

Statement of Current Health

(DA Fm 1058R Addendum)

NAME:	RANK:	SSN:
HOME PH:	CELL PH:	EMAIL:
UNIT:	DATE:	

Initials

	My health is: Excellent Good Fair Poor (Circle One)
	I am or am not currently under physician's care for any conditions other than routine wellness. ** Further medical assessment required for those conditions that may affect performance of duty.
	I understand that if accepted for entry to a long tour and my current Periodic Health Assessment (PHA) and HIV test dates do not meet the criteria as established on the FTNGD-OS checklist; I must complete these requirements within the initial 30 days of tour entry. Failure to complete these requirements is cause for tour termination. NOTE: A waiver request MUST be submitted for exception to the current FTNGDOS policy memo and the FTNGDOS checklist.
I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or disciplinary action.	
Date:	
Signature:	

Revised: 5DEC2012

** Further assessment requires PHA or physician clearance prior to entry to verify fitness for duty. **Soldiers may not enter a Long Tour while on a temporary profile.**