

# RETIREMENT PHYSICAL

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

**\*\*\*PART 1 APPOINTMENTS: MONDAY-THURSDAY 0730-1100\*\*\***

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

1.  UPDATED PHA? DATE: \_\_\_\_\_
2.  COMPLETED QUESTIONNAIRE VIA  
AKO (ARMY)  
<https://AFwebha.brooks.af.mil> (AF)  
<https://nmcpeh-web2.med.navy.mil/pls/newhra/hra> (NAVY, MC) **PLEASE PRINT**
3.  IMMUNIZATIONS (M, T, W, F: 0700-1600, TH 0700-1200)
4.  LABS COMPLETED (LAB M- F: 0700-1530)  
Hep C (if patient requests)  
HIV (Q2Y)  
FASTING REQUIRED 12 HOURS PRIOR: WATER ONLY DURING FASTING PERIOD  
LIPIDS (male 35+, female 40+ Q5Y)  
FASTING BLOOD SUGAR (40+ Q5Y)
5.  VISION SCREENING: Q1Y  
(PHYSICAL EXAMS M-TH: 0730-1100)
6.  CURRENT HEARING EXAM (Q1Y TOE/PROFIS; GO phy Q2Y)  
(PHYSICAL EXAMS M-TH: 0730-1100)
7.  COMPLETE EKG: AGE 40+ Q5Y  
(PHYSICAL EXAMS M-TH: 0730-1100)
8.  COMPLETE DD FORM 2808
9.  COMPLETE DD FORM 2807-1

**FEMALES ONLY (recommendation not a requirement prior to booking part 2)**

10.  CURRENT WELL WOMEN EXAM (21+ Q3Y)
11.  CURRENT MAMMOGRAM (40+ NAVY/MARINE, 50+ AF, ARMY)

DATE PART 1: \_\_\_\_\_ TECHNICIAN: \_\_\_\_\_

