

Retirement 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 2697

_____ DD Form 2807-1 w/ attached SF 600

_____ DD Form 2808

_____ Complete Part 1 PHA (AKO)

_____ Audiology (Page 2 of DD Form 2808)

_____ Optometry (Page 2 of DD Form 2808)

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

_____ Labs (UA, CBC, LIPID, HCV-Optional) (40+ FBS) (50+ STOOL GUAIC)

_____ EKG (40+ Completed at Phase 2 visit)

_____ Chest X-Ray (40+)

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

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