

MEDICAL EVALUATION BOARD QUESTIONNAIRE

(This form is subject to the Privacy Act of 1974. Use Blanket PAS, DD Form 2005)

Your physician has requested that a Board of Medical Officers review your medical condition to determine your qualification for military service. Listed below are questions pertaining to your status necessary for the Medical Board Section to obtain service records, medical records and a line of duty report if necessary.

NAME (Last, First, Middle)		GRADE	SSN	DATE OF BIRTH
HOME PHONE NUMBER <i>(Include Area Code)</i>	NON-MILITARY PERMANENT MAILING ADDRESS <i>(Include ZIP Code)</i>		NAME OF NEXT OF KIN	
			RELATIONSHIP	
DATE OF ADMISSION TO THIS HOSPITAL	PROFILE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSFERRED TO THIS HOSPITAL FROM	NAME OF FIRST HOSPITAL ADMITTED TO	
HEALTH RECORD HERE <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REG AF <input type="checkbox"/> AF RES <input type="checkbox"/> ANG <input type="checkbox"/> REG NAVY <input type="checkbox"/> NAVY RES <input type="checkbox"/> REG USMC <input type="checkbox"/> MC RES <input type="checkbox"/> TITLE 32 <input type="checkbox"/> USCG <input type="checkbox"/> REG ARMY <input type="checkbox"/> ARMY NG <input type="checkbox"/> ARMY RES <input type="checkbox"/> USPHS			
PRESENT ASSIGNMENT				
SQUADRON/UNIT	MAJOR COMMAND	NAME OF BASE		DUTY PHONE NO. <i>(Include DSN)</i>
NAME OF COMMANDER		CDR OFFICE SYMBOL	CDR PHONE NO. <i>(Include DSN)</i>	
ARMY <i>(List Branch, Inf., Arty.)</i>		WHAT CBPO AND BASE RETAINS YOUR FIELD PERSONNEL RECORDS?		
PRIMARY AFSC				
JOB TITLE	AFSC	MOS	NEC	
SECONDARY AFSC				
JOB TITLE	AFSC	MOS	NEC	
ACTIVE MILITARY DUTY - ALL SERVICES <i>(Total Years/Months)</i>		INACTIVE MILITARY DUTY - RESERVE OR NATIONAL GUARD <i>(Total Years/Months)</i>		
AIR NATIONAL GUARD AND AF RESERVE CALLED TO ACTIVE DUTY: Please furnish us with two copies of orders placing you in active duty status during the period of time you became sick or injured which led to this Medical Board.				
TO BE COMPLETED BY OFFICERS				
DATE ENTERED CURRENT TOUR OF ACTIVE DUTY		DO YOU HAVE A CONTROLLED DATE OF SEPARATION? <i>(If YES, specify)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
TO BE COMPLETED BY ENLISTED				
DATE YOU CAME ON CONTINUOUS ACTIVE DUTY WITHOUT A BREAK IN SERVICE		ENLISTMENT COMPLETION DATE	HIGHEST GRADE HELD	
HAVE YOU HAD ANY AWOL OR CONFINEMENT TIME? <i>(If YES, please specify)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU HAD ANY ARTICLE 15s OR COURT MARTIALS? <i>(If YES, specify date and reason)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY ADMINISTRATIVE ACTION PENDING? <i>(If YES, please specify)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			IF RESERVE, GIVE CURRENT OR LATEST TOUR OF EXTENDED ACTIVE DUTY	
TO BE COMPLETED BY OFFICERS AND ENLISTED				
ARE YOU ON FLYING STATUS? <i>(If NO, specify date relieved from flying status)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE AN AERO RATING? <i>(If YES, specify title)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A MANDATORY RETIREMENT DATE? <i>(If YES, specify date)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU APPLIED FOR VOLUNTARY RETIREMENT/SEPARATION? <i>(If YES, specify date)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE ORDERS? <i>(If YES, furnish a copy ASAP. The Physical Evaluation Board will not hear your case until such orders are revoked.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				

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The traditional Field-by-Field creation process is extremely ineffective and slow.

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The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

HAVE YOU SERVED IN ANOTHER BRANCH OF SERVICE? (If YES, specify branch, unit assigned, dates served and service number.)

YES NO

HAVE YOU PREVIOUSLY BEEN ADMITTED TO THIS HOSPITAL? (If YES, specify date)

YES NO

IF YOU HAD ANY INJURIES OR ACCIDENTS WHICH OCCURRED WHILE ON ACTIVE DUTY, PROVIDE BELOW INFORMATION.

DATE OF ACCIDENT	PLACE OF ACCIDENT	HOW ACCIDENT OCCURRED	1ST MILITARY HOSPITAL ADMITTED

COMMENTS