

Required Disclosure Statement And Instructions Statement of Understanding

I certify that I have reviewed the foregoing information and that it is true and complete to the best of my knowledge. I understand that falsification of information on the DD-2807-1 "Report of Medical History" and other Government forms is punishable by disqualification, separation, fine and/or imprisonment. My signature on this document **also indicates that I have read and followed the instructions for completion of the Periodic Health Update (PHU)**. I understand that submission of an incomplete history or physical exam will result in the delay of the review of my physical exam and that the forms will be rejected. My medical history is required to be on the DD-2807-1 "Report of Medical History" and my physical exam is required to be on the DD-2808 "Report of Medical Examination". Both should be completed according to the instructions on the following pages.

Officer's Signature _____ PHS SERNO _____

Printed Name _____ Date _____

This form **must** be **signed (electronic signature accepted), dated**, and scanned with all other required forms and supporting documents into a single PDF. This form must accompany all PHU documents and **uploaded through the appropriate medical section of eDOC-U**.

Mailed and faxed copies will NOT be accepted.