MFS Personal Data Form

Date Scheduled:

Last Name, First Name, FULL Middle Name:	SSN:	Sex: ☐ Male ☐ Female
DoD ID NUMBER	☐ AFROTC CADET ☐ RESERVE ☐ GUARD ☐ ACTIVE DUTY	
Home of Record (Address)	Emergency contact: (Name, Relation, Address, and Phone Number)	
Current Address	Date of Birth Day: Month: Year:	Place of Birth
Home Phone (include area code)	☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Hispanic ☐ Pacific Islander/Hawaiian	
Cell Phone (include area code)	Duty Phone: DSN:	Email Address:
ACTIVE DUTY, GUARD, AND RESERVE How long have you been in the military? Years: Months: Rank: Major Command: Base: Squadron and Unit:	**AFROTC CADETS** Det #: College: Det NCO & Phone #:	Preferred Hand: ☐ Right ☐ Left **Please specify duty you are applying for:** ☐ Pilot ☐ Flight Surgeon ☐ GBO/RPA Pilot

1	**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.		
2	**A) Do you have a family history of diabetes? If so, please specify relation of family member.** ☐ Yes ☐ No	**B) Were you born premature, prior to 37 weeks? If so, please specify gestational age.** ☐ Yes ☐ No	**C) Did you ever have "childhood" asthma?** ☐ Yes ☐ No Have you ever been prescribed and/or used an inhaler, nebulizer or medications to assist you with breathing? ☐ Yes ☐ No
3	**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.		
4	**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.**		
5	**Do you have a DOD/Military ID card?** ☐ Yes ☐ No ► Please provide Driver's License information below		
Driver's License State:	Driver's License #:		

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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

Motion sickness

Sleepwalking

Bedwetting

Kidney stones

History of asthma

Used an inhaler

Head injury or loss of consciousness

Headaches or Migraine Headaches

Allergies

Corneal Refractive Surgery (PRK, LASIK, or LASEK)

Abnormal PAP Smear (Women only)

Alcohol Related Incident

Ophthalmology Questionnaire

Please check YES or NO to the following questions and explain in the space provided.

	YES	NO
1. Have you ever had any type of eye surgery to include: refractive eye surgery (PRK or 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 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 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 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?	☐	☐
If yes, please explain:		
6. Have you ever failed color vision or had any known issues with color vision?	☐	☐
If yes, please explain:		