



## ARTB School Physical Exam Checklist

<b>PASS YOUR PHYSICAL!</b> 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		Airborne	
	34 or younger	35 or older	34 or younger	35 or older
<b>REPORT OF MEDICAL HISTORY DD FORM 2807-1 (3 Pages)</b>	X	X	X	X
Name and SSN completed on every page by service member	X	X	X	X
Blocks 1-29 completed by service member	X	X	X	X
Block 30 a, b & c completed by examiner	X	X	X	X
<b>REPORT OF MEDICAL EXAMINATION DD FORM 2808 (3 Pages)</b>	X	X	X	X
Name and SSN completed on every page by service member	X	X	X	X
Blocks 2-15 completed by service member	X	X	X	X
Blocks 1, 16-42, 44, 45-58, 72b, 73, 74 a & b, 77, 78, & 81 a & b completed by examiner	X	X	X	X
Exam must be dated <b>within 18 months</b> of course start date (block 1)	X	X	X	X
Blocks 43, 83 a & b completed by dentist ( <i>Must be CAT1 or CAT2</i> )	X	X	X	X
Blocks 59, 61 & 63 completed by optometry ( <i>per AR 40-501, Chap 5-3g</i> )	X	X	X	X
Block 71 completed by audiology or attached DD Form 2216E ( <i>H2 OR H3 REQUIRE WAIVER</i> )	X	X	X	X
Physical Exam is qualified for "Airborne/Ranger Training/School" (block 74a)	X	X	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	X	X
<b>ARTB School physical examination lab requirements (Documented on DD FORM 2808)</b>				
Urinalysis (block 43 a & b)	X	X	X	X
Urine Microscopy (block 73)	X	X	X	X
Sickledex (Sickle Cell screening) (block 52a)	X	X	X	X
HIV (within 2 years) (block 49) Results and Date of test	X	X	X	X
Basic Metabolic Panel with Fasting Blood Sugar (FBS) (block 73)	X	X	X	X
Complete Blood Count (CBC) (block 73)	X	X	X	X
Fasting Lipid Panel (block 73)		X		
Electrocardiogram (ECG) (block 73)		X		X
Rectal Exam with Stool Guaic (block 73)		X		
<b>Additional Requirements</b>				
<b>Printed copy of ECG report</b>		X		X
<b>Printed copy of Hearing Examination (DD FORM 2216E) (H2 or H3 Require Waiver)</b>	X	X	X	X
<b>Printed copy of RTB Surgeon Waiver (if applicable)</b>	X	X	X	X

**COMMENTS:**

1. It is highly recommended that you take this checklist to your TMC when you report for your examination.
2. Ensure your provider checks Army Regulation 40-501 CHAPTER 5-3, 5-4 and 2 for conditions that require a waiver.
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>.
6. **BRING A COMPLETE COPY OF YOUR DD2808 & DD2807-1 (6 PAGES) AND EVERYTHING LISTED IN YOUR ADDITIONAL**
7. **LEAVE A COPY OF EVERYTHING WITH SOMEONE WHO CAN E-MAIL IT FOR YOU on a weekend**
8. **If you have any questions contact 4th RTBn Peney Aid Station at (706) 544-6965**

**DO NOT BRING ORIGINALS**

DATED 1FEB2015