

MFS Personal Data Form

Date Scheduled:

DOD ID NUMBER	Last Name, First Name, FULL Middle Name:			SSN:		Sex:	Male	Female		
Current Address Date of Birth Day: Month: Year:	DoD	ID NUMBER	AFROTC CA	AFROTC CADET RESER		VE [GUARD	ACTIV	E DUTY	
Day: Month: Year:	Home of Record (Address) Emergency contact: (Name, Relation, Address, and Phone Numb						one Number)			
Asian	Curre	ent Address		Day: Month	-	Plac	e of Birth			
Cell Phone (include area code) Duty Phone: DSN: ACTIVE DUTY, GUARD, AND RESERVE How long have you been in the military? Years: Months: Rank: Major Command: Base: Squadron and Unit: Det #: College: Plot Flight Surgeon Base: Squadron and Unit: GBO/RPA Pilot Have you had corneal refractive surgery (CRS) (IF YES, CLICK LINK FOR WORKSHEET)? Example: PRK, LASEK, or LASIK eye surgery No ▶ Continue to next question Yes ▶ You must send all pre & post-surgery reports and 6 mo eval along with the surgical LASER REPORT. A) Do you have a family history of diabetes? If so, please specify relation of family member. Yes No Complete Medical History Pre-Exam User Key Non-CAC holders: Have your Recruiter or Detachment NCO login. The Medical History Pre-Exam will not be associated with the CAC Card. Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No Do you have a DOD/Military ID card? Yes No ▶ Please provide Driver's License information below	Hom	e Phone (include area code)								
ACTIVE DUTY, GUARD, AND RESERVE How long have you been in the military? Years: Months: Rank: Moipro Command: Base: Det NCO & Phone #: Squadron and Unit: No No No No No No No N			Asian	Asian Hispani			ic Pacific Islander/Hawaiian			
Preferred Hand: Right Left Please specify duty you are applying for: Pilot Flight Surgeon Pilot Flight Surgeon GBO/RPA Pilot GBO/RPA Pilot GBO/RPA Pilot GBO/RPA Pilot Please surgery P	Cell F	Phone (include area code)	-			Email	Address:			
Please specify duty you are applying for: Rank: College: Det #: College: Pilot Flight Surgeon			AFROTC CADETS		Prefe	rred Hand:	Right	Left		
Major Command: Base: Squadron and Unit: Det NCO & Phone #: GBO/RPA Pilot	Years: Months:				Please specify duty you are applying for:					
Squadron and Unit: GBO/RPA Pilot			College:		Pilot Flight Surgeon					
or LASIK eye surgery No ► Continue to next question Yes ► You must send all pre & post-surgery reports and 6 mo eval along with the surgical LASER REPORT. A) Do you have a family history of diabetes? If so, please specify relation of family member. Yes No Complete Medical History Pre-Exam, CAC login required - https://pepp.cce.af.mil/pepp/login/login.cfm Select: Start a Medical History Pre-Exam User Key Non-CAC holders: Have your Recruiter or Detachment NCO login. The Medical History Pre-Exam will not be associated with the CAC Card. Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No Do you have a DOD/Military ID card? Yes No ► Please provide Driver's License information below			Det NCO & Phone #:		GBO/RPA Pilot					
A) Do you have a family history of diabetes? If so, please specify relation of family member. Yes No Complete Medical History Pre-Exam User Key No Complete Key No Complete Medical History Pre-Exam Have you ever been prescribed and/or used an inhaler, nebulizer or medications to assist you with breathing? Yes No No Complete Medical History Pre-Exam User Key Non-CAC holders: Have your Recruiter or Detachment NCO login. The Medical History Pre-Exam will not be associated with the CAC Card. Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No If yes, please explain with diagnosis, dates, and medication(s) used/last used. Do you have a DOD/Military ID card? Yes No Please provide Driver's License information below	1	or LASIK eye surgery No ► Continue to next question								
please specify relation of family member. Yes							C) Did yo			
Select: Start a Medical History Pre-Exam - User Key Non-CAC holders: Have your Recruiter or Detachment NCO login. The Medical History Pre-Exam will not be associated with the CAC Card. Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No If yes, please explain with diagnosis, dates, and medication(s) used/last used. Do you have a DOD/Military ID card? Yes No ► Please provide Driver's License information below	2	please specify relation of family member.	weeks	? If so	o, please ational age		Have you ev used an inha to assist you	ver been preso aler, nebulizer u with breathin	ribed and/or or medications ng?	
Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No If yes, please explain with diagnosis, dates, and medication(s) used/last used. Do you have a DOD/Military ID card? Yes No ► Please provide Driver's License information below	3	Select: Start a Medical History Pre-Exam - User Key Non-CAC holders: Have your Recruiter or Detachment NCO login. The								
S Yes No ► Please provide Driver's License information below	4	Have you ever been seen or treated for Depression, Anxiety, ADHD, or Adjustment Disorder? Yes No								
Yes	5	5 ·								
	1									



If you have or ever had (birth to present) any of the medical conditions listed below, we will require more information. Please circle any of the conditions below that apply to you to avoid any examination delays.

ADD or ADHD	Head injury or loss of consciousness				
Motion sickness	Headaches or Migraine Headaches				
Sleepwalking	Allergies				
Bedwetting	Corneal Refractive Surgery (PRK, LASIK,				
Kidney stones	or LASEK)				
History of asthma	Abnormal PAP Smear (Women only)				
Used an inhaler	Alcohol Related Incident				

Ophthalmology Questionnaire

Please check YES or NO to the following questions and explain in the space provided. YES NO Have you ever had any type of eye surgery to include: refractive eye surgery (PRK or \circ LASIK), eye muscle surgery, eye lid surgery, cataract surgery, etc.? If yes, please list type and when: 2. Have you ever been diagnosed with lazy eye or amblyopia? Did you have to wear an eye O patch as a child or glasses in childhood? If yes, please list when: 3. Have you ever had any trauma to or around your eye? Have you ever broken a bone in \bigcirc your facial area? If yes, list where and when: 4. Have you ever worn contact lenses to include soft and hard contacts, or the one's you sleep in at night and take them out in the morning? (Soft contact lenses must be \bigcirc removed for 30 days and hard contacts must be removed for 90 days prior to date of appointment or your Flying physical will not be completed and will be deferred) If yes, please indicate what type and list the last time you wore them, even for an hour: 5. Have you ever failed depth perception or had any known issues with depth perception? O If yes, please explain: 6. Have you ever failed color vision or had any known issues with color vision? \bigcirc If yes, please explain:

Privacy Act-1974 as Amended applies. This form contains information which must be protected IAW DoD 5400.11 and it is Official Use Only (FOUO). In addition, this transmission may contain information covered under the Privacy Act, 5 USC 552(a), Health Insurance Portability and Accountability Act Public Law 104-191, and DoD Directive 6025.18, DoD Health Information Privacy Regulation. It must be protected in accordance with those provisions.