CHAPTER 14

PHYSICAL EXAMINATIONS

INTRODUCTION

The Department of Defense (DoD) and the Department of the Navy (DoN) have established uniform physical standards for entry and sustainment of military service, DoD Directive 6130.3, DoD Instruction 6130.4 series, and NAVMED P-117, Manual of the Medical Department (MANMED). Physical examinations are conducted to interpret each individual’s physical qualification for initial entry, mobilization, retention, assignment to special duties, and training programs that lead to enlistment and commissioning. The purpose of the examination is to identify physical defects and psychological problems that would compromise a member’s ability to perform duties normally assigned. Physical standards are intended to preclude acceptance of those individuals who present contagious or infectious hazards to other personnel, would be unable to perform assigned duties, or who have conditions likely to be aggravated by naval service.

This chapter will review the various types of physical examinations and their requirements, provide a general understanding of how physical examination forms and reports are completed, and cover some of the testing procedures and equipment which Hospital Corpsmen (HM) may be responsible. HMs function as both clerical and medical assistants to the medical practitioner. To do this properly, HMs must be familiar with administrative regulations that apply to physical examinations. They ensure the patient’s health record is accurate and complete, all tests and laboratory results are recorded, and the completed physical examination documents are properly filed in the member’s health record.

Physical examinations, whether routine or special duty, are mandatory for members at certain times during their military careers.

The first of these examinations is the entrance (enlistment, appointment, or commissioning) physical examination, and the last is the physical examination that occurs upon separation from the service. In addition to these two, there may be several others, depending on the length of the member’s service or special duty requirements.

A Licensed Independent Practitioner, Physician Assistant, or Independent Duty Corpsman (IDC) may perform all physical examinations covered in this chapter unless otherwise indicated (i.e. an IDC may complete a physical examination but must have all documents co-signed by a licensed physician). A General Medical Officer may independently perform examinations upon successfully completing an accredited internship. All examiners, regardless of clinical specialty, performing and recording physical examinations must be familiar with the standards outlined herein. Some special duty examinations (e.g., Aviation) must be performed or co-signed by examiners with specific training and/or qualifications, as an example, a Physician’s Assistant may perform and record an aviation physical examination but must have the documents co-signed by a licensed aviation physician. Review MANMED, Chapter 15, Section IV for further guidance.

Most physical examinations will require special studies (tests) which are performed prior to the physical examination. These special studies may include laboratory tests to detect syphilis (RPR), HIV, and cholesterol levels; optometric evaluation to determine visual acuity; audiometric testing for hearing capabilities; and dental examination to determine dental fitness. For more information on special study requirements for each type of physical examination, refer to the MANMED, Chapter 15 and directives that address specific physical examinations.
TYPES OF PHYSICAL EXAMINATIONS

LEARNING OBJECTIVE:

Differentiate between the types of physical examinations.

ROUTINE PHYSICAL EXAMINATIONS

Essentially, there are four types of routine physical examinations. They are the Entrance, Periodic Health Assessment (PHA), Reenlistment, and Separation physicals. The MANMED provides specific instructions on how and when each type of physical is to be conducted.

Entrance (Enlistment, Appointment, and Commissioning) Examination

Entrance physical examinations are normally performed at Military Entrance Processing Stations (MEPS). Entrance physical examination results are documented on the Report of Medical Examination (DD 2808) and Report of Medical History (DD 2807-1). The original completed physical examination forms are permanently filed in the member's health record. Copies of the completed examination forms are filed by the examining facility for a specified period of time. This policy applies to all of the physical examinations service members may have throughout their career. Entry physical standards for training programs leading to officer appointment are more stringent than the basic physical qualifications for enlistment or commissioning ensuring qualification of the member at the time of the appointment. The forms used for the entrance physical (DD 2807-1 and DD 2808) are also used for many of the routine and special duty physical examinations reviewed later in this chapter.

Periodic Health Assessment (SECNAVINST 6120.3 series)

The Periodic Health Assessment will be conducted annually, IAW SECNAVINST 6120.3 series, Periodic Health Assessment for Individual Medical Readiness, for all active duty and reserve service members. It is a face-to-face assessment with the patient's primary healthcare provider to determine individual medical readiness and correct any deficiencies. While conducting the PHA, the healthcare provider must factor in the member's age, gender, family history, occupation, deployment status, health status, and behavioral status. A PHA is considered complete when the member has met all individual medical requirements (IMR) and either satisfied health requirements or received a continued plan of care for any ongoing conditions.

