

**PERIODIC HEALTH ASSESSMENT/INDIVIDUAL MEDICAL READINESS
EVALUATION
CHECKOFF SHEET**

Name: _____
Command: _____

Appointment Date: _____
SSN: _____

_____ **PHA CHECK-IN OFFICE**

HEALTH ASSESSMENT REPORT TOOL (HART) QUESTIONNAIRE. (USE THE COMPUTER LOCATED at USNH PHA. Results reviewed with PHA staff. Please have copy of PARFQ with you for appointment time.)

_____ **LABORATORY** (Location: hospital, 2nd deck)

- HIV (every 2 yrs) LIPIDS (every 5 yrs) DNA
 G6PD BLOOD TYPE SICKLE CELL
 GLUCOSE (*Required for NIDDM, HTN, Elevated Cholesterol*)
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_____ **IMMUNIZATIONS** (Location: hospital, 1st deck across from Desk A)

- MMR HEP A HEP B Yellow Fever Shot Date: _____
 Tetanus Typhoid IPV (Polio) ** PPD-Results: _____
**** Note: PPD's NOT GIVEN ON THURSDAYS**
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_____ **DENTAL EXAM/CLEANING**

Date of most recent dental exam: _____
(Location: hospital, 2nd deck Dental Department or Fleet Rec. Center, 3rd deck Dental)
 Dental Class _____ (**SM must be T1/T2 Before PHA Provider APPT**)

Appointment Date: _____ Location of Appointment: _____

_____ **OPTOMETRY/EYE CLINIC** (Location: hospital, 5th deck)

Date of most recent eye exam (if spectacles required): _____
 Visual Acuity Screen (**Eye exam required if best vision is worse than 20/40**)
OS: _____
OD: _____
 Required Eye Exam for Corrective Lens
 IMR Instruction requires Service Member maintain 2 pair of eye glasses.
 Gas Mask Inserts required for those Service Members on a deployable platform.

Please call Central Appointments (243-5352) to schedule optometry appointment, etc.

- _____ PREVENTIVE MEDICINE (Located in BLDG E-22)
****Available days/hours: Mon-Wed-Fri from 0800-1100; 1300-1600. ****
 PPD CONVERTER REQUIRES ANNUAL COUNSELING
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- Occupational Health** (Room 120)
Medical Surveillance Program Yes/ No
 OPNAV 5100/15
 DD Form 2766 Updated
****Available days/hours: Mon-Fri from 0900-1100; 1300-1530.****
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- Audiology** (Room 102) Last audiogram date: _____ Next audiogram due: _____
DD2215 (Reference audiogram) is in the Medical Record
Hearing Conservation Program
Non Hearing Conservation Program
****Available days/hours: Mon-Fri from 0800-1100; 1300-1530.****
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- _____ **PLEASE GO TO DESK B** to schedule an appointment with your provider for PHA completion once all of the above required areas have been completed.

- Women's Health

Δ Pap Smear (Required annually for women less than 30 y/o.
Every 2-3 years for women age 30 y/o and older if negative
screening results on three consecutive annual pap tests.)

Δ Mammogram with CBE (annually starting at age 40)

- Appointment Date: _____ Time: _____
 HIPAA STICKER SIGNED: YES NO

“ATTENTION CLINICS”
PLEASE INITIAL IN THE SPACE PROVIDED ONCE
PATIENT HAS COMPLETED ASSESSMENT IN
DESIGNATED CLINIC.
QUESTIONS OR CONCERNS, PLEASE CALL
PHA OFFICE @ 243-8821/9812