

PART II APPOINTMENTS MUST BE IN PHYSICAL TRAINING UNIFORM



OCS PHYSICAL EXAMINATION PACKET

INCLUDES: DD 2808, 2807-1, PULHES

PHYSICAL EXAMS APPOINTMENT LINE: 737-1405

RANK/NAME: _____ SSN: xxx-xx-_____

D.O.B.: ____/____/____ UNIT: _____

CELL: _____ DUTY DSN: _____

DEPARTMENTS TO BE CLEARED THROUGH

AUDIOLOGY _____ DENTAL _____

EKG _____ OPTOMETRY _____

LAB _____ CXR _____

APPOINTMENT TIME _____ COMMENTS _____

YONGSAN HEALTH CLINIC PHYSICAL EXAMS DEPARTMENT

Part 1: _____

Part2: _____

Appointment: _____

P	U	L	H	E	S	Date

VISION			
DISTANCE		NEAR	
L		L	
R		R	
BOTH		BOTH	