Reenlistment Examination

Reenlistment examinations are conducted for the purpose of ensuring no new medical conditions have developed or previously diagnosed conditions have materially changed thus preventing a member from completing Active Duty service. A complete medical examination is not required if there is a valid examination (i.e., entrance, periodic, or special duty physical) in the service member's health record. The reenlistment examination consists of a face to face with a medical provider, a medical record review, and documentation of new medical conditions or materially changed conditions since the last physical examination. The results of the reenlistment physical examination are recorded on form DD 2807, Report of Medical History and DD 2808, Report of Medical Examination. The healthcare provider will indicate on the DD 2808 if the service member is physically qualified for reenlistment. Ensure the DD 2808 is properly filed in the member's health record.
Separation Examination

Separation examinations are required for personnel separating from the Navy, the Marine Corps, and Activated Reservists serving 31 consecutive days or greater on active duty. A thorough physical examination must be completed not less than 180 days from the last day served on active duty. This comprehensive examination is conducted to ensure the service member has not developed any medical conditions that may constitute a disability and should be processed through a Physical Evaluation Board (PEB) or Medical Evaluation Board (MEB). If the separation is the result of an evaluation by a MEB or PEB, that documentation serves as the separation examination.

Members who separate from the service for any reason (i.e., retirement, end-of-enlistment, or administrative discharge) are required to read the following statement at the time of their physical examination:

You have been evaluated because of your planned separation or retirement from active duty service. You have been found physically qualified to separate or retire, which means that no medical condition has been noted that disqualifies you from the performance of your duties or warrants disability benefits from the Department of the Navy, you must be unfit to perform the duties of your office, grade, or exacerbated while in receipt of base pay. Some conditions, while not considered disqualifying for separation or retirement, may entitle you to benefits from the Department of Veteran’s Affairs. If you desire additional information regarding these benefits, contact the Department of Veteran’s Affairs at 1-800-827-1000 or view the Website at: http://www.va.gov.

For service members separating from service after serving 30 or fewer consecutive days on active duty, a different separation process applies. An authorized examiner will interview each service member focusing on any new or materially changed medical conditions occurring since the start of active duty and, if indicated, conduct a focused physical examination. An SF 600 entry will be made stating: “I have evaluated this service member and reviewed available medical record entries and found him or her physically qualified for release from active duty.” For members found not qualified due to a service-incurred or service-aggravated injury or illness, a Notice of Eligibility (NOE) may be appropriate, see SECNAVINST 1770.3 series, Management and Disposition of Incapacitation and Incapacitation Benefits for Members of Navy and Marine Corps Reserve Components.

For service members found “unfit for continued naval service” an SF 600 will be generated stating member found unfit and processed for separation. See MILPERSMAN Article 1910-216 (enlisted), MILPERSMAN 1920 (officers), and Marine Corps Separations Manual section 1011-8508 for requirements about conducting examinations on discharges or separation characterized as adverse.

SPECIAL DUTY PHYSICAL EXAMINATIONS

Military personnel who are assigned to or applying for special duty such as aviation duty, diving duty, submarine duty, etc., are required to meet physical requirements above the basic entrance examination requirements. In addition, personnel are required to have a special duty physical if they have psychosocial considerations, are exposed to extreme physical hazards, or if they are to be assigned to sites with inadequate medical facilities. Other special duties requiring pre-placement examinations include handling explosives, operating explosives vehicles, and duty as a fire fighting instructor.
As with routine physicals, special duty examinations are performed by medical officers or DoD civilian physicians. For operational units (squadrons or groups), the medical officer assigned will normally perform special duty examinations. If there is not a unit medical officer, a medical officer assigned to a supporting clinic, hospital, or related operational unit should perform the examination.

Physician assistants (PAs) and nurse practitioners may perform special duty examinations if a medical officer or DoD physician is not available or if the examination workload is too great. When a PA or nurse practitioner performs special duty examinations, the DD 2808 must be co-signed by proper authority, MANMED, Article 15-4.

