

WARRANT OFFICER SAMPLE APPLICATION

This document provides instructions and forms to complete a Warrant Officer application. Send your **COMPLETED** application to warrantofficerboard@marines.usmc.mil (PLEASE DO NOT ENCRYPT THE EMAIL). Attach the application and medical submission as two (2) separate pdf documents and password protect each document. Please save the files as such: Application - LNAME, FNAME MI WO Application; Physical - LNAME, FNAME, MI Med Docs. The subject line of the email should be: FY__ WO (Choose board - Reg, Res, Gun, Rec) Application ICO Rank LNAME, FNAME MI EDIPI/RMOS. Templates are provided in this sample application. Your application should contain all required documents **IN THE SAME ORDER** as the checklist.

The application and medical documents should be sent in one email to warrantofficerboard@marines.usmc.mil and the attachments must not exceed a combined file size of 10 MB. Please password protect the document and send password in a separate email. Hard copy applications will be accepted on a case-by-case basis **ONLY** if the Marine is unable to password protect the document and send the application to the email address above.

To assemble an application, use the steps and procedures below:

1. Read the current MARADMIN that is announcing the program you are applying for; MCO 1040.42A; and SECNAVINST 1412.9B for program eligibility and requirements.
2. Complete and sign the application letter. An application template is provided to create an application. **DO NOT** use any application formats other than this one.
3. The commander's first endorsement should follow the template that is provided. The rest of the endorsements from the chain of command will follow standard naval formatting.
4. Complete the top half of the data sheet only. Due to operational necessity, please ensure that you provide your full SSN and all other PII on the data sheet **ONLY**. PII is required to track, identify and evaluate candidates throughout the application process.
5. Ensure a promotion photo type photo, current within the past year, is included in your application and has been forwarded to MMRP-20. Please ensure that the photo is in focus and in color. Photo must be within one year of the convening date of the board.

6. Provide certified copies of the following Marine Corps Total Force System (MCTFS) screens: BIR/BTR, Education, Awards, Chronological Page, and Test Score Screen.

7. If qualifying using the ACT or SAT, please provide official test scores report.

8. Sign and date the NAVMC 118(11) fraternization statement. Be sure to include **ALL** SRB page 11 entries.

9. Use the template to provide a signed security clearance verification letter. Security clearances must not expire before the projected date of appointment. JPAS printouts **ARE NOT** authorized. If the status of an applicant's clearance changes (e.g. clearance suspended due to investigation), the security manager **MUST** contact MCRC immediately.

10. Complete the tattoo screening form and tattoo statement of understanding even if you do not have any tattoos.

11. Provide **COLOR** photos or drawings (for tattoos that are located in private areas) of all tattoos, brands, body markings or body ornamentation. When measuring distances to prohibited areas as defined by MCO 1020.34H, please ensure that all photos are of high quality and distances can be easily ascertained. Tattoo photos **ARE** required whether they can be seen in PT gear or not.

If you are having a tattoo removed please provide the following: photos of the tattoo(s) before the removal procedure was started; photos of the tattoo(s) after each removal session; and a statement from the provider who is removing the tattoo(s) indicating when treatment started, number of treatments required, and anticipated completion date.

12. Provide any page 11 entries that document your tattoos.

13. If applicable, provide all non-judicial punishment(s) (NJPs) and a statement addressing the 5 W's of the incident(s)

14. Letters of recommendation, letters to the president of the board, professional certificates/certifications and college degrees and/or transcripts may be included with your application.

15. Please provide proof of citizenship IF you are a U.S. citizen but your BIR reflects your citizenship as "Alien". Per SECNAVINST 1412.9B, you must be a citizen of the United States to be eligible for consideration on the Warrant Officer Selection Board.

16. Please DO NOT provide any additional documents (e.g. unit checklists, MBSs, etc.) not requested for in the MARADMIN, MCO 1040.42A or SECNAVINST 1412.9B.

