

Provider Checksheet
CIRCLE applicable programs below
DIVE/SEALs/SWCC/EOD/MARINE RECON/MARSOC

Patient's Name: _____ **SSN Last Four:** _____

Reference: MANMED 15-5, 15-102, 15-105

Required Forms:

DD 2807-1 DD 2808 NAVMED 6150/2 NAVPERS 1200/6*

Required Studies: Must be within 3 months of Exam AND documented on 2808

- | | |
|--|--|
| <input type="checkbox"/> CXR (PA/LAT) | <input type="checkbox"/> IOP (If over 40) |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Dental T-2 Exam on DD 2808 (Class 1 or 2) |
| <input type="checkbox"/> Audiogram | <input type="checkbox"/> Blood Type (only once in career) |
| <input type="checkbox"/> Visual Acuity (<u>with Basic Refractive Analysis</u>) | <input type="checkbox"/> Sickle Cell (only once in career) |
| <input type="checkbox"/> Field of Vision | <input type="checkbox"/> G6PD (only once in career) |
| <input type="checkbox"/> Depth Perception | <input type="checkbox"/> 2 Doses HEP A Documented |
| <input type="checkbox"/> Color Vision | <input type="checkbox"/> At least 2 of 3 Doses HEP B Documented |
| <input type="checkbox"/> Fasting Blood Glucose | <input type="checkbox"/> HEP C Ab |
| <input type="checkbox"/> CBC (WBC, PLT, HGB, HCT) | <input type="checkbox"/> PPD (or QFT Gold if PPD not possible) |
| <input type="checkbox"/> UA (Must be microscopic and dipstick) | |

Physical Exam: Must be performed by physician, PA, or NP

- Documented on 2808- Must include **skin cancer screen** and **full neuro**. No items shall be NE unless obvious (i.e pelvic exam NE for Male)

All FEMALES must complete the following IN ADDITION to the above*:

- PAP Smear within the last 12 months if over age 21.
*Women's health exam may be transcribed. Does not have to be done again for this exam if it is Current (within 1 year)

Note: A thorough record review of the hard copy record and ALL AHLTA encounters is strongly recommended. Any history of obstructive respiratory disease or alcohol use disorder is disqualifying. A history of a mood disorder or use of psychotropic medications for longer than 6 months is disqualifying. For any concerns, please consult the DMO any time.

***NAVPERS 1200/6 is NOT required for sonar dome diver physicals**

Preparer's Name/Rate/Rank: _____

When completed, forward this packet to:

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