

PREDEPARTURE MEDICAL CHECK LIST (as of 1 Feb 08)

IMS Name or ITO #

**** REVIEW THE TMASL TO SEE IF THIS COURSE HAS ANY ADDITIONAL MEDICAL REQUIREMENTS, i.e. HIGH RISK, AVIATION.**

Examination	DD FORM 2808
HIV LAB RESULT	Blk 49
CHEST X-RAY RESULTS	Write results in Blk 52b
PANOREX (if attending aviation training)	Attach PANOREX
FEMALE IMS PREGNANCY EXAM RESULTS	Write results in Blk 73
DOES THIS TMASL REQUIRE ANY SPECIAL / ADDITIONAL MEDICAL EXAMINATIONS?	
IMMUNIZATIONS FOR:	
Measles, Mumps & Rubella	
Polio	
Diphtheria, Pertussis & Tetanus (DPT)	
Varicella (Chickenpox)	
Influenza B (Seasonal Dependent (Dec - March))	
Yellow fever (if applicable)	
Hepatitis A & B if attending medical training	
DENTAL EXAMINATION	Blk 43
FORMS SIGNED BY MEDICAL & DENTAL AUTHORTIES	Blk 82 & 83
HEALTH INSURANCE POLICY IN ENGLISH (If applicable)	Attach
MEDICAL WAVIER (if applicable)	Attach
ITO BLK 12 ENTRY	
HEALTH INSURANCE DATA ENTERED ON THE ITO BLK 12 or 15 (If applicable)	

FAMILY MEMBERS

Name	
Examination	DD FORM 2808
HIV LAB RESULT (AGE 15 AND OLDER)	Blk 49
CHEST X-RAY RESULTS (AGE 15 AND OLDER)	Write results in Blk 52b
Recommended Immunizations for:	
Measles, Mumps & Rubella	
Polio	
Diphtheria, Pertussis & Tetanus (DPT)	
Varicella (Chickenpox)	
Influenza B (Seasonal Dependent (Dec - March))	
Pneumococcal (Age 0 - 18)	
Yellow fever (if applicable and age of 19 and older)	
FORMS SIGNED BY MEDICAL AUTHORITY	Blk 82
HEALTH INSURANCE POLICY IN ENGLISH (If applicable)	Attach
ITO Blk 12 MEDICAL ENTRY	
HEALTH INSURANCE DATA ENTERED ON THE ITO BLK 12 or 15 (If applicable)	

Contact the school IMSO for local and state primary and secondary school required immunizations for school age family members. These will vary from locale to locale. For immunization updates or questions, refer to: www.cdc.gov/nip or call 1-800-232-2522