

Procedures for Completing the SF507

PLEASE READ, DO NOT ANSWER ON THIS FORM

Dear 157th ARW Member,

Since the implementation of the PHA process and SF 507 we have noticed that required medical information has been left off the SF 507. In an effort to ensure that the SF 507 is completed accurately and with the appropriate information, we have developed this form to help you complete the SF 507. Please use it as you complete your SF 507. If you have any questions or concerns regarding this matter, please feel free to contact the Medical Group at X2340. Thank you for your help and cooperation

1. **When you answer with a positive response (yes) to any question on the SF507 you are required to supply the appropriate information listed in the action section for each question.**
2. **Please explain all positive response (yes) answers on the back of the SF507, by placing the question number in front of each explanation.**

	Question	If Yes: Action
1	Have you recently had any medical problem or symptoms that bother you?	State medical problem and symptoms.
2	Do any of the following diseases run in your family? Cancer, Diabetes, and heart attacks or angina prior to age 55.	List the disease and state the relationship of the person who has the disease to you.
3	Do you have job or hobbies, which involve exposure to chemicals, dust, or loud noise?	List the job/hobbies also list what you are exposed to.
4	Do you routinely forget to wear proper protective gear for sports or hobbies?	List the names of sports/ hobbies.
5	Do you routinely forget to fasten your seatbelt?	Yes or No answer
6	Do you exercise less than 3 times per week? (at least 20 minutes a session)	Yes or No answer
7	In the past year have you been counseled on the risks and prevention of sexually transmitted diseases?	State if counseling was a preventive health/ pre-deployment briefing or a follow up to treatment.
8	Do you currently (or within the past 2 years) use tobacco products?	State the type of tobacco product you use; the amount per day you use, and how long you have been using.
9	Do you have more than one alcoholic drink per day?	State how many alcoholic drinks you consume per day.
10	Have you, or anyone you know, thought you should cut down on your drinking?	Briefly explain.
11	Do you take prescription medication, over the counter drugs or nutritional supplements to include herbs?	List the name of the medication/supplement and what it is taken for. Give the amount taken and how often taken.
12	Do you eat more than one serving of high fat or cholesterol per day?	Yes or No answer.
13	Do you eat fewer than 5 servings of fruits or vegetables each day?	Yes or No answer.
14	Do you feel you have a high stress job or life style?	Briefly explain.
15	Do you feel you have serious problems dealing with your spouse, parents, children or friends?	Briefly explain.
16	In the past few months have you been bothered by feeling down, helpless, panicky, or anxious?	Briefly explain.
17	Have you ever had surgery to correct your vision?	State when and where surgery was done.
18	Since your last exam have you?	a. List bone broken and when b. List allergy and reaction c. List reason for hospitalization and when d. list procedure and when. e. List new medical condition and treatment.