ENDORSEMENTS

REQUIRED :

- ALL MARINES ARE REQUIRED TO OBTAIN A COMMANDER'S ENDORSEMENT AT EACH LEVEL OF COMMAND UP TO THE FIRST GENERAL OFFICER (OR EQUIVALENT) IN THE MARINE'S ENDORSING CHAIN OF COMMAND.
- COMMANDERS MUST ENSURE THAT THEIR ENDORSEMENT, DENOTING THEIR LEVEL OF CONFIDENCE, IS PROMPTLY RETURNED TO THE MARINE PRIOR TO THE APPLICATION DEADLINE. COMMANDS ARE NO LONGER AUTHORIZED TO MAIL THEIR ENDORSED APPLICATIONS TO MCRC SINCE THE MARINE IS RESPONSIBLE FOR SUBMITTING THEIR OWN APPLICATION VIA ENCRYPTED EMAIL TO WARRANTOFFICERBOARD@MARINES.USMC.MIL.
- COMMANDS MUST ENSURE THAT ALL MARINES RECEIVE ORIGINALS OF THEIR LETTERS OF ENDORSEMENT. ANY COMMAND AT RISK OF NOT RETURNING ITS ENDORSEMENT TO THE MARINE WITH SUFFICIENT CUSHION PRIOR TO THE APPLICATION DEADLINE SHOULD IMMEDIATELY NOTIFY THE MCRC WARRANT OFFICER POC.

DO NOT FORWARD APPLICATIONS TO MCRC IF ...

- 1) THE APPLICATION DOES NOT RECEIVE ALL ENDORSEMENTS FROM THE MARINE'S CHAIN OF COMMAND. APPLICATIONS THAT DO NOT RECEIVE ALL ENDORSEMENTS WILL NOT BE ACCEPTED NOR FORWARDED TO THE BOARD FOR CONSIDERATION.
- 2) THE SENIOR ENDORSER DEEMS THE MARINE "NOT RECOMMENDED" FOR APPOINTMENT. APPLICATIONS THAT RECEIVE A "NOT RECOMMENDED" ENDORSEMENT FROM THE SENIOR ENDORSER WILL NOT BE ACCEPTED NOR FORWARDED TO THE BOARD FOR CONSIDERATION.

COMMANDING OFFICERS ARE DIRECTED TO PASS THIS INFORMATION ALL ELIGIBLE MARINES IN THEIR COMMAND, REVIEW ALL APPLICATIONS FOR COMPLETENESS, ENSURE THAT MARINES REQUESTING WAIVERS RECEIVE COMPREHENSIVE JUSTIFICATION ON ALL ENDORSEMENTS (INCLUDING THE SENIOR ENDORSER), AND MAKE DEFINITIVE RECOMMENDATIONS REGARDING MARINES WHO SUBMIT APPLICATIONS.

ADDITIONALLY, COMMANDING OFFICERS MUST SPECIFICALLY ADDRESS THE TECHNICAL PROFICIENCY OF THE MARINE IN EACH MOS THEY ARE APPLYING FOR. ENDORSEMENTS AND APPLICATIONS MUST BE SCREENED CLOSELY TO ENSURE THAT ONLY TECHNICALLY AND PROFESSIONALLY QUALIFIED MARINES ARE SUBMITTED FOR CONSIDERATION.

ENLISTED TO WARRANT OFFICER PROGRAM CHECKLIST

- **REQUIRED DOCUMENTS:**

- ___ COMMAND ENDORSEMENTS (MUST HAVE FAVORABLE ENDORSEMENT FROM CG IN CHAIN OF COMMAND TO BE SUBMITTED/ACCEPTED)
- ___ APPLICANT'S APPLICATION
- ___ DATA SHEET
- ___ PHOTO (MUST BE CLEAR, IN-FOCUS AND IN COLOR)
- ___ ESSAY (ALL APPLICANTS)
- ___ MCTFS SCREENS (BIR/BTR, EDUCATION, AWARDS, CHRONOLOGICAL ORDER, TEST) ANS/QNS: _____ EL SCORE: _____
- ___ AFQT: _____ GT SCORE (GUNNER APPLICANTS ONLY): _____
- ___ ACT/SAT TEST SCORES (IF APPLICABLE)
- ___ ACT: MATH: _____ ENGLISH: _____ COMPOSITE: _____
- ___ SAT: MATH: _____ VERBAL: _____
- ___ CERTIFIED COPY OF ALL SRB PAGE 11 ENTRIES
- ___ W/FRATERNIZATION STATEMENT
- ___ SECURITY CLEARANCE VERIFICATION LETTER
- ___ CAREER RETIREMENT CREDIT REPORT (RESERVE APPLICANTS ONLY)
- ___ RESERVE QUALIFICATION SUMMARY (RESERVE APPLICANTS ONLY)
- ___ TATTOO SCREENING FORM ___ TATTOO STATEMENT OF UNDERSTANDING

