

Periodic Health Assessment (PHA) Check-off Sheet

Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Unit: \_\_\_\_\_

SSN: \_\_\_\_\_

Staff initials:

\_\_\_\_\_  
 **PCM APPOINTMENT:** Date and Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Medical Warning Tags    BMI    PFA Clearance    Deployment-Related Conditions  
 Current Illness/Injury    Current Medications/Supplements    Chronic Medical Conditions

\_\_\_\_\_  
 **DENTAL EXAM/CLEANING:** *(Enter Command specific location and hours here)*  
 Type 2 Dental Exam Date \_\_\_\_\_  If no Type 2 Dental Exam within 13 months (Class 4),  
Dental Exam / Cleaning Appointment (Date & Time): \_\_\_\_\_  
 If Dental Class 3 or 2, Dental Treatment Appointment (Date & Time): \_\_\_\_\_  
*(Enter Command specific location here)*

\_\_\_\_\_  
 **WOMEN'S HEALTH APPOINTMENT** *(Enter Command specific location and hours here)*  
Appointment Date and Time: \_\_\_\_\_  
 Pap    Chlamydia Screen    Clinical Breast Exam    Mammography

\_\_\_\_\_  
 **LABORATORY** *(Enter Command specific location and hours here)*  
 HIV    DNA    G6PD    Blood Type  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 **IMMUNIZATIONS** *(Enter Command specific location and hours here)*  
 PPD    Influenza    Tetanus-Diphtheria    Hep A    MMR  
 DIPV    Other: \_\_\_\_\_

\_\_\_\_\_  
 **OCCUPATIONAL HEALTH** *(Enter Command specific location and hours here)*

\_\_\_\_\_  
 **OPTOMETRY**  
 Acuity Screening    Inserts    Glasses

\_\_\_\_\_  
 **PREVENTIVE MEDICINE** *(Enter Command specific location and hours here)*  
 PPD Converter Counseling    Other: \_\_\_\_\_

\_\_\_\_\_  
 **PREVENTION COUNSELING:**  
 Tobacco Use    Nutrition    Physical Activity    Safety    Alcohol Use    Dental Care  
 Sleep    Mental Health    Sexuality    Other: \_\_\_\_\_

\_\_\_\_\_  
 **REFERRALS:**  
 PCM    Audiology    Optometry    Behavioral Health    OB/GYN    Dietician  
 Occ Health    PrevMed/Epidemiology    Chaplain    DAPA    FFSC    EFMP  
 Semper Fit    Tobacco Cessation    Weight Management    Other: \_\_\_\_\_

\_\_\_\_\_  
 **QUESTIONNAIRES**  
 HART- R or Fleet Health Risk Appraisal (HRA)  
 Physical Activity Risk Factor Questionnaire *(Results reviewed with PHA staff)*  
 Other \_\_\_\_\_

**Please have each department initial upon completion.**

**ONCE YOU ARE DONE, REPORT BACK TO THE "PHA" OFFICE WITH YOUR MEDICAL RECORD**

<p><i>PHA Department Staff Use Only</i> <input type="checkbox"/> SAMS/MRRS Update   <input type="checkbox"/> 2766 Update   <input type="checkbox"/> CHCS II/AHLTA   <input type="checkbox"/> ICE Survey   <input type="checkbox"/> IMR Data Sheet</p>
---