

Instructions for filling out DD Form 2807-2

SECTION I – APPLICANT

-You will fill out numbers 1-11 to include 4a and b, 8a (USAF) and 8b (RESERVE).

SECTION II – AUTHORIZATION STATEMENT

-You will sign 1. APPLICANT, a. Signature and date b. Date Signed (YYYYMMDD)

number 2 only needs to be signed if you are 17 Years of age, DO NOT HAVE A PARENT/GAURDIAN SIGN IF YOU ARE OVER THE AGE OF 17!

YOU WILL NOT SIGN/FIL/DATE ANY FIELDS IN NUMBER 3—THESE FIELDS ARE FOR SSGT CORNMAN’S USE ONLY!

SECTION III – MEDICAL HISTORY

-You will check every box as it applies to your medical history, DO NOT LEAVE ANY BOXES BLANK (Exception: Questions 48-55 and 56-59)

-if you check a YES box you will provide a brief explanation on Page 5, in SECTION IV – APPLICANT COMMENTS.

-Use attention to detail—Question 48-55 is for FEMALES ONLY, question 56-59 is for MALES ONLY!

SECTION IV – APPLICANT COMMENTS

-Explain all “Yes” answers to questions 1-164 from SECTION III.

YOU WILL NOT SIGN/FILL/DATE ANY FIELDS IN SECTION V – HEALTH CARE PROVIDER/INSURANCE CARRIER CONTACT INFORMATION!

SECTION VI – MEDICAL RECORDS RELEASE

-You will fill the following fields: Applicant Name, Social Security Number, Date of Birth, Phone, and Address.

-You will check the box that best applies to you in number 1 and fill in all fields in number 2.

-You will read numbers 3, 4, 5, and 6 and provide your signature in number 7, a. Signature and b. Date Signed (YYYYMMDD).

number 8 only needs to be signed if you are 17 Years of age, DO NOT HAVE A PARENT/GAURDIAN SIGN IF YOU ARE OVER THE AGE OF 17!

YOU WILL NOT SIGN/FILL/DATE ANY FIELDS IN SECTION VII – MEDICAL PROVIDER’S SUMMARY AND DESCRIPTION OF PERTINENT INFORMATION

YOU WILL NOT SIGN/FILL/DATE ANY FIELDS IN SECTION VIII – MEDICAL PROVIDER’S PRESREEN DETERMINATION BASED ON AVAILABLE INFORMATION