OVERSEAS/OPERATIONAL SUITABILITY SCREENING EXAMINATIONS

These examinations are used to determine suitability of Navy and Marine Corps service members and their families upon receipt of orders overseas or to a remote assignment. They identify special needs medical, dental or educational requirements determining the enrollment into the Exceptional Family Member Program (EFMP), BUMEDINST 1300.2 series, Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program (EFMP) Identification and Enrollment. Suitability screenings prevent the arrival of service members and families at a duty station with special requirements beyond the capability of the local medical, dental, educational, or community facilities. This may result in decreased quality of life, early return from assignment, and billet gaps. Proper screening helps ensure a positive and productive tour for the service member. All screening should be completed within 30 days of receipt of orders.

OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE EXAMINATIONS

The Navy uses many materials in its work places, some of which are potentially hazardous to personnel. To minimize the risk associated with these hazardous substances, the Navy developed the OPNAVINST 5100.23 series, Navy Occupational Safety and Health (NAVOSH) Program. Within the NAVOSH Program is the Medical Surveillance Program.

The Medical Surveillance Program provides physical examination and medical monitoring guidelines for personnel who are exposed to or work with hazardous materials or hazardous environments.

Medical surveillance examinations assess the health status of individuals as it relates to their work. Although these exams are not physical examinations as described in this chapter, they are actually surveillance examinations that produce specific information with regard to an individual’s health during actual or potential exposure to hazardous materials (i.e., the Asbestos Medical Surveillance Program [AMSP]). Specific guidance on the Asbestos Medical Surveillance Program is provided in OPNAVINST 5100.23 series. Another example of a medical surveillance program is the Occupational Noise Control and Hearing Conservation Program. Personnel who work in areas of high sound generation (e.g., flight deck of a carrier) are required to be evaluated annually for hearing loss. Specific guidance on the Occupational Noise Control and Hearing Conservation Program is provided in NAVMDCOMINST 6260.5 series and OPNAVINST 5100.23 series.

MEDICAL EVALUATION BOARD (MEB) EXAMINATIONS

Medical evaluation boards are the single most important factor in determining fitness for duty in today’s Navy. Medical boards are convened and reviews are conducted to determine the various degrees of fitness for military service.
There are two purposes for the MTF Convening Authority (CA) to convene an evaluation of a military member:

- Placing a patient on temporary limited duty (TLD or LIMDU)
- Referring a patient to Physical Evaluation Board (PEB) for determination of the patient’s fitness for continued Naval service
- An MEB shall be initiated when a physician or authorized personnel who have been trained and certified for MEB membership by the MTF CA determine that:
  - A member has a condition that appears to significantly interfere with performance of duties
  - A member has a condition that will prohibit returning the patient to the parent command
  - A member has a condition that may seriously compromise the member’s health or well-being if the member were to remain in the military service
  - A member has a condition that may prejudice the best interests of the Government if the member were to remain in the military service
  - A member has a condition that requires assignment limitations
  - An inactive reservist incurs or aggravates an injury or illness during a period of active service and the period of required treatment, rehabilitation, or convalescence is expected to exceed 12 weeks or require retention beyond authorized active duty service orders
  - A member refuses reasonable medical or dental treatment (including surgery) and the member’s ability to perform medically unrestricted duty is suspect
  - A member who has “self-referred” for elective care outside the direct Military Health System (MHS)

The SECNAVINST 1850.4 series, Department of the Navy Disability Evaluation Manual, provides a listing of “Medical Conditions and Physical Defects Which Normally are Cause for Referral to the Physical Evaluation Board.”

**ABBREVIATED TEMPORARY LIMITED DUTY (TLD) MEDICAL BOARD AND REPORT**

The abbreviated board report is used only when a member is expected to return to full duty after an adequate period of treatment. Processing time should not exceed 5 working days to report TLD. The LIMDU Coordinator is responsible for reviewing the medical board, verifying the content, and verifying the processing time ensuring consistency with current policy. The Abbreviated Medical Board Report (MEBR) is a local action taken by an appropriate medical or dental officer and does not require external departmental review by NAVPERSCOM. The form (NAVMED 6100/5), “Abbreviated Limited Duty Medical Board Report”, is used for this report. It is a vehicle for recording basic medical findings, plans, and expectations in terms of prognosis and length of medical restriction of activity. It also authorizes for the parent command to provide acknowledgment and comments. The MEBR, NAVMED 6100/5, is to be used when all of the following criteria are met:

- The member is enlisted in the U.S. Navy or Marine Corps
- The member suffers from an uncomplicated illness or injury which makes them temporarily unable to fully perform duties to which they are assigned or expected to be assigned, but will most likely be returned to medically unrestricted duty after an adequate period of treatment not exceeding 6 months
- The member’s health or clinical record contains adequate documentation on the nature and circumstances of the illness or injury, its course, prognosis, and treatment
COMPLETING REQUIRED FORMS

LEARNING OBJECTIVE:
Identify the appropriate form(s) used for specific types of physical examinations.

While there are several forms used to record physicals, the scope and purpose of the physical dictates which form or forms should be used. For example, the pre-placement and annual physical evaluation of food service personnel or personnel exposed to hazardous materials can be adequately documented on a SF 600.

This section discusses the most commonly used physical examination forms.

REPORT OF MEDICAL HISTORY, DD 2807-1

This form (Fig. 14-1) is used to complete Routine, Special Duty, and Medical Evaluation Boards examinations.

Figure 14-1.—Form DD 2807-1 (Page 1)
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>Dislocation or fracture of a bone</td>
</tr>
<tr>
<td>15b</td>
<td>Frequent or severe headache</td>
</tr>
<tr>
<td>15c</td>
<td>A head injury, meningitis or encephalitis</td>
</tr>
<tr>
<td>15d</td>
<td>Paralysis</td>
</tr>
<tr>
<td>15e</td>
<td>Seizures, convulsions, epilepsy or fits</td>
</tr>
<tr>
<td>15f</td>
<td>Eye, ear, nose, or throat ailment</td>
</tr>
<tr>
<td>15g</td>
<td>A period of unconsciousness or concussion</td>
</tr>
<tr>
<td>15h</td>
<td>Meningitis, encephalitis, or other neurological problems</td>
</tr>
<tr>
<td>16a</td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>16b</td>
<td>Prolonged bleeding or a blood clot</td>
</tr>
<tr>
<td>16c</td>
<td>Pain or pressure in chest</td>
</tr>
<tr>
<td>16d</td>
<td>Pulmonary emphysema or abnormal heartbeat</td>
</tr>
<tr>
<td>16e</td>
<td>Heart trouble or murmur</td>
</tr>
<tr>
<td>16f</td>
<td>High or low blood pressure</td>
</tr>
<tr>
<td>17a</td>
<td>Nervous trouble of any sort (anxiety or panic attacks)</td>
</tr>
<tr>
<td>17b</td>
<td>Habitual smoking or smoking</td>
</tr>
<tr>
<td>17c</td>
<td>Loss of memory or amnesia, or neurological symptoms</td>
</tr>
<tr>
<td>17d</td>
<td>Frequent trouble sleeping</td>
</tr>
<tr>
<td>17e</td>
<td>Received counseling or treatment of any type</td>
</tr>
<tr>
<td>17f</td>
<td>Depression or excessive worry</td>
</tr>
<tr>
<td>17g</td>
<td>Been evaluated or treated for a mental condition</td>
</tr>
<tr>
<td>17h</td>
<td>Attempted suicide</td>
</tr>
<tr>
<td>17i</td>
<td>Had illegal drugs or abused prescription drugs</td>
</tr>
<tr>
<td>18</td>
<td>FEMALES ONLY. Have you ever had or do you now have:</td>
</tr>
<tr>
<td>18a</td>
<td>Treatment for a gynecological (female) disorder</td>
</tr>
<tr>
<td>18b</td>
<td>A change in menstrual pattern</td>
</tr>
<tr>
<td>18c</td>
<td>Any abnormal PAP smear</td>
</tr>
<tr>
<td>18d</td>
<td>First day of last menstrual period (DD/MM/YY)</td>
</tr>
<tr>
<td>18e</td>
<td>Dates of last PAP smear (DD/MM/YY)</td>
</tr>
<tr>
<td>19</td>
<td>Have you been refused employment or been unable to hold a job or stay in school because of:</td>
</tr>
<tr>
<td>19a</td>
<td>Sensitivity to chemicals, dust, sunlight, etc.</td>
</tr>
<tr>
<td>19b</td>
<td>Inability to perform certain motions</td>
</tr>
<tr>
<td>19c</td>
<td>Inability to stand, sit, kneel, be shown, etc.</td>
</tr>
<tr>
<td>19d</td>
<td>Other medical reasons (if yes, give reasons)</td>
</tr>
<tr>
<td>20</td>
<td>Have you ever been treated in an Emergency Room? (If yes, why?)</td>
</tr>
<tr>
<td>21</td>
<td>Have you ever been a patient in any type of hospital? (If yes, specify when, where, and give address of hospital)</td>
</tr>
<tr>
<td>22</td>
<td>Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred)</td>
</tr>
<tr>
<td>23</td>
<td>Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details)</td>
</tr>
<tr>
<td>24</td>
<td>Have you consulted or been treated by doctors, psychiatrists, psychologists, or other practitioners within the last 5 years for other than physical illness? (If yes, give complete address of doctor, hospital, clinic, and details)</td>
</tr>
<tr>
<td>25</td>
<td>Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection)</td>
</tr>
<tr>
<td>26</td>
<td>Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, or dishonorable)</td>
</tr>
<tr>
<td>27</td>
<td>Have you ever received, in that capacity, or have you ever applied for pension or compensation for existing disability or injury? (If yes, specify what kind granted by whom and what amount; when, why)</td>
</tr>
<tr>
<td>28</td>
<td>Have you ever been denied life insurance?</td>
</tr>
</tbody>
</table>