- **WAIVER:**

- ___ TATTOO PAGE 11 (IF APPLICABLE)
- ___ TATTOO PHOTOS/DRAWINGS (CLEAR, IN-FOCUS, COLOR PHOTOS REQUIRED WITH FULL DESCRIPTIONS AND MEASUREMENTS)
- ___ NON-JUDICIAL PUNISHMENT (IF APPLICABLE)
- ___ P.12 (UPB)/P.13: _____ STATEMENT: _____
- ___ EL SCORE (ELIGIBLE FOR WAIVER CONSIDERATION IF EL IS < 110 AND AFQT IS 70+)

- **OPTIONAL DOCUMENTS:**

- ___ LETTERS OF RECOMMENDATION
- ___ LETTER TO THE PRESIDENT OF THE BOARD
- ___ PROFESSIONAL CERTIFICATES/CERTIFICATIONS
- ___ COLLEGE DEGREES AND/OR TRANSCRIPTS
- ___ PROOF OF CITIZENSHIP (IF BIR REFLECTS "ALIEN", PROVIDE PROOF OF U.S. CITIZENSHIP)

- **MEDICAL:**

- ___ PRECOMMISSIONING PHYSICAL – DD FORM 2807-1/DD FORM 2808
- ___ SUPPORTING MEDICAL DOCUMENTATION (AS APPLICABLE)

SSIC
Date

FIRST ENDORSEMENT on Sergeant John J. Doe 000 00 0000/0000 USMC
application (originating code and date)

From: Commanding Officer
To: Commandant of the Marine Corps
Via: (1) Endorsing Chain of Command
(2) Commanding General, Marine Corps Recruiting Command (ON/E), 3280
Russell Road, Quantico, VA 22134

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR 20XX ENLISTED TO WARRANT
OFFICER (REGULAR) PROGRAM

1. The information contained in the basic application and the enclosures has been verified with the records on file at this command and are correct. The applicant meets the basic eligibility requirements for the Fiscal Year 20XX Enlisted to Warrant Officer (Regular) Program.

2. The height and weight of the applicant is _____ inches and _____ pounds. Body fat _____% (if applicable). The applicant last took the PFT on (date) and obtained the following score:

Pull ups/Flex Arm Hang	23	(100)
Crunches	115	(100)
Run time	18:00	<u>(100)</u>
Total		(300)

The applicant last took the CFT on (date) and obtained the following score:

Movement to Contact	2:38	(100)
Ammo Lift	116	(100)
Maneuver under Fire	2:04	<u>(100)</u>
Total		(300)

3. "I have viewed the applicant's tattoos or brands (photos and/or description) attached as enclosure (xx) and they are within the Marine Corps standards per the Marine Corps Uniform Regulations." (Omit this paragraph if it does not apply.)

4. Any recommendation must be fully justified by the commanding officer and must include one of the following recommendation categories:

- a. Recommended with enthusiasm.
- b. Recommended with confidence.

c. Recommended with reservation.

d. Not recommended.

Commander's comments in the supporting justification will specifically address the technical proficiency of the applicant in the MOS for which applying, and where possible, cite the accomplishments of the Marine in that field.

5. In addition to the recommendation, any waiver requested must be fully justified by the commanding officer. (Omit this paragraph if it does not apply.)

6. If the endorsement is "Not recommended" or is otherwise derogatory or unfavorable, this paragraph must read: "The applicant has been counseled as to the nature and content of the endorsement per reference (__). The applicant has been given an opportunity to make a statement." Reference (__) provides further guidance. (Omit this paragraph if it does not apply.)

SIGNATURE OF COMMANDING OFFICER

SSIC
CODE
DATE

From: Grade, Full Name, EDIPI, MOS, and USMC/USMCR
To: Commandant of the Marine Corps
Via: Immediate commanding officer and endorsing chain of command

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR (XX) WARRANT
OFFICER PROGRAM (REGULAR)

Ref: (a) SECNAVINST 1412.9B
(b) MCO 1040.42A
(c) Announcement MARADMIN

Encl: (1) Data Sheet
(2) Photograph
(3) Certified MCTFS Screens (BIR/BTR, Education, Awards,
Chronological Order, Test)
(4) Test Scores (if qualifying with ACT/SAT)
(5) NAVMC (11) with Fraternalization Statement
(6) Security Clearance Verification Letter
(7) NJP and Statement (if applicable)
(8) Tattoo Screening Form/Tattoo Statement of Understanding
(9) Tattoo Photos and Page 11 (if applicable)
(10) Letters of Recommendation (if applicable)
(11) Letters to the Board President (if applicable)
(12) Professional Certificates (if applicable)
(13) College Transcripts (if applicable)
(14) Medical Submission (DD 2808 and 2807 and as applicable)

