DD FORM 2795, MAY 1999

PRE-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013,8013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health before possible deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: **(Military personnel and DoD civilian Employees Only)** Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administratior.

Demographics

Last Name	First Name	MI	Today's Date (yyyy/mm/dd)
BELKHATIR	KHALID		6/8/2010

Social Security Number

131-88-4949

Deploying Unit

51st TICO

DOB (yyyy/mm/dd)

1970/11/29

Gender	Service Branch	Component	Pay Grade
M	Army	1	E4

Location of Operation

SW Asia

Deployment Location (IF KNOWN)(CITY,TOWN,BASE)

unk

List country (IF KNOWN)

IRAQ

Name of Operation

Iraqi Freedom

DO NOT MAIL THIS FORM TO AMSA

Administrator Use Only

Y	Medical threat briefing completed
Y	Medical information sheet distributed
Y	Serum for HIV drawn within 12 months
Y	Immunizations current
Y	PPD screening within 24 months

Health Assessment **SSN 131-88-4949**

1. Would you say your health in general is:	Excellent
2. Do you have any medical or dental problems?	N
3. Are you currently on a profile, or light duty, or are you undergoing a medical board?	N
4. Are you pregnant? (FEMALES ONLY)	NA
5. Do you have a 90-day supply of your prescription medication or birth control pills?	N
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment?	N
7. During the past year, have you sought counseling or care for your mental health?	N
8. Do you currently have any questions or concerns about your health?	N

Please list your concerns (90 characters max)

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- [x] None
- [ ] Cardiac
- [ ] Combat/Operation Stress Reaction
- [ ] Dental
- [ ] Fatigue, Malaise, Multisystem complaint
- [ ] Dermatologic
- [ ] ENT
- [ ] Eye
- [ ] Family Problems
- [ ] GI
- [ ] GU
- [ ] GYN
- [ ] Mental Health
- [ ] Neurologic
- [ ] Orthopedic
- [ ] Pregnancy
- [ ] Pulmonary
- [ ] Other (If other, please explain):

FINAL MEDICAL DISPOSITION: Deployable (Medically Ready)

Comments (If not deployable, please explain)(90 character max)

no concerns

Member Signature	**Provider Signature**
I certify that the responses on this form are true.	I certify that that this review process has been completed.
Signature on File	Signature on File
	2010/06/08
	Provider SSN: xxx-xx-1606