

ELECTRONIC ELEMENTS FOR SF 88—Continued

Item	Placement*
<ul style="list-style-type: none"> a. Head, Face, Neck and Scalp—Abnormal (Checkbox) b. Ears-General (Internal Canals) (auditory acuity under item 39)—Normal (Checkbox) b. Ears-General (Internal Canals) (auditory acuity under item 28t)—Abnormal (Checkbox) c. Drums (Perforations)—Normal (Checkbox) c. Drums (Perforations)—Abnormal (Checkbox) d. Nose—Normal (Checkbox) d. Nose—Abnormal (Checkbox) e. Sinuses—Normal (Checkbox) e. Sinuses—Abnormal (Checkbox) f. Mouth and Throat—Normal (Checkbox) f. Mouth and Throat—Abnormal (Checkbox) g. Eyes—General (Visual accuity and refraction under item 28li–28s)—Normal (Checkbox) g. Eyes—General (Visual accuity and refraction under item 28li–28s)—Abnormal (Checkbox) h. Ophthalmoscopic—Normal (Checkbox) h. Ophthalmoscopic—Abnormal (Checkbox) i. Pupils (Equality and reaction)—Normal (Checkbox) i. Pupils (Equality and reaction)—Abnormal (Checkbox) j. Ocular Motility (Associated parallel movements nystagmus)—Normal (Checkbox) j. Ocular Motility (Associated parallel movements nystagmus)—Abnormal (Checkbox) k. Lungs and Chest—Normal (Checkbox) k. Lungs and Chest—Abnormal (Checkbox) l. Heart (Thrust, size, rhythm, sounds)—Normal (Checkbox) l. Heart (Thrust, size, rhythm, sounds)—Abnormal (Checkbox) m. Vascular System—Normal (Checkbox) m. Vascular System—Abnormal (Checkbox) n. Abdomen and Viscera (Include hernia)—Normal (Checkbox) n. Abdomen and Viscera (Include hernia)—Abnormal (Checkbox) o. Prostate (Over 40 or clinically indicated)—Normal (Checkbox) o. Prostate (Over 40 or clinically indicated)—Abnormal (Checkbox) p. Testicular—Normal (Checkbox) p. Testicular—Abnormal (Checkbox) q. Anus and Rectum (Hemorrhoids, Fistulae) (Hemocult Results)—Normal (Checkbox) q. Anus and Rectum (Hemorrhoids, Fistulae) (Hemocult Results)—Abnormal (Checkbox) r. Endocrine System—Normal (Checkbox) r. Endocrine System—Abnormal (Checkbox) s. G–U System—Normal (Checkbox) s. G–U System—Abnormal (Checkbox) t. Upper Extremities (Strength, range of motion)—Normal (checkbox) t. Upper Extremities (Strength, range of motion)—Abnormal (Checkbox) u. Feet—Normal (Checkbox) u. Feet—Abnormal (Checkbox) v. Lower Extremities (Except feet) (Strength, range of motion)—Normal (Checkbox) v. Lower Extremities (Except feet) (Strength, range of motion)—Abnormal (Checkbox) w. Spine, Other Musculoskeletal—Normal (Checkbox) w. Spine, Other Musculoskeletal—Abnormal (Checkbox) x. Identifying Body Marks, scars, Tattoos (Explain in Notes)—Normal (Checkbox) x. Identifying Body Marks, scars, Tattoos (Explain in Notes)—Abnormal (Checkbox) y. Skin, Lymphatics—Normal (Checkbox) y. Skin, Lymphatics—Abnormal (Checkbox) z. Neurologic (Equilibrium tests under item 28t)—Normal (Checkbox) z. Neurologic (Equilibrium tests under item 28t)—Abnormal (Checkbox) aa. Psychiatric (Specify any personality deviation)—Normal (Checkbox) aa. Psychiatric (Specify any personality deviation)—Abnormal (Checkbox) bb. Breasts—Normal (Checkbox) bb. Breasts—Abnormal (Checkbox) cc. Pelvic (Females only)—Normal (Checkbox) cc. Pelvic (Females only)—Abnormal (Checkbox) 19. Notes (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 29 and use additional sheets if necessary) 20. Dental—Acceptable (Checkbox) 20. Dental—Not Acceptable (Checkbox) 20. Dental—Not Acceptable (if checked, explain) 20. Dental—Dental Examination not done by Dental Officer 21. Remarks and Additional Dental Defects and Diseases 22. Test Results (Copies of results are preferred as attachments) 22a. Urinalysis—Specific Gravity 22a. Urine Albumin 22a. Urine Sugar 22b. Syphilis Serology (Specify test used and results) 22c. EKG 22d. Blood Type and RH Factor 	
	Above below listed items.