1. I am eligible and apply for the Fiscal Year (XX) Warrant Officer
Program (Regular) as outlined in references (a) and (c).
Enclosures (1) through (14) (as applicable) are attached as
requested. The following information is submitted:

a. I require a waiver for the following: N/A or list waivers.

b. "I, (Full Name), if selected for appointment to WO and upon
acceptance of such appointment, agree to remain on active duty for a
period of not less than 3 years, unless sooner separated for cause under
the provisions of SECNAVINST 1920.6C, Administrative Separation of
Officers. I understand that this obligation will run concurrently with
any other legal obligation in force and will not serve to decrease any
such obligation."

c. Date of Birth: YYYYMMDD.

d. Permanent grade and Date of Rank.

e. List off-duty education courses if not included in MCTFS education
screen. (Attach transcripts, if applicable.)

f. List military schools and correspondence courses completed if not
included in MCTFS education screen. (Include school now attending and/
or correspondence course (s) currently enrolled in, if applicable)

Subj: REQUEST FOR APPOINTMENT UNDER THE FISCAL YEAR (XX) WARRANT OFFICER PROGRAM (REGULAR)

g. I have a NAC/Background Investigation (BI)/Special Background Investigation (SBI) completed by the Defense Investigative Service on (date); or I do not have a NAC/BI/SBI, but I initiated one on (date). Enclosure (8) applies (if applicable).

h. Active naval service as of (date of appointment): XX yrs XX mos XX days. If other than naval service is included in your Armed Forces Active Duty Base Date (AFADBD), include branch of service, periods of service and highest grade held.

i. "No UPB is provided due to no record of disciplinary action." OR NJP and statement provided as enclosures _____.

j. Recent photo per reference (c) is attached as enclosure (___).

k. MOS for which applying (as appropriate):

(1) First Choice:

(2) Second Choice:

(3) "I am/am not willing to accept any MOS in which the board considers me qualified."

l. List test (ACT/SAT/ASVAB), test score, and date tested.

m. List years of actual experience and key billets held in first and second choice MOSs (if applicable).

n. Unit and applicant telephone number and point of contact. (Indicate your admin office's DSN or commercial numbers only. DO NOT use FTS numbers.)

Signature of applicant

DATA SHEET FOR WARRANT OFFICER PROGRAM

COLUMN 1

COLUMN 2

- A. LAST NAME _____
- B. FIRST NAME _____
- C. MIDDLE INITIAL _____
- D. SSN (FULL SSN REQUIRED) _____
- E. PRESENT PAY GRADE _____
- F. PRESENT MOS _____
- G. FIRST CHOICE MOS FOR WHICH APPLYING _____
- H. RACE/ETHNIC CODE (PER BIR) _____
- I. AGE (AS OF 1 FEB ____) _____
- J. ACTIVE NAVAL SERVICE (AS OF 1 FEB ____) _____
- K. EL/SAT/ACT TEST SCORE:
(Circle one) _____

~~=====HQMC=====ACTION=====ONLY=====~~

WO (REG) PROGRAM

CHECKLIST

WAIVERS REQUIRED

- _____ TATTOO PHOTOS _____
- _____ PHOTOGRAPH _____
- _____ SRB PAGES (12,11,9,3) _____
- _____ ROS (SGTS ONLY) _____
- _____ EDU _____

BIR/BTR

ENDORSEMENTS

- _____ US CITIZEN _____
- _____ ANS 8 - 20 _____
- _____ EL > 110 _____
- _____ NAC _____
- _____ RECOMMENDED _____
- _____ NOT RECOMMENDED _____
- MCC _____ RUC _____

PROMOTION PHOTO

REQUIRED:

- PHOTOS MUST BE IN COLOR.
- PHOTOS MUST BE WITHIN 1 YEAR OF THE CONVENING DATE OF THE BOARD.
- PHOTOS MUST BE SUBMITTED TO MMRP FOR INCLUSION IN OMPF PRIOR TO THE CONVENING DATE OF THE BOARD.

MARINES ARE RESPONSIBLE FOR VERIFYING RECEIPT OF THEIR PHOTO BY MMRP. THE PRIMARY, MOST EXPEDITIOUS METHOD TO CONFIRM RECEIPT IS THROUGH OMPF VIA MOL.

