New York Naval Militia
(NYNM)

REPORT OF MEDICAL EXAM

FOR OFFICIAL USE ONLY
NYNM Form 88
(REV 08/11)

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Health and Medical Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMAITON: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) medical record information is accurate for the individual member; and (2) to document all active duty medical incidents in view of future rights and benefits. If the requested information is not furnished, the NYNM member will not be considered for assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia and applicable health care providers, or for medical treatment purposes. It will become part of your New York Naval Militia service record. The intended use is in order to maintain a rapid recall capability, emergency notification, and to facilitate and document your health care.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are physically capable of conducting routine and/or arduous tasks that may arise during the performance of state active duty. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

_____   _____

Signature of NYNM member   Date

_____

Printed name and grade/rank of NYNM member

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INSTRUCTIONS

The applicant may be participating in strenuous activity, which may include exposure to extreme weather conditions, cold water, fatigue and remote locations. Please, complete the following items and summarize your findings in the section below. By your signature, you have determined that the applicant is fit for full duty in the New York Naval Militia.

Medical examinations recorded on another agency or organizational record of medical examination form, with signature of licensed medical practitioner are acceptable in lieu of this completed form. Attach the completed other agency form to this form, and complete sections 1 and 2 below.

Acceptance criteria for applicants to the New York Naval Militia include the ability to <u>FULLY</u> participate in militia activities. This includes strenuous physical exercise and activities. Defects that are cause for rejection of an applicant for actual enlistment or appointment into the naval service should be identified. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed healthcare provider must complete this examination.

1. UNIT INFORMATION

1a. Unit Name	**1b.** NYNM Region

2. PERSONNEL INFORMATION

2a. Last Name	**2b.** First Name	**2c.** MI	**2d.** Blank

2e. Age	**2f.** Date of Birth (DD MMM YY)	**2g.** Sex ☐ Male ☐ Female	**2h.** Emergency Contact Person Name and Phone Number

2i. Home Address	**2j.** City	**2k.** State	**2l.** Zip Code + 4

2m. Home Phone	**2n.** Date of Physical Examination (DD MMM YY)	**2o.** Location of Physical Examination

3. CLINICAL EVALUATION

	Normal	Abnormal		Normal	Abnormal
3a. Head, Face, Neck, and Scalp	☐	☐	**3q.** Mouth and Throat	☐	☐
3b. Nose	☐	☐	**3r.** Vascular System (*Varicosities, etc.*)	☐	☐
3c. Sinuses	☐	☐	**3s.** Prostate	☐	☐
3d. Ears – General (*Internal and External Canals*)	☐	☐	**3t.** Testicular	☐	☐
3e. Ear Drum (*Perforation*)	☐	☐	**3u.** Anus and Rectum	☐	☐
3f. Eyes- General	☐	☐	**3v.** Endocrine System	☐	☐
3g. Ophthalmoscopic	☐	☐	**3w.** G-U System	☐	☐
3h. Pupils (*Equality and Reaction*)	☐	☐	**3x.** Skin, lymphatics	☐	☐
3i. Heart (*Thrust, Size, Rhythm, and Sounds*)	☐	☐	**3y.** Neurologic	☐	☐
3j. Lungs and Chest	☐	☐	Notes: (Describe abnormalities in detail. Continue in Section 6 or additional sheets as necessary.)		
3k. Abdomen and Viscera (*Include Hernia*)	☐	☐			
3l. External Genitalia (*Genitourinary*)	☐	☐			
3m. Upper Extremities	☐	☐			
3n. Lower Extremities	☐	☐			
3o. Feet	☐	☐			
3p. Spine and other Musculoskeletal	☐	☐			

4. LABORATORY FINDINGS (*as clinically indicated*)

4a. Urinalysis		**4b.** Blood	
(1) Albumin:	**(2)** Sugar:	**(1)** Hemoglobin:	**(2)** Hematocrit:

5. MEASUREMENTS AND OTHER FINDINGS

5a. Height inches	**5b.** Weight lbs.	**5c.** Obese ☐ Yes ☐ No	**5d.** Pulse	**5e.** Blood Pressure **(1)** Systolic:	**(2)** Diastolic:

5f. Audiogram (if available, attach audiogram printout)

HZ	500	1000	2000	3000	4000	6000	8000	**5g.** Wears Glasses ☐ Yes ☐ No	**5h.** Wears Contacts ☐ Yes ☐ No	**5j.** Best/Corrected Vision **(1)** Left: 20/	**(2)** Right: 20/
Right								**5i.** Color Vision		**5k.** Or valid NYS Driver License Number/Class	
Left											

5l. Other Findings (if more room is needed, continue on reverse)

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6. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

ACCEPTANCE CRITERIA FOR APPLICANTS TO, AND CONTINUED SERVICE IN THE NEW YORK NAVAL MILITIA

A. Acceptance is based upon ability to participate in strenuous physical activity, (which may include exposure to extreme weather conditions, cold water, fatigue and remote locations) and the absence of contagious disease, illness, or history that will or is likely to require medical care or restriction of participation. All members must be able to run/walk one (1) mile in less than 20 minutes and be able to lift or carry up to 40 pounds on a frequent basis.

B. Special attention should be given to orthopedic and cardiovascular conditions or complaints.

C. There is no specific limit for vision. However, applicants who wear glasses or contact lenses but cannot participate in activities that require the removal of glasses (or contacts) should be reviewed on a case-by-case basis.

D. Examining physicians may submit appropriate statements for consideration of acceptance, when the physician is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the New York Naval Militia.

7. ENDORSEMENT

It is my professional medical opinion in accordance with the above criteria that the examinee is:

☐ PHYSICALLY QUALIFIED: Fit for full duty in the New York Naval Militia

☐ NOT PHYSICALLY QUALIFIED: **NOT** fit for full duty for reasons stated above in Block 6 (notes)

7a. Name of Physician (Type or Print) or Physician's Stamp	**7b.** Signature	**7c.** Date (DD MMM YY)

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New York Naval Militia, 330 Old Niskayuna Road, Latham, New York 12110