WARRANT 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	