INITIAL MEDICAL REVIEW - ANNUAL MEDICAL CERTIFICATE

For use of this form, see PAM 40-502; the proponent agency is OTSG.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority Section 133, Title 10, United States Code (10 USC 133).

Purpose The primary use of this information is to provide medical information of sufficient detail to ensure uniformity in medical evaluation. Used to evaluate Soldiers in terms of medical conditions and physical defects which may require medical care or which may require a determination of medical readiness.

Routine Uses The DoD Blanket Routine Uses may apply to this collection.

Disclosure The requested information is voluntary because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but **CARE WILL NOT BE DENIED.**

PART I -- COMPLETED BY SOLDIER

Please check the appropriate response column for each question below.	YES	NO
1. Do you currently have any medical/dental problems?	☐	☐
2. Have you had any medical or dental problems since your last periodic physical examination?	☐	☐
3. Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?	☐	☐
4. Have you been hospitalized or had surgery since your last periodic physical examination?	☐	☐
5. Are you currently taking medication, or have you taken prescription medication since your last examination?	☐	☐
6. Are you currently or have you in the past received a VA Disability, Workmen's Compensation, or other type of compensation for health or physical reason?	☐	☐

7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

8. EXPLAIN ANY POSITIVE ANSWERS GIVEN ABOVE

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or other disciplinary action.

9. DoD ID NUMBER	10. RANK/GRADE	11. MOS	12. DATE

13a. PRINTED/TYPED NAME	13b. SIGNATURE

PART II -- COMPLETED BY INITIAL REVIEWER

14. INITIAL REVIEWER'S NOTES

15. ☐ MEDICALLY READY ☐ REQUIRES FURTHER EVALUATION	16. SIGNATURE	17. DATE

PART III -- COMPLETED BY PHYSICIAN

18. PHYSICIAN'S REVIEW NOTES

19. ☐ MEDICALLY READY ☐ NOT MEDICALLY READY (USAR refer to para 9-10 & 9-11 AR 40-501) ☐ NOT MEDICALLY READY (Army National Guard refer to MDRB)	20. Complete "PULHES" using the Physical Profile Functional Capacity Guide in Table 7-1, AR 40-501.	P	U	L	H	E	S

21. DA FORM 3349 IS ATTACHED ☐ YES ☐ NO	22. SIGNATURE	23. DATE

PART IV -- COMPLETED BY APPROVING AUTHORITY

24. MISCELLANEOUS RECOMMENDATIONS

25. SIGNATURE	26. DATE