PHOTOS WILL BE AVAILABLE FOR REVIEWING ON OMPF ONLINE WITHIN 24 HOURS OF BEING RECEIVED BY MMRP. THE DATE OF THE PHOTOGRAPH, AS NOTED ON THE PHOTOGRAPH TITLE BOARD, IS CONSIDERED THE PRIMARY DATE OF DETERMINING THE 12 MONTH PHOTOGRAPH ELIGIBILITY WINDOW FOR SELECTION BOARDS. MARINES ARE ADVISED THAT ALTHOUGH A PHOTO MAY BE OVER 12 MONTHS OLD, THE PHOTO WILL REMAIN IN THE OMPF UNTIL AN UPDATED PHOTO IS SUBMITTED.

IF A DIGITAL PHOTO HAS BEEN SENT TO MMRP, THE FOLLOWING STATEMENT MUST BE INCLUDED IN THE APPLICATION: "A DIGITAL PHOTO HAS BEEN SENT TO MMRP WITHIN THE PAST 12 MONTHS." A PHOTOGRAPH IS ALSO REQUIRED AS AN ENCLOSURE TO THE APPLICATION FOR MCRC SCREENING PURPOSES.

ALL PHOTOS MUST BE IN COLOR. **DO NOT** FORWARD PHOTOS THAT ARE BLACK & WHITE, OUT-OF-FOCUS, PIXELATED, SILHOUETTES, TOO DARK OR TOO LIGHT.

GUIDE FOR WARRANT OFFICER ESSAY

1. Applicant must provide a narrative style essay for the following question: **Why do I want to become a Warrant Officer of Marines?**

Essay must be a minimum of 200 words and no more than 400 words. Applicants are not restricted from writing about the embodiment of the Marine Corps leadership traits and principles; however, statements that contain personal reflections, life experiences, motivation, and/or individual reasons for commissioning are highly encouraged.

"I certify that I have personally prepared this statement without any outside assistance."

CERTIFIED MCTFS SCREENS

REQUIRED :

- BIR/BTR
- CHRONOLOGICAL PAGE
- AWARDS
- EDUCATION
- TEST SCORE SCREEN

SUBMIT APPROPRIATE CERTIFIED MARINE CORPS TOTAL FORCE SYSTEM (MCTFS) SCREENS. MARINES MUST ENSURE SRB PAGES THAT HAVE BEEN REMOVED AND REPLACED BY MCTFS ARE UPDATED, AND MADE A PART OF THEIR APPLICATION.

MISSING DOCUMENTS MAY RESULT IN THE MARINE'S APPLICATION BEING CONSIDERED INCOMPLETE AND NOT FORWARDED TO THE BOARD FOR CONSIDERATION.

APTITUDE TEST SCORES

PROVIDE ONE OF THE FOLLOWING:

- OFFICIAL SAT SCORE REPORT - 1000 SAT MINIMUM (MATH AND CRITICAL READING ONLY). SAT SCORES ARE NOT WAIVERABLE!!!
- OFFICIAL ACT COLLEGE REPORT - COMBINED ENGLISH AND MATH SCORE OF 39 OR A COMPOSITE SCORE OF 22. ACT SCORES ARE NOT WAIVERABLE!!!
- MINIMUM ELECTRONICS REPAIR (EL) SCORE OF 110 DERIVED FROM THE ARMED SERVICES VOCATIONAL APTITUDE BATTERY (ASVAB) OR THE ARMED FORCES CLASSIFICATION TEST (AFCT). THE EL SCORE IS ELIGIBLE FOR WAIVER CONSIDERATION (REG/RES ONLY; REC IS NOT WAIVERABLE) IF THE MARINE HAS AN AFQT OF 70+.
- GT SCORE (MARINE GUNNER APPLICANTS ONLY) IS NOT WAIVERABLE!!!

MARINES MEETING THE APTITUDE TEST SCORE REQUIREMENT WITH AN ACT OR SAT TEST SCORE MUST INCLUDE A CERTIFIED COPY OF THE TEST REPORT WITH THEIR APPLICATION.

MARINES MEETING THE APTITUDE TEST SCORE REQUIREMENT WITH THE ASVAB MUST USE THE MCTFS TEST SCORE SCREEN (TEST) AS EVIDENCE OF A QUALIFYING EL SCORE.

ONLY EL SCORES RESIDENT WITHIN MCTFS WILL BE ACCEPTED AS OFFICIAL SCORES OF RECORD FOR ALL MARINES.



