

ARMY PHA

Patient Name: _____ DOB: _____ PCM _____

*****PART 1 HOURS: MONDAY-THURSDAY 0730-1100*****

COMPLETE IMMUNIZATIONS BEFORE LABS

The following must be completed prior to booking PART 2.

1. ONLINE QUESTIONNAIRE COMPLETE: [AKO](#)
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. VISION SCREENING: Q1Y
(PHYSICAL EXAMS M-TH: 0730-1100)
5. CURRENT HEARING EXAM (Q1Y TOE/PROFIS; GO phy Q2Y)
(PHYSICAL EXAMS M-TH: 0730-1100)
6. COMPLETE EKG: AGE 40+ Q5Y
(PHYSICAL EXAMS M-TH: 0730-1100)

DATE PART 1: _____ TECHNICIAN: _____