

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)  
THREE DAY BLOOD PRESSURE AND PULSE CHECK**

*Form Approved  
OMB No. 0704-0396  
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The public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>	2. SSN OF APPLICANT
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**INSTRUCTIONS TO EXAMINERS**

Studies have shown that the sphygmomanometer cuff must be the correct width for the circumference of the patient's arm. If it is too narrow, the blood pressure readings will be erroneously high. If it is too wide, the readings may be erroneously low. For the average adult, a cuff 12 to 14 cm wide is satisfactory. For arm circumference greater than 28 cm a larger cuff, 18 to 20 cm wide, must be used.

3. ARM CIRCUMFERENCE	4. WIDTH OF THE BLOOD PRESSURE CUFF	5. MEDICATION CURRENTLY TAKEN <i>(If none, so state.)</i>
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**6. BLOOD PRESSURE AND PULSE READINGS**

**DAY ONE**

DATE	A.M.		P.M.	
	BLOOD PRESSURE	PULSE	BLOOD PRESSURE	PULSE
SITTING MANDATORY				

**DAY TWO**

DATE	A.M.		P.M.	
	BLOOD PRESSURE	PULSE	BLOOD PRESSURE	PULSE
SITTING MANDATORY				

**DAY THREE**

DATE	A.M.		P.M.	
	BLOOD PRESSURE	PULSE	BLOOD PRESSURE	PULSE
SITTING MANDATORY				

**7. EXAMINER *(Doctor/Nurse/Paramedical Technician)***

TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	TITLE	SIGNATURE
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