K <35 ENZA (010 19 (VACC URINAN EIC GRAVI	2K <35 VACCINA CT-30AP INATION IALYSIS TY (1.008 TIVE	3K <45 ATIONS PR) SERIES < 18 MO	AIVER) < 4K <555 COMPLI	18 MC	6K	
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1 :	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIA	SPECIF PROTE GLUCC BLOOD	1K <35 ENZA (010 19 (VACC URINAN EIC GRAVI' IN NEGAT NEGATIV	2K <35 VACCINA CT-30AF INATION VALYSIS TY (1.008 TIVE TIVE E HCG (NE	3K <45 ATIONS PR) SERIES < 18 MO 5- 1.030)	4K <555 COMPLINTHS	18 MO	6K N/A	
	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIO	SPECIF PROTE GLUCC BLOOC FEMAL COMPL	IN CORP 2216E 1K <35 NZA (010 19 (VACC URINAM FIC GRAVI IN NEGATI NEGATIV RES ONLY:	E: H2/H3 2K <35 VACCINA CT-30AF INATION IALYSIS TY (1.000 TIVE TIVE THE COLOR THE COLOR	3K 45 ATIONS R) SERIES 18 MO 5- 1.030)	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIO	SPECIF PROTE GLUCC BLOOC FEMAL COMPL HEMAT	IN COLUMN AND THE COL	E: H2/H3 2K <35 /ACCINA CT-30AP INATION IAL YSIS TY (1.000 TIVE TIVE E HCG (NE DD COUN 38.3-48.	3K	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE < 90	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION	AME, SSN/Do (ED "YES") GNATURE (oi	DD ID)				AUDIN	SPECIF PROTE GLUCC BLOOC FEMAL COMPL HEMAT	IK <35 INZA (010 19 (VACC URINAN FIC GRAVITION NEGATION SE NEGATION IN NEGAT	2K <35 //ACCINA CT-30AF INATION //ALYSIS TTY (1.008 TIVE TIVE //E //ACCINA INATION //ALYSIS TY (1.008	3K	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17-42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE < 90 58 BP < 140/90	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE (ALUATION (1 OR 2 ONLY)	AME, SSN/Do	DD ID)				AUDIA	SPECIF PROTE GLUCC BLOOD FEMAL COMPL HEMAT HEMOC	IK <35 INZA (010 I19 (VACC URINAN IN NEGATION IN NEGATION IN REGATION IN EGATION ES ONLY: ETE BLOC OCRIT (M. GLOBIN (13)	2K	3K	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
	2		3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE < 90 58 BP < 140/90 59 COLOR VISION (DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE (ALUATION (1 OR 2 ONLY)	AME, SSN/DO KED "YES") GNATURE (o) E (NAME, S	SN/DODID)				AUDIA	SPECIF PROTE GLUCC BLOOD FEMAL COMPL HEMAT HEMOC	IN CORP. (NO. 19) (VACC URINAM SEIC GRAVI'S NEGATIVES ONLY: ETE BLOCOCRIT (M. GLOBIN (1:3 ANEL (80-6.75-11.95)	2K	3K	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
	2		3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE <90 58 BP < 140/90 59 COLOR VISION (61 DISTANT VISION)	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION (1 OR 2 ONLY) VIVID RED/GREEN) I (CORRECTED TO A)	AME, SSN/Do (ED "YES") GNATURE (or E (NAME, S "PASS" IT LEAST 20	SN/DODID) SN/DODID)				AUDIA	SPECIF PROTE GLUCC BLOOD FEMAL COMPL HEMAT HEMOC	IK <35 INZA (010 I19 (VACC URINAN IN NEGATIV IN NEGATIV ES ONLY: ETE BLOC OCRIT (M GLOBIN (1: ANEL (80- 6.75-11.95	2K <35 VACCINA CT-30AF INATION VALYSIS TY (1.009 TIVE TIVE TIVE THCG (NE DD COUN 38.3-48. 3.5-17.5)	3K	AIVER) < 4K <555 COMPLINTHS	ETE)	6K N/A	
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	2	3	3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE <90 58 BP < 140/90 59 COLOR VISION (C) 61 DISTANT VISION 63 NEAR VISION (C)	DD FORM 2807 HS DP OF EACH PAGE (NA PLAINED (14C MARK MC CREDENTIAL SIG DD FORM 2808 HS TOP OF EACH PAGE ALUATION (1 OR 2 ONLY) VIVID RED/GREEN) I (CORRECTED TO A)	AME, SSN/DO KED "YES") GNATURE (or E (NAME, S "PASS" IT LEAST 20/40	SN/DODID) SN/DODID)					SPECIF PROTE GLUCC BLOOD HEMAT HEMOCIRON P G6PD (NEGA*	IN ANDEL (80-6.75-11.95	2K	3K	4K <555 COMPLINTHS NITHS - 18 MC - 5.5-44.9)	ETE)	6K N/A	
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			3 DATE < 18 MONTI 1-9 ADMIN DATA + TO 10-29 ALL "YES" EX 30B PA/NP/MD/DO/I 1 DATE < 18 MONTI 2-16 ADMIN DATA + 17- 42 CLINICAL EV 43 DENTAL CLASS 48 BLOOD TYPE 53 HEIGHT 54 WEIGHT 56 TEMP 57 PULSE < 90 58 BP < 140/90 59 COLOR VISION (C) 61 DISTANT VISION 63 NEAR VISION (C) 72B VALSALVA (SA) 74 RANGER QUALII	DD FORM 2807 HS DP OF EACH PAGE (NAME OF CREDENTIAL SIGNATURE) TOP OF EACH PAGE ALUATION (1 OR 2 ONLY) VIVID RED/GREEN) I (CORRECTED TO ALUATION OF CORRECTED TO ALUATION	AME, SSN/DO KED "YES") GNATURE (o) E (NAME, S "PASS" T LEAST 20/40 QUIRED) ER REQUIRE	SN/DODID) SN/DODID) 0/40)					SPECIF PROTE GLUCC BLOOD HEMAT HEMOC IRON P G6PD (NEGAT	IN ANDEL (80-6.75-11.95 IN ANDEL (80-0) IN ANDEL (80-0)	2K <35 VACCINA CT-30AF INATION VALYSIS TY (1.009 TIVE TIVE TIVE TIVE TIVE TIVE TIVE TIVE	SERIES S	AIVER) < 4K <55 COMPLINTHS NILY-NO PA <18 MC 5.5-44.9)	ETE)	6K N/A	
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LAB NOTES	MEDICAL HX/ PHYSICAL NOTES
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