ADMINISTRATIVE REMARKS (1070)

DATE	DATE	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.
(Signature)	(Signature)	(Signature)

_____ I have read and understand the Marine Corps Policy on fraternization, as a commissioned or warrant officer. I will be required to conduct myself as an officer with respect to all enlisted personnel, of any service, at all times. Specifically, I understand that I may have to make significant changes in my current personal relationships with other service members if I become an officer. I also understand that fraternization is an offense under the UCMJ, and that the prohibition of fraternization does not make an exception for preexisting relationships other than marriages, that took place prior to my date of commission or appointment to warrant officer or other family relationships, such as between parents and children or between siblings.

SNM

NAME (last, first, middle)	EDIPI
----------------------------	-------

1040
Code
Date

From: Security Officer, Unit Name
To: Commanding General, Marine Corps Recruiting Command
Subj: SECURITY CLEARANCE VERIFICATION LETTER

1. The following information has been extracted from official record:

a. Name: Marine Full Name/EDIPI/PMOS

b. Clearance: Investigation - PRSC (YYYYMMDD) OPM
NACLIC (YYYYMMDD) OPM
ENAC (YYYYMMDD) OPM

Eligibility - SECRET (YYYYMMDD) DoNCAF

U.S. Access - Secret

2. Add sentence here if eligibility has expired and new investigation has been opened and provide date investigation was opened and accepted. (NOTE: Secret is good for 10 years and Top Secret is good for 5 years.)

3. I hereby certify that the information is current and valid as of (add date) and that I will contact Marine Corps Recruiting Command immediately if the status of the Marine's clearance changes.

3. Point of contact of this mater is (Rank Full Name), defense system network (DSN) or commercial telephone numbers, and electronic mail address (EMAIL).

SECURITY OFFICER SIGNATURE

WAIVERS

- NONJUDICIAL PUNISHMENTS (NJP) AND 6105S:

ALL NJPs AND 6015s MUST BE ADDRESSED IN THE APPLICATION WITH A SIGNED, DETAILED STATEMENT, ADDRESSING THE 5 Ws EXPLAINING THE CIRCUMSTANCES. STATEMENTS MUST BE INCLUDED IN THE APPLICATION AS A SEPARATE ENCLOSURE.

- EL SCORE WAIVER:

A WAIVER OF THE EL TEST SCORE REQUIREMENT WILL BE CONSIDERED ONLY IF THE MARINE HAS AN ARMED FORCES QUALIFICATION TEST SCORE OF 70 OR GREATER (REG & RES ONLY).

- OTHER WAIVERS:

REQUESTS FOR A WAIVER OF THE ELIGIBILITY REQUIREMENTS AND EXCEPTION TO POLICY, EXCEPT THOSE ESTABLISHED AS UNWAIVERABLE BY LAW OR SPECIFIED AS UNWAIVERABLE BY THE MARADMIN, MAY BE CONSIDERED ON A CASE-BY-CASE BASIS BY THE CG, MCRC.

ALL REQUESTS FOR WAIVERS SHALL BE SUBMITTED AS PART OF THE MARINE'S BASIC APPLICATION AND MUST INCLUDE APPROPRIATE JUSTIFICATION AT EACH LEVEL OF THE MARINE'S CHAIN OF COMMAND.

REQUIRED TATTOO DOCUMENTS

- TATTOO STATEMENT OF UNDERSTANDING

MUST BE SIGNED BY BOTH THE MARINE AND THE CERTIFYING OFFICER.

- TATTOO SCREENING FORM

ENSURE ALL REQUIRED SIGNATURES AND CERTIFICATIONS ARE FILLED OUT. PARTS I, II, IV AND V MUST BE COMPLETED. PART III CAN BE LEFT BLANK.

IF MARINE HAS TATTOOS OR OTHER BODY MARKINGS, ENSURE BODY LOCATIONS ARE DOCUMENTED ON PAGE 3.

ALL TATTOO(S) MUST HAVE A WRITTEN DESCRIPTION OF EACH TATTOO: SIZE, LOCATION, CONTENT/MEANING, WHEN RECEIVED.

- IF A MARINE IS IN THE PROCESS OF HAVING A TATTOO(S) REMOVED, THE FOLLOWING INFORMATION IS REQUIRED:

1. PHOTOS OF TATTOOS BEFORE START OF REMOVAL PROCESS WITH DESCRIPTION
2. PHOTOS OF TATTOOS AFTER EACH REMOVAL TREATMENT/ APPOINTMENT
3. STATEMENT FROM PROVIDER DETAILING: TATTOO(S