

**PHYSICAL EXAMINATION NOTIFICATION**

\_\_\_\_\_  
(Date)

From: Officer in Charge, U.S. Navy PERSUPPDET, \_\_\_\_\_

To: \_\_\_\_\_  
(Rank/Rate, Name, Branch, SSN)

Via: PASS Liaison Representative, \_\_\_\_\_

Subj: PHYSICAL EXAMINATION NOTIFICATION

1. You must complete a physical examination prior to your:

- Reenlistment       Extension of 24 months or more becoming operative
- Separation       Transfer to the Retired List/  
Fleet Reserve

2. Please contact the Physical Examination Section at your local medical facility to make an appointment for the physical examination. This form, after it has been signed by a Medical Officer, must be returned to PSD no later than \_\_\_\_\_.

3. Failure to complete a physical examination and non-receipt of this form by PSD could result in non-processing of required pay/personnel actions and disrupt your pay, transfer, and/or separation.

4. For additional information contact \_\_\_\_\_  
at extension \_\_\_\_\_.

\_\_\_\_\_  
By direction

**FIRST ENDORSEMENT**

From: \_\_\_\_\_

To: Officer in Charge, U.S. Navy PERSUPPDET, \_\_\_\_\_

1. The above named individual has been physically examined and is found to be:

- Physically fit       Not physically fit
- Reenlistment       Separation
- Extension       Retirement/Fleet Reserve

\_\_\_\_\_  
Medical Representative/Date