**NOTE:** HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY." DD FORM 2807-1, AUG 2000
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in questions 10 - 20. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

DD FORM 2807-1, AUG 2000

Figure 14-1.—Form DD 2807-1 (Page 3)
REPORT OF MEDICAL EXAMINATION, DD 2808

This form (Fig. 14-2) is used to complete Routine, Special Duty, and Medical Evaluation Boards examinations.

![Image of DD Form 2808](image)

**Figure 14-2.—Form DD 2808 (Page 1)**
**Figure 14-2.—Form DD 2808 (Page 3)**

14-11
REPORT OF MEDICAL ASSESSMENT, DD 2697

This form (Fig. 14-3) is used to complete Separation examinations.

![Image of Form DD 2697](attachment:image.png)

Figure 14-3.—Form DD 2697 (Pages 1 and 2)
ABBREVIATED MEDICAL EVALUATION BOARD REPORT, NAVMED 6100/5

This form (Fig. 14-4) is used to as the findings established by the Medical Evaluation Board.

SECTION 1: CLINICAL INFORMATION (TO BE COMPLETED BY MEDICAL OFFICERS)

Date: ___________________________  Patient Name: ___________________________  Patient SSN: ___________________________

Proposed start date for limited duty: ___________________________  Proposed end date (6 months): ___________________________

This period of limited duty is for: (Select one)

☐ 1st LIMDU (6 months) Enlisted ADAM (no referral to service headquarters necessary),

☐ 2nd LIMDU (6 months) Enlisted ADAM (no referral to service headquarters necessary). Note that the first and second LID periods cannot exceed 12 months cumulatively from the date of the first LID period.

☐ 1st LIDMU (6 months) Officer ADAM (referral to service headquarters necessary).

☐ 2nd LIDMU (6 months) Officer ADAM (referral to service headquarters necessary).

☐ 3rd or subsequent LIMDU periods involving a distinctly different condition than that responsible for the first and second LID periods (for referral to service headquarters for "departmental" review).

☐ Placement LIMDU - if the patient is not already in a LIMDU status - at the same time the patient's case is referred to the physical evaluation board for adjudication.

Diagnosis:

1) ___________________________  ICD-9 CM Code: ___________________________

2) ___________________________  ICD-9 CM Code: ___________________________

3) ___________________________  ICD-9 CM Code: ___________________________

Circumstances of injury/illness:

Treatment plan:

Limitations on full duty (including whether transfer/TERM for treatment is indicated, and any FRT limitations):

Printed MEB Member Name and Signature Date

Printed MEB Member Name and Signature Date

Printed OA Name and Signature Date

SECTION 2: PATIENT INFORMATION, TO BE COMPLETED BY PATIENT

I have reviewed/understood the proposed Limited Duty period from my provider. I understand that this period of limited duty is not effective until approved by the MTF Convening Authority. The MTF will report the LIMDU action to my parent command. I understand that I may be returned to duty prior to the date appearing above as my medical condition warrants and upon action by my attending provider.

