

DATE: _____
DD/MMM/YYYY

DPC READINESS CHECKLIST

DEPLOYMENT LOCATION _____ MONTHS _____

THE FOLLOWING IS TO BE FILLED OUT BY MEDICAL

HEIGHT ____ WEIGHT ____ BMI ____ (BMI CANNOT EXCEED 39)

BLOOD TYPE ____ HEARING AID ____ ANTI-MALARIAL MEDS ____

MEDICAL HISTORY _____ CURRENT MEDICATIONS _____

REQUIRED IMMUNIZATIONS

HEP A ____ HEP B ____ POLIO ____ TYPHOID ____ MMR ____ TD ____ FLU ____ PPD ____

H1N1 ____ SMALLPOX ____ ANTHRAX ____ VARICELLA ____

REQUIRED LABS

HIV ____ G6PD ____ DNA ____ U/A ____ CMP ____ CBC ____ LIPIDS ____

HCG ____ (FEMALES)

REQUIRED EXAMS

AUDIOGRAM ____ EYE EXAM ____ MAMMOGRAM ____ (FEMALES OVER 40)

DENTAL DD2813 ____ DENTAL X-RAYS ____ DD2807 ____ DD2808 ____

HEP A (2 SHOTS) HEP B (3SHOTS) POLIO (1 TIME) MMR (1 TIME) TYPHOID (EVERY 2 YRS)

TD (EVERY 10 YRS) ANTHRAX (5 SHOT SERIES OR BOOSTER)

HIV WITHIN 90 DAYS.

ALL MEDICAL EXAMS WITHIN 1 YEAR.

FULL NAME: _____ COMPANY: _____

Last Name, First Name, Middle Name

SOCIAL: _____ DATE OF BIRTH: _____

DD/MMM/YYYY

Member states that EDHA has been completed online within sixty days _____

OK'd to see medical officer by _____

Corpsman Initials

Brief done _____

Member signature

Time and date

CLEARED BY: _____ (DPC MEDICAL PROVIDER)