

REPORT OF MEDICAL HISTORY (DD 2807-1)

1. Enter your full name: Last, First, Middle
2. Enter your full Social Security Number
3. Date you filled out form
- 4a. Home Address
- 4b. Contact phone number for you
5. Leave Blank
- 6a. Navy or Marine Corps
- 6b. Reserve
- 6c. ROTC Scholarship Program
- 7a. Midshipman
- 7b. Student
- 8-28. Fill in truthfully
29. Explain all "Yes" answers
- 30a. Examiner's Comments
 - b. Examiner's Last, First, Middle Initial
 - c. Examiner's Signature
 - d. Exam Date