

OCS Physical
Coyote Creek Clinic 520-533-9034
Apache Ridge Clinic 520-533-9033
Physical Exams

Name: _____

DoD ID: _____

Gender: Male Female

Date of Birth: _____

Over 40: Yes No

Pregnant? (Female) Yes No

Packet Checklist

_____ DD Form 2807-1 w/ attached SF 600

_____ DD Form 2808

_____ Audiology (Page 2 of DD Form 2808)

_____ Optometry (Color Vision Required, Page 2 of DD Form 2808)

_____ Dental (Block 84 on DD Form 2808 or DD Form 2813 for civilian dentist)

_____ Labs: (UA, Drug Screen, ETOH, HIV, HCG-FEMALES ONLY, Hemoglobin-RESERVE ONLY)

_____ Pap Smear (FEMALES ONLY AGE 40-42)

_____ Chest X-Ray

All items must be completed and turned into ***your assigned Soldier/Family Member Clinic***
prior to booking appointment.

NOTICE: The information enclosed with this transmission is privileged and confidential information, including patient information protected by federal and state privacy laws. Any review, dissemination, distribution, or duplication of the information contained in the packet, without prior consent, is strictly prohibited. For questions regarding this document, please reference AR 40-501 and AR 40-502.