

DD 2795 / DD 2796 Packing Slip

(Include this form with each package of health assessments sent to AMSA)

1. Enter information on unit responsible for processing these forms:

Service: Army Navy Air Force Marines

Location: _____

Point of Contact Name: _____ Phone: _____

Date package sent to AMSA: _____

2. Enter number of forms being shipped in this package:

_____ DD 2795 (May 1999) (Pre-deployment health assessment, 2 page form)

_____ DD 2796 (May 1999) (Post-deployment health assessment, 2 page form)

_____ DD 2796 (Apr 2003) (Post-deployment health assessment, 4 page form)

3. Choose preferred method of receiving a returned copy of this form:

Fax this form back to the following number: _____

E-mail a copy of this form back to the following address:

Date package received at AMSA: _____

Comments from AMSA: _____