Patient Signature Date

SECTION 3: TO BE COMPLETED BY PATIENT ADMINISTRATION OFFICER/MEDICAL BOARDS OFFICER

The following actions have been completed:

☐ Completion of Patient Information Sheet

☐ Briefing to Parent on Limited Duty duties

☐ Notification to USN Personnel Office

☐ Notification to MTF LIMDU Coordinator

☐ LIDMU Requested from Parent Command (if LIDMU required)

☐ Notification to Parent Command

☐ Entry Into MedbOLT

Printed Administration Officer/Medical Boards Official Name, Signature, and Date

ROUTINE: Original to Patient Health Record; copies to Patient; Parent Command, PDD, MEIR Case File, and PERS 4521 or MIPSA-4

NAVMED 6100/5 (Rev 08-2004)

Previous Edition December

Figure 14-4.—Form NAVMED 6100/5

14-13
This form (Fig. 14-5) is used to complete the suitability screening for members that have orders for overseas and remote duty locations.
**PART II**

**Dental Screening:** Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

<table>
<thead>
<tr>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All dental records (military and civilian) reviewed?</td>
</tr>
<tr>
<td>2. Dental examinations are current?</td>
</tr>
<tr>
<td>3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?</td>
</tr>
<tr>
<td>4. Is service family member in Dental Class 3 or 4, can receive treatment or reexamination before the transfer?</td>
</tr>
<tr>
<td>5. Is there a requirement for follow-up care such as orthodontics, implants, specialty prosthetics, etc.?</td>
</tr>
<tr>
<td>6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?</td>
</tr>
<tr>
<td>7. Other concerns? (specify)</td>
</tr>
</tbody>
</table>

**Dental Classifications:**

- **Class 1:** Patients who do not require dental treatment.
- **Class 2:** Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months.
- **Class 3:** Patients who have dental conditions that are likely to cause a dental emergency in the next 12 months.
- **Class 4:** Patients who require a dental examination every 6 months (Type 1 comprehensive) or type 2 (periodic) examination by a dental provider within the past 12 months or, (2) A patient's dental record does not exist, or the dental record is not held by the responsible dental treatment facility or the Medical Department activity.

**IF ANY OF THE ABOVE BLOCKS ARE CHECKED, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT.** (attach reply)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>Military Dental Screener (Signature)</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Civilian Dental Screener (Signature)</th>
<th>Date</th>
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**Printed Name, Rank or Grade**

<table>
<thead>
<tr>
<th>DTF or Duty Station</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Telephone Number (include area/country code)</th>
<th>Telephone Number (include area/country code)</th>
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<thead>
<tr>
<th>DSN Number</th>
<th>Telephone Number (include area/country code)</th>
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<table>
<thead>
<tr>
<th>Telefax Number (include area/country code)</th>
<th>E-mail Address</th>
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</table>

**NAVMED 1300/1 (Rev. 02-99)**

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Figure 14-5.—Form NAVMED 1300/1 (Page 3)
PHYSICAL EXAM TESTING
PROCEDURES AND EQUIPMENT

LEARNING OBJECTIVE:

Identify visual acuity, color vision, audiometric, and EKG test equipment and procedures.

Some of the basic procedures used to gather information for a physical examination are taught in Hospital Corpsman "A" School (e.g., vital signs, venipuncture, and height and weight measurements). Other tests require advanced technical expertise, such as serological testing, and pressure and oxygen-tolerance testing. Some testing procedures may be learned by on-the-job training (OJT) or by short courses of instruction. Common physical exam testing procedures and the equipment used will be reviewed here.

VISUAL ACUITY

Visual acuity testing determines the ability of the eye to discriminate fine detail. It is the most important test of eye function. Throughout the Navy, there are three accepted methods for testing visual acuity: the Snellen chart, Jaeger cards, and the Armed Forces Vision Tester (AFVT).

The Snellen chart and Jaeger cards are used together to test visual acuity. The Snellen charts test distant visual acuity; the Jaeger cards are used to evaluate near visual acuity. The Armed Forces Vision Tester (AFVT) checks both distant and near visual acuity, and assists in evaluating other optical conditions.

The first step in testing for visual acuity is to find out if the patient wears corrective eyewear. On the day of the visual acuity testing, patients should bring their glasses. Contact lenses are not recommended for use during visual acuity testing. Contact lenses cause an increase in time needed for testing purposes creating an inconvenience for both the patient and healthcare provider.

Acuity testing is performed with and without the glasses being worn and the results are documented in blocks 61 and 63 on the DD 2808. Visual acuity requirements are discussed in the MANMED.

