

## **AECW Medical Reference Checklist**

**Take this document with you to your appointment at Occupational Health, MTF, or Private Physician, Dental Provider, and Vision Provider to accurately meet criteria.**

Please submit medical packet as soon as your packet is complete but **NO LATER THAN 30 days** prior to your arrival to Camp Atterbury.

For questions and submission of medical documents, please contact:

[usarmy.in.hqda.mbx.aecw-medical-records@army.mil](mailto:usarmy.in.hqda.mbx.aecw-medical-records@army.mil)

### **MEDICAL DOCUMENTS**

DD Form DD 2808 (Report of Medical Examination) OR DD Form 3207 (Certificate of Medical Qualifications Exam)
DD Form 2807-1 (Medical History)
DD Form 2215 (Hearing)
DD Form 2813 (Dental)
MEDCOM Form 829 (TB Screen)- if indicated, TB skin Testing Or QuantiFERON Gold are required.
DD Form 771 with Optometry Questionnaire (Vision) - <b>Please include Visual Acuties for Near and Distant Vision</b>
<b>LABS- All labs (CBC, CMP, HIV, URINALYSIS &amp; LIPID PANEL) and EKG must be drawn/completed within 120 days of CRC</b>
UA (Urinalysis) - NOT HANDWRITTEN - Needs to show Color, Specific Gravity, Glucose, Bilirubin, Ketones, blood, pH, Protein, Nitrites, Leukocytes)
CMP (Comprehensive Metabolic Panel) - <u>IF</u> GLUCOSE is >110 then a Hba1c is required)
CBC (Complete Blood Count)
LIPID PANEL (Age 40 or >)
HIV (cannot be oral testing)
EKG (Age 40 or >)
HBA1C- (Required if known Diabetic or if Glucose is > 110) (Must be < 7.0)
PSA (Males) - (Only needed if history Prostate cancer, BPH, or medications relating to BPH)
G6PD and Sickle Cell- must have result, done once in lifetime
BLOOD TYPE / ABO
<b>IMMUNIZATIONS- Visit <a href="https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR">https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR</a> for expanded list of required immunizations</b>
Hepatitis A – 2 Dose Series or Positive Titer
Hepatitis B- 3 Dose Series or Positive Titer
MMR (Measles, Mumps, and Rubella)- 2 Dose Series or Positive Titers to all components required for Immunity
Seasonal Influenza- Timeframe of “seasonal” based annual evaluation and expiration of vaccinations on hand
Typhoid - required for CENTCOM, AFRICOM, EUCOM (AOR dependent) and SOUTHCOM.
Tetanus (TDAP-) is required ONCE in lifetime) then can continue with Td (Tetanus) every 10 years.
Varicella (Chickenpox)- 2 Dose Series or Positive Titer
Meningococcal (ACWY)- Required every 5 years. CENTCOM, AFRICOM; EUCOM, INDOPACOM, SOUTHCOM (all location dependent)
Anthrax -Required for CENTCOM and INDOPACOM if 15 days or > of travel. 5 Dose Series and Annual Booster if deploying
Polio (OPV/IPV)- One ADULT Dose Required. Documentation of Positive Titers are <u>NOT</u> accepted for this requirement.
Yellow Fever- One Lifetime Dose. Visit Health.mil site for specific requirement information based on AORs

**\*\*Note: Additional medical may be requested upon CAIN Provider’s request. Please reference ‘Expanded Medical Reference Guide’ and ‘Standards for Deployment Limiting Medical Conditions’ located in the Resource folder for more information.**