Department of Defense Medical Examination Review Board (DoDMERB)

A medical examination is required for all cadets prior to contracting. Filling out this form is the beginning step in that process. Fill out as neatly as possible. Once complete, turn in to your instructor.

SSN	
Confirm SSN	
First Name	
Middle Initial	(Optional)
Last Name	(Optional)
Birth Day	* alassa ka suus ta sutau tka kiutkalau usina tka muu (dd (uu faunat
	* please be sure to enter the birthday using the mm/dd/yyy format
Gender	
Address	
City	
State	
Zip	
Phone #	
VT Email	

Have you previously began a DoDMERB exam with any other agency (West Point, Naval Academy, etc.? (*write your answer below and list who it was with*)