Snellen Charts

The most familiar of the visual testing equipment, Snellen charts, are the preferred method for testing distant visual acuity, and can test both monocular and binocular visual acuity. Operational guidelines for Snellen charts are provided by the chart’s manufacturer. The local military optometrist or eye clinic can also provide operational guidelines for this chart. Specific details and current conditions for testing with Snellen charts are as follows:

- If the examinee wears corrective lenses, have them remove the lenses before the examination
- Test the examinee first without corrective lenses, and then with the corrective lenses in place
- Hang the chart on the wall so the 20/20 line is 64 inches from the floor. Direct the examinees to stand 20 feet from the chart
- Test each eye individually, then both eyes together. Do not allow the examinee to squint or tilt their head
- With the graduation of the size of the letters advocated by Snellen, the visual acuity is expressed according to the classical formula $V = d/D$, where as $d$ (the distance at which the letters are read), is divided by $D$ (the distance at which the letters should be read)
- Then record the smallest line read on the chart from the 20-foot distance in block 61 of the form DD 2808 as the distant vision; e.g., 20/20, 20/200
Jaeger Cards

When the AFVT is not available, Jaeger cards are used to test near vision. There are six paragraphs on each card, each paragraph is printed in a different font (size) and labeled as J-1 (the smallest print size) through J-6.

When testing with these cards, hold the card at a distance of 14 to 16 inches from the examinee and tell the examinee to read the paragraphs. Record the visual acuity as the smallest type that can be comfortably read and record the distance in block 63 of the form DD 2808 as the near vision e.g., J-2 at 14 inches.

NOTE:
The distance of the card from the examinee may be converted to centimeters, but ensure the results of the test are also recorded in centimeters. ACCURACY is key!

Armed Forces Vision Tester

The Armed Forces Vision Tester (AFVT) is a semi-portable machine that has the capability to test near and distant visual acuity, horizontal and vertical phorias, and stereopsis (depth perception). It consists of two rotating drums that hold illuminated slides. The handles on the side of the machine rotate the drums to change the slides. For a scoring key refer to the instructional manual provided by the manufacturer.

COLOR VISION TESTING

The Manual of the Medical Department requires that all applicants for the naval service receive a color vision test. The Navy has two methods of testing color discrimination: the Farnsworth Lantern Test (FALANT) and the Pseudoisochromatic Plates (PIP). The FALANT is the preferred test, and in many cases it is the test prescribed by the MANMED as the only acceptable method for testing color vision.

Farnsworth Lantern Test

The purpose of the Farnsworth Lantern Test (FALANT) is to evaluate color perception. The Farnsworth Lantern is a machine with a light source directed at the examinee. What the examinee sees are two lights in a vertical plane. These lights appear in two of three possible colors, red, green, or white, shown in varying combinations.

The examinee is asked to identify the color combinations from top to bottom at a distance of 8 feet; the examiner rotates the drum to provide the different combinations. The examinee must identify a total of nine different combinations to pass the FALANT test. A passing FALANT score is obtained by correctly identifying 9 out of 9 presentations on the first test series. If any incorrect identification is made, a second consecutive series of 18 presentations is administered. On the second series, a passing score is obtained by correctly identifying 16, 17, or 18 presentations.

NOTE:
If examinees wear corrective lenses for distant vision, they should wear them during this test.

Pseudoisochromatic Plates

If the FALANT is not available, pseudoisochromatic plates (PIP) are used to determine color vision. Personnel receiving PIP testing must be retested with the FALANT at the first activity they report to that has one. Two tests are available, the 18-plate test and the 15-plate test, each of which includes one demonstration plate not used for scoring.

When administering the PIP examination, hold the plates 30 inches from the examinee. Allow 2 seconds for the identification of each plate. Do not allow the examinee to touch the plates. Correctly identifying 12, 13, or 14 out of 14 and 16, 17, or 18 out of 18 is considered passing on the PIP. Applicants failing the PIP should be tested via the FALANT.
AUDIOTRAGRAM

An audiogram is a record of hearing thresholds an individual has for various sound frequencies. By evaluating an individual's frequency thresholds, hearing deficiencies can be detected. To test an individual's frequency thresholds, the technician will use an instrument called an audiometer (manual or computerized). Audiometers used by the Navy are calibrated to American National Standards Institute (ANSI) specifications.

Upon entry into the service, a baseline audiogram is performed and recorded on a DD 2215, Reference Audiogram. Subsequent audiometric test results are recorded on a DD 2216, Hearing Conservation Date, and performed as directed by OPNAVINST 5100.19 series, NAVO SH Program Manual for Forces Afloat and the MANNED.

