



ARTB School Physical Exam Checklist

<b style="color: red;">PASS YOUR PHYSICAL! Check your physical exam. It's your responsibility to make sure all these blocks, labs and studies are completed. Do not assume it was done correctly. <u>ANY DEFICIENCY BELOW WILL PROHIBIT YOUR ENTRANCE INTO SCHOOL ON ZERO DAY.</u>	Ranger	
	34 or younger	35 or older
REPORT OF MEDICAL HISTORY DD FORM 2807-1 (3 Pages)	X	X
Name and SSN completed on every page by service member	X	X
Blocks 1-29 completed by service member	X	X
Block 30 a, b & c completed by examiner	X	X
REPORT OF MEDICAL EXAMINATION DD FORM 2808 (3 Pages)	X	X
Name and SSN completed on every page by service member	X	X
Blocks 2-15 completed by service member	X	X
Blocks 1, 16-42, 44, 45-58, 72b, 73, 74 a & b, 77, 78, & 81 a & b completed by examiner	X	X
Exam must be dated <b style="color: red;">within 18 months of course start date (block 1)	X	X
Blocks 43, 83 a & b completed by dentist (<b style="color: red;">Must be CAT1 or CAT2)	X	X
Blocks 59, 61 & 63 completed by optometry (<i>per AR 40-501, Chap 5-3g</i>)	X	X
Block 71 completed by audiology or attached DD Form 2216E (<b style="color: red;">H2 OR H3 REQUIRE WAIVER)	X	X
Physical Exam is qualified for "Airborne/Ranger Training/School" (block 74a)	X	X
MD/DO Signature (block 81 a & b if exam was completed by MD/DO) (block 84 a & b if exam was conducted by a PA)	X	X
Labs are iaw AR 40-501 chap 8		
ARTB School physical examination lab requirements (Documented on DD FORM 2808)		
Urinalysis (block 43 a & b)	X	X
Urine Microscopy (block 73)	X	X
Hematocrit (HCT) (block 47)	X	X
Sickledex (Sickle Cell screening) (block 52a)	X	X
HIV (within 2 years) (block 49) Results and Date of test	X	X
Fasting Blood Sugar (FBS) (block 73)		X
Hemoglobin & Hematocrit (block 73)		X
Fasting Lipid Panel (block 73)		X
Electrocardiogram (ECG) (block 73)		X
Rectal Exam with Stool Guaic (block 73)		X
Additional Requirements		
<b style="color: red;">Printed copy of ECG report		X
<b style="color: red;">Printed copy of lab results	X	X
<b style="color: red;">Printed copy of Hearing Examination (DD FORM 2216E) (H2 or H3 Require Waiver)	X	X
<b style="color: red;">Printed copy of RTB Surgeon Waiver (if applicable)	X	X
COMMENTS:		
1. Ensure your provider checks Army Regulation 40-501 <u>CHAPTER 5-3</u> , 5-4 and 2 for conditions that require a waiver		
2. It is highly recommended that you take this checklist to your TMC when you report for your examination.		
3. If you are marked disqualified for any reason you must submit for a waiver through the ARTB Brigade Surgeon, guidance can be found on http://www.benning.army.mil/infantry/rtb/StudentInformation.html .		
5. All waiver request should consult the Medical requirements waiver section of the RTB Website for more information.		
<b style="color: red;">6. BRING A COMPLETE COPY OF YOUR DD2808 & DD2807-1 (6 PAGES) AND EVERYTHING LISTED IN YOUR ADDITIONAL REQUIREMENTS		
<b style="color: red;">7. LEAVE A COPY OF EVERYTHING WITH SOMEONE WHO CAN E-MAIL IT FOR YOU on a weekend		
<b style="color: red;">8. If you have any questions contact 4th RTBn Peney Aid Station at (706) 544-6965		

Airborne

34 or younger	35 or older
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