

**DD-2807-1 (Rev. Jul 01) (Report of Medical History) INSTRUCTIONS FOR THE
INTERNATIONAL MILITARY STUDENT DEPENDENT(S)**

1. The Purpose of DD-2807-1 is to provide report of the dependent's medical history to help evaluate the individual's physical condition and to determine if the dependent is free from communicable diseases. In preparing the form, encourage the student to enter all medical problems or conditions experienced, no matter how minor they may be. The examiner must investigate and evaluate all positive medical history indicated on the form.

2. Preparation and Submission of DD-2807-1 shall be prepared by the Dependent or Parent/Guardian and the examining medical and dental officers.

(a) The Dependent shall furnish a true account of all injuries, illnesses, operations, and treatments since birth. False statements or willful omissions in completing the DD-2807-1 may result in **termination their return to host country (home)**. A copy of the signed DD-2807-1 will be included in the member's health record.

(b) All entries will be in English, printed and in ink pen (black or dark blue). Pencils or felt-tip pens will not be used. Information in the form's numbered blocks will be entered in the following manner:

(1) **Item 1: Last Name, First, Middle Name.** Record the surname in all capital letters. Record the given name(s) in full, without abbreviation. If the individual's first or middle name consists only of an initial, enclose each initial within quotation marks. If the individual has no middle name, enter N/A. Designations such as "Jr." or "II" will appear after the middle name or initial.

(2) **Item 2: Social Security Number.** Enter the Dependent's Passport Number. If the Dependent does not have a passport, leave blank.

(3) **Item 3: Enter date format** – Year/Month/Day 2007/04/31.

(4) **Item 4a: Home Address.** Enter the Dependent's current address.

(5) **Item 4b: Home Telephone.** Enter home phone number.

(6) **Item 5: Examining Location and Address.** Enter the full name and address where the examination takes place.

(7) **Item 6a: Service.** Mark the appropriate box.

(8) **Item 6b: Component.** Mark the appropriate box.

(9) **Item 6c: Purpose of Examination.** Mark "Other" and write "DEP" on the line.

(10) **Item 7a: Position.** Enter NA

(11) **Item 7b: Usual Occupation.** Enter NA

(12) **Item 8: Current Medications.** List all current medications including over the counter medications.

(13) **Item 9: Allergies.** List any allergies to include insect bites/stings, foods medicine or other substances.

(14) **Item 10 through 28.** Check the appropriate box.

(15) **Item 29: Explanation of "Yes" Answer(s).** Describe all "yes" answers from section 10-28. Include date(s) of problems, and if possible, name of doctor(s), and /or hospitals(s), treatment given and current medical status.

(16) **Item 30a & b. Examiner's Summary.** Prior to performing the physical examination, the examiner will review the completeness of the information furnished on the DD-2807-1 and provide a written summarization in the medical history, Item 30a and sign the form. Include as a part of the summary the student's smoking history, if applicable. Use a continuation sheet if additional space is needed.

(17) Please note: Do not use the term "usual childhood illnesses"; however, childhood illnesses (those occurring before age 12) may be grouped together enumerating each one. Incidents, other than those occurring in childhood, shall have the date recorded rather than the student's age.