DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB) THREE DAY BLOOD PRESSURE AND PULSE CHECK

Form Approved OMB No. 0704-0396 Expires Aug 31, 2003

2. SSN OF APPLICANT

The public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

1. NAME OF APPLICANT (Last, First, Middle Initial)

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

INSTRUCTIONS TO EXAMINERS								
Studies have shown that the sparrow, the blood pressure reading cuff 12 to 14 cm wide is satisfact	gs will be erro	neously high.	If it is too w	de, the readir	ngs may be erro	oneously low.	For the average adult, a	
3. ARM CIRCUMFERENCE	4. WIDTH OF THE BLOOD PRESSURE CUFF 5. MEDI				CATION CURRENTLY TAKEN (If none, so state.)			
6. BLOOD PRESSURE AND PULSI	E READINGS							
DAY ONE								
DATE	A.M.			P.M.				
	BLOOD PRESSURE		PL	LSE	BLOOD PRESSURE		PULSE	
SITTING MANDATORY								
DAY TWO								
DATE	A.M.				P.M.			
	BLOOD PRESSURE		PU	LSE	BLOOD PRESSURE		PULSE	
SITTING MANDATORY								
DAY THREE	•							
DATE	A.M.				P.M.			
	BLOOD PRESSURE		PU	LSE	BLOOD PRESSURE		PULSE	
SITTING MANDATORY								
7. EXAMINER (Doctor/Nurse/Paramedical Technician)								
TYPED OR PRINTED NAME (Last, First, Middle Initial)		TITLE			SIGNATURE			