Audiometric testing shall be performed only by personnel who have attended an audiometric training course and have been certified. All audiometric tracings or readings are recorded on the DD 2808 in blocks 71a and 71b or other medical documentation and should contain the certification number of the person performing the audiometric test.

ELECTROCARDIOGRAM

An electrocardiogram (ECG or EKG) is a record of electrical impulses as they travel through the heart. They are produced by an instrument called an electrocardiograph. In normal patients the electrical impulse for each beat originates from the sinoatrial (SA) node to the right and left atriums, through the atrioventricular (AV) node, and throughout the right and left ventricles (Fig. 14-6). As the impulse traverses the conduction system, it penetrates the surrounding myocardial muscle and provides the electrical stimuli for atrial and ventricular contraction. This electrical impulse creates a signal that can be measured and recorded from the surface of the body via the electrocardiograph.

Impulses that originate in sites other than the SA node, or impulses that are prevented from traversing the conduction system (i.e. disease or drugs) interrupt the normal order of electrical sequences in the myocardium. An EKG may be used to record these abnormal patterns of impulse formation or conduction. This is a visual record of the abnormal pattern from which to identify the dysrhythmia or abnormal rhythm.

An abnormal EKG tracing may result from diseased myocardial cells, injury to myocardial tissue, or conduction abnormalities. These abnormal EKG tracings may present in various different morphologies, or patterns. For example, in patients with left ventricular hypertrophy (LVH), the impulse takes longer to traverse the larger muscle mass of the left ventricle producing a larger, wider tracing than normal. In patients having a heart attack, or myocardial infarction (MI), certain segments of the EKG tracing will be elevated and indicate a need for emergent care. EKG testing is helpful in the diagnosis of conduction abnormalities such as atrial fibrillation, atrioventricular blocks, and ventricular dysrhythmias.
The standard 12 lead EKG is named because of the usual electrode placement and how the recording device receives and interprets the electrical signal from 12 different views. The four limb leads and six precordial leads, or chest leads, are attached to the patient as depicted in Figure 14-7.

The recording device alternates the combination of electrodes that are active during the recording of electrical signals from the heart and from the four limb leads. This results in six standard views, or leads (I, II, III, aVR, aVL, and aVF) that are recorded in the heart's frontal plane. The six precordial leads (V1, V2, V3, V4, V5, and V6) are arranged across the chest to record electrical activity on the horizontal plane of the heart.

Abnormal localized areas of myocardial conduction, such as those that occur with ischemia (a lack of blood flow to myocardium), or infarction (myocardial tissue death) may be identified in the leads that are nearest to the affected part of the heart. For example, abnormalities in leads II, III, and aVF are indications that there is a blockage of blood flow to the inferior (bottom) portion of the heart.

Placement of 12 lead EKG leads are as follows: The four limb leads, Right Arm (RA), Left Arm (LA), Right Leg (RL), and Left Leg (LL) are attached to the forearms, above the wrists, and the calf muscles above the ankles. The precordial leads are placed on the chest in the horizontal plane across the heart. Lead V1 is to be placed on the right sternal border at the 4th intercostal space, V2 is to be placed on the left sternal border at the 4th intercostal space, V3 is to be placed along the mid-clavicular line in the 5th intercostal space, V4 is to be placed diagonally between V2 and V5, V5 is to be placed along the anterior axillary line in the 5th intercostal space, V6 is to be placed along the mid-axillary line in the 5th intercostal space (Fig. 14-8 A-B).

Figure 14-7.—EKG with Leads

Photograph provided by HM2 Pablo A. Mercado of the Biomedical Photography Department of Navy Medicine Support Command, Bethesda, MD.
EKGs are performed only as clinically indicated or as required for special duty and they are interpreted by physicians or cardiologists. Refer to the Manual of the Medical Department Chapter 15 for current information on EKG testing. The Naval Medical Department routinely uses EKGs with 12 leads for physical examinations performed on Navy and Marine Corps personnel.

**SUMMARY**

The physical examination is a key component of the Navy Medical Department’s efforts to maintain the health of Sailors and Marines during times of war and peace. The importance of the physical examination cannot be overstated. The combination of medical history, medical testing, and medical examination furnishes the healthcare provider with a complete picture of the individual’s health. Any indications of medical problems can be evaluated and managed more expeditiously and effectively through the use of the physical examination. Medical testing and detailed documentation will ensure the patient receives the best possible medical evaluation by the medical provider. More in-depth information is contained in the *Manual of the Medical Department, NAVMED P-117.*