

GO Physical Requirements Checklist

DD Form 2808:

- Block #1 – date of physical
- Block #15c – ARNG GOFRB for purpose
- Block #16 - name/address of exam facility
- Block #17-40 – ALL blocks checked normal or abnormal
- Block #30 – prostate gland exam(males)/stool guiac result (male and female)
- Block #41 – PAP Smear/OBGYN is up to date per current recommendations and screening guidelines (and annotated in block #52a).
- Block # 45 a and b – urinalysis lab report form included
- Block #49 – last HIV draw date to be annotated
- Block #52 – EKG print-out with interpretation
Mammogram date/documentation current within two years
Laboratory report forms for: cholesterol/fasting blood sugar/PSA (for males over 40yrs)
- Block #53 – height in inches
- Block #54 – weight in lbs(DA Form 5500/1-R if appropriate)
- Block #58 – blood pressure reading
- Block #61 – uncorrected and corrected distant vision
- Block #62 – refraction by auto-refraction or manifest
- Block #63 – uncorrected and corrected near vision
- Block#70 – intraocular tension readings
- Block #71a – audiometer readings 500Hz – 4000Hz each ear
- Block #74a – qualified/not qualified status (based on AR 40—501 Ch3)
- Block#74b – PULHES IAW Ar40-501 Ch 7.
- Block#77 – summary of defects and diagnoses recorded by examiner
- Block#78 – recommendation for further examinations as indicated
- Block#81a – signature of examining physician/provider
- Block#84b – signature of reviewing officer/approval authority (REQUIRED if mid-level provider completes physical exam).
- Block#85 – signature for administrative completeness and accuracy

