



33348

PLEASE FILL IN SOCIAL SECURITY #

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Health Assessment

- 1. Would you say your health in general is: Excellent Very Good Good Fair Poor
- 2. Do you have any unresolved medical or dental problems that developed during this deployment? Yes No
- 3. Are you currently on a profile or light duty? Yes No
- 4. During this deployment have you sought, or intend to seek, counseling or care for your mental health? Yes No
- 5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? Yes No

Please list your concerns:

- 6. Do you currently have any questions or concerns about your health? Yes No

Please list your concerns:

Service Member Signature

I certify that responses on this form are true.

Post-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- None
- Cardiac
- Combat / Operational Stress Reaction
- Dental
- Dermatologic
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multisystem complaint

- GI
- GU
- GYN
- Mental Health
- Neurologic
- Orthopedic
- Pregnancy
- Pulmonary
- Other _____

EXPOSURE CONCERNS (During deployment)

Provider see questions 5&6 on this form

- Environmental
- Occupational
- Combat or mission related
- None

Comments:

I certify that this review process has been completed.

Provider's signature and stamp:

Date (dd/mm/yyyy)

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End of Health Review

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