

CID 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

_____ BH Evaluation (RWBAHC Form 491)

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

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