

Reserve Component Health Risk Assessment (RCHRA)*(This form is subject to the privacy Act of 1974 – Use Blanket PAS – DD Form 2005)***AUTHORITY:** 10 U.S.C., 8013, as implemented by Air Force Instruction 48-123.**PURPOSE:** To collect personal information from military Reserve Component (RC) personnel to assess their ability to perform routine fitness testing, their individual deployment readiness, and overall RC deployment readiness.**ROUTINE USE(S):** To assess the safety of your performing routine fitness testing. To screen for conditions that may interfere with your ability to deploy and meet mission requirements. To collate data on overall RC capability to deploy and meet mission requirements. In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside DoD as a routine use pursuant to 5 USC 552a(b)(3) as follows: The Department of the Air Force "Blanket Routine Uses" set forth at the beginning of the Air Force's compilation of systems of records notices apply to this system. This information will be kept in your medical record and summary results will be provided to you upon completion of the Reserve Component Periodic Health Assessment (RCPHA).**DISCLOSURE:** Disclosure of this information is required by Title 10, Chapter 51, Section 1004 of the United States Code. Giving false information concerning current health status is a punishable offense and can result in administrative action. IAW AFI 48-123, paragraph 14.4.2, each member is responsible for promptly reporting a disease, injury, operative procedure or hospitalization not previously reported to his or her commander or supervisor.**Personnel Data**

Name/Rank		SSN		Age	Date of Birth	Gender
Home Street Address		City		State		Zip Code
Unit	Duty Section	Base			Duty AFSC	ASC
Primary Email Address				Home Phone		Duty Phone
Civilian Occupation						

<input type="checkbox"/> Active (AGR) Guard/Reserve	<input type="checkbox"/> Traditional Reservist/Guardsman	<input type="checkbox"/> Individual (IMA) Mobilization Augmentee	<input type="checkbox"/> Air Reserve Technician	<input type="checkbox"/> Other Specify
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Traditional ARC: How many days have you performed military duty this year (*excluding* IDT)? DaysAre you a family member of an active duty military member entitled to care through military channels? ☐ Yes ☐ No**Racial Background**

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian/Oriental	<input type="checkbox"/> Black, Hispanic
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White Hispanic
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Other (<i>Specify</i>) OtherSpecify	

Health Status Questionnaire- Instructions

Mark the appropriate response to each number question and sign the form after reading it carefully. Continue on the reverse side or attach comments or documentation if necessary. Positive responses which are not fully explained or which may effect your medical qualifications for continued military duty will require an interview and further documentation. You may also be required to provide supporting civilian medical and dental documentation for inclusion in your medical records.

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons.1. Overall Self-Assessment of Health is ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor2. Are you on a renewable flying or worldwide duty waiver for any medical reason? ☐ Yes ☐ No3. Do you have any allergies to medications, foods, or airborne substances? ☐ Yes ☐ No

List all known allergies: