

Instructions for completing
DD Form 2807-2, *Accessions Medical History Report*
(December 2021 Version)

General

DD Form 2807-2 is the official form used to document applicant medical history data. Completion of DD Form 2807-2 initiates the prescreen process that provides USMEPCOM applicant medical history data to identify potential conditions incompatible with Military Service, or may be related to medical causes for separation during initial entry training.

DD Form 2807-2 must be completed by the applicant with assistance from their recruiter, parent(s), or guardian (as required) prior to a medical examination at MEPS/RPS. DD Form 2807-2 may be completed electronically, handwritten, or a combination of both. MEPS/RPS will accept completed DD Form 2807-2 with checkmarks, Xs, or initials in “YES” or “NO” boxes; signatures may be accomplished via digital (CAC) or black ink, or a combination of both. MEPS/RPS will return DD Form 2807-2 with incomplete/missing information to the sponsoring Service.

An applicant must provide their full SSN on DD Form 2807-2. The DoD ID number (if available) is not required at time of prescreen submission.

A completed DD Form 2807-2 is valid for 180 days from date of applicant’s signature in Section II. An updated DD Form 2807-2 is required after 180 days or if the Service Processing For (SPF) is changed.

Procedures

MEPS/RPS staff will verify each required data element and signature on DD Form 2807-2 are completed IAW [USMEPCOM Regulation 40-1, Medical Services Medical Qualification Program dated December 15, 2020](#) and the procedures outlined below.

SECTION I – APPLICANT INFORMATION:

Item 1. - Name: The applicant’s full legal name (last, first, middle initial) with one space between each name field. Enter any suffix (Jr., Sr., etc.) as appropriate. Shortened names, or nicknames (e.g., Jeff vs. Jeffrey or Bill vs. William) are not authorized.

Item 2. - Age: The applicant’s current age.

Item 3. – Date of Birth (DOB): The applicant’s DOB in YYYYMMDD format.

Item 4. - SSN & DoD ID:

- **Item 4.a. – Social Security Number (SSN):** The applicant's full 9-character SSN (verified IAW Service directives).
- **Item 4.b. – DoD ID:** Enter the applicant’s DoD ID number if known (e.g., applicant is a military dependent).

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Item 5. – Sex / Gender:

- **Item 5.a. – Sex (at birth):** Applicant enters “X” in the appropriate block.
- **Item 5.b. – Gender:** Applicant enters “X” in the appropriate block.

Item 6. – Service:

- **Item 6.a. – Service Processing For:** Applicant enters “X” in the appropriate block to identify Service.
- **Item 5.b. – Component:** Applicant enters “X” in the appropriate block to identify Component.

Item 7. - Purpose of Examination: Applicant enters “X” in the appropriate block to identify the purpose of the exam.

Item 8. - Position: Applicant enters their duty position if they are a current Federal employee (e.g., Duty Title, Grade, and Component).

SECTION II – AUTHORIZATION STATEMENT:

Item 1. - Applicant Authorization and Certification:

- **Item 1.a. - Signature:** Applicant’s legal signature, digital signature via CAC or ink signature, are acceptable; see note 3 below.
- **Item 1.b. - Date Signed:** Enter date of signature; see note 1 below.

Item 2. - Parent or Guardian Authorization:

- **Item 2.a. - Name:** Parent or guardian’s legal name (last, first, middle initial) with one space between each name field; see note 2 below.
- **Item 2.b. - Signature:** Parent or guardian’s legal signature, digital signature via CAC or ink signature are acceptable; see note 3 below
- **Item 2.c. - Date Signed:** Enter date of signature.

Item 3. - Recruiting Representative Certification:

- **Item 3.a. - Name:** Recruiter’s legal name (last, first, middle initial) with one space between each name field.
- **Item 3.b. - Recruiter Identification Number:** Recruiter enters their recruiter identification number.

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- **Item 3.c. - Signature:** Recruiter's legal signature, digital signature via CAC or ink signature are acceptable; see note 3 below
- **Item 3.d. - Date Signed:** Enter date of signature.
 - **Note 1:** The date of applicant signature starts the 180-day prescreen period. The date must be on (or before) the parent/guardian signature date, and the recruiting representative signature date.
 - **Note 2:** Parental or guardian signature is mandatory for an applicant who is 16 years 11 months to 18 years of age. Any applicant who is 18 years or older, parent or guardian signature is not required.
 - **Note 3:** If DD Form 2807-2 is digitally (CAC) signed by any or all parties, the name and date blocks may be left blank if that information is included in the digital signature.

