DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
STATEMENT OF HISTORY REGARDING HEAD INJURY

Form Approved
OMB No. 0704-0396
Expires Aug 31, 2003

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

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 *(Last, First, Middle Initial)*	**2. SSN OF APPLICANT**

INSTRUCTIONS

Please answer the following questions regarding head injury. Be very specific in your answers. If additional space is needed, please use the reverse side of this form.

3. HOW DID THE HEAD INJURY OCCUR?

4. HOW OLD WERE YOU WHEN IT HAPPENED?

5. DID YOU EXPERIENCE LOSS OF CONSCIOUSNESS OR AMNESIA? IF SO, HOW LONG?

6. DID YOU HAVE X-RAYS OR WERE YOU SEEN IN A HOSPITAL? IF SO, SEND COPIES OF MEDICAL RECORDS.

7. DID YOU HAVE ANY SYMPTOMS AFTER THE INJURY, FOR EXAMPLE; HEADACHES, VOMITING, DISORIENTATION, DOUBLE VISION, DIZZINESS, ETC.? HOW LONG DID THE SYMPTOM(S) LAST?

8. WERE ANY ADDITIONAL PROCEDURES ACCOMPLISHED SUCH AS ELECTROENCEPHALOGRAM, BRAIN SCAN, BURR HOLES, PNEUMOENCEPHALOGRAM, ETC.?

9. SIGNATURE OF APPLICANT	**10. DATE SIGNED**