



## Annual Health Screening Form for HPSP, NCP, FAP and NADDS Participants

**Medical Questionnaire:** **Submit appropriate documentation for all "YES" answers.**

### 1. Personal Information

<b>Name:</b>	<b>Rank:</b>	<b>Phone:</b>
<b>E-Mail:</b>	<b>Last four SSN:</b>	<b>Grad Year:</b>
<b>Program:</b> HPSP: 1975 (Medical Corps)	1985 (Dental Corps)	1995 (Medical Service Corps)
NCP	FAP	NADDS

**2. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school or training?** YES NO

If yes, explain:

**3. Are you now, or have you been in the care of a Health Professional during the past 12 months?** YES NO

If yes, explain

**4. Have you been prescribed or taken any prescription medications in the past 12 months?** YES NO

If yes, please list PRESCRIBED medications and reasons for their use:

**5. Do you have any physical or psychological concerns which might restrict your performance on active duty or prevent you from coming on active duty?** YES NO

If yes, explain:

### 6. Date of your last HIV test:

HIV testing is required every two years. Please submit proof of testing and results if a new test was required.

**7. Current Height in Inches:                      Current Weight in Pounds:                      Age:                      Sex:**

**I certify that the information contained in this form is true and complete to the best of my knowledge. I understand that I may be asked to provide additional documentation for any "YES" answer(s).**

**Member's Signature:**

**Date:**

PRIVACY ACT STATEMENT: Authority 44 USC 3101 and EQ 9397. Principal Purpose: College information. The SSN is used to positively identify student. Routine Use: Information used to manage HPSP/FAP/NCP/NADDS program students. Disclosure: Voluntary, however, failure to supply this information could result in suspension/termination of benefits (LWOP or separation).

Please return to the Medical Readiness and Records Department.

Email: [OH@med.navy.mil](mailto:OH@med.navy.mil) Attn: Medical Records