SECTION III – MEDICAL HISTORY:

- **Item 1. - Medications:** Applicant will annotate “Yes” or “No”. If “Yes”, applicant will list in Section IV each prescription or over-the-counter medication taken regularly or as needed.
- **Item 2. - Allergies:** Applicant will annotate “Yes” or “No”. If “Yes”, applicant will list in Section IV each allergic reaction to food(s), insect bite(s)/sting(s), medication(s), or other substance(s).
- **Items 3. through 112. - Medical History Questions:** Applicant must complete ALL medical history questions regardless of self-identified gender or birth sex.
 - Each response marked “Yes” MUST be explained in Section IV.
 - If questions are not applicable, the applicant will mark the “No” block.
 - An applicant with female anatomy will enter a date in item 40.

SECTION IV – APPLICANT COMMENTS:

Explanation to each “Yes” entry in Section III will begin with the item number. Applicant will describe each answer to the best of their ability. Explanation is to include the following:

- Date(s) of problem(s)/condition(s)
- Names of healthcare providers, clinic(s) and/or hospital(s) involved (include city and state)
- Explanation of the outcome (e.g., evaluation and/or treatment)
- Description of current medical status

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Example of an acceptable explanation for “Yes” entry:

- 10 – I had tubes in my ear(s) as a child age 2.
- 21 – I was told by my mother that when I was a child I needed an inhaler. I don’t remember why, but have never used an inhaler since. I think I was around 2 years old but not real sure.
- 62 – I had a football injury that required an ACL repair to my left knee in October of 2019. The surgery was performed by Dr. Smith, at Jones Regional Medical Center in Wichita, Kansas. The repair was successful and I was able to continue playing football.
- 99 – I was told I needed special assistance during school in grades 4-12.

An applicant is required to provide supporting medical documentation (SMD) with their completed DD Form 2807-2 IAW [Standard Operating Procedure USMEPCOM Supporting Medical Documentation Review Program \(SMDRP SOP\), dated March 17, 2021](#). SMD is to provide sufficient additional detail for MEPS/RPS provider to render a processing decision. A prescreen is not to be rejected if all details are not included within individual explanations listed by the applicant in Section IV.

On day of processing during the medical brief, the applicant will have an opportunity to review their markings in Section III, their explanations in Section IV, and provide updates as needed.

SECTION V – MEDICAL PROVIDER SUMMARY:

MEPS/RPS providers will review and comment on each condition identified in Section III and Section IV, and substantiated by SMD. MEPS/RPS provider entries will include:

- The corresponding item number from Section III.
- A concise summary of the essential points for each condition, and the date each condition occurred.
- An annotation “CD” (considered disqualifying) if the condition is disqualifying. The corresponding DoDI 6130.03-V1 citation and Accession Policy approved ICD code will be included, if applicable.
- An annotation “NCD” (not considered disqualifying) if the condition is not disqualifying.
- A list of SMD needed in order to make a determination, if one cannot be made due to insufficient SMD.
- Additional entries to summarize the results of SMD reviews until a determination is made. Providers may discover additional significant medical history that may impact a processing determination. An additional SF 507, Medical Record, may be attached if additional space is needed.

SECTION VI – PRESCREEN PROCESSING DETERMINATION:

- Simple Prescreen:
 - Medical technician will place a checkmark in block 1.a., Medical Processing Status, under the PA column, enter their initials in block 1.b., and record the date in block

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- 1.c. This indicates the simple prescreen administrative review is complete.
- The MEPS/RPS provider conducting the medical history interview will enter/stamp their name in block 2.a., sign in block 2.b., and enter the date in block 2.c.
- Complex Prescreens:
 - The reviewing provider will place a checkmark in block 1.a., Medical Processing Status, under the appropriate column, enter their initials in block 1.b., and record the date in block 1.c.
 - Once the prescreen is determined to be processing authorized (PA), the authorizing provider will enter/stamp their name in block 2.a., sign in block 2.b., and enter the date in block 2.c. A medical technician or provider will enter the number of additional sheets attached in block 2.d.

SECTION VII – INTERVIEWING MEDICAL PROVIDER COMMENTS:

The MEPS/RPS provider conducting the medical history interview will review the applicant's responses, any updated responses, and the prescreen provider's comments (if any). The interviewing provider will document any new information discovered during the Medical History Interview IAW the instructions for Section V and [UMR 40-1](#). Upon completion of the Medical History Interview, the provider will enter/stamp their name in block 3.a., sign in block 3.b., and enter the date in block 3.c.