

# AIR FORCE PHA

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*PART 1 APPT. HOURS: MONDAY-THURSDAY 0730-1100\*\*\***

**COMPLETE IMMUNIZATIONS BEFORE LABS**

**The following must be completed prior to booking PART 2.**

1.  ONLINE QUESTIONNAIRE COMPLETE: <https://AFwebha.brooks.af.mil>
2.  IMMUNIZATIONS (M, T, W, F: 0700-1600, TH 0700-1200)
3.  LABS COMPLETED (LAB M- F: 0700-1530)  
HIV (Q2Y)  
FASTING REQUIRED 12 HOURS PRIOR: WATER ONLY DURING FASTING PERIOD  
LIPIDS (male 35+, female 40+ Q5Y)  
FASTING BLOOD SUGAR (40+ Q5Y)
4.  COMPLETE EKG: AGE 40+ Q5Y  
(PHYSICAL EXAMS M-TH: 0730-1100)

Date of Part1: \_\_\_\_\_ Tech NAME: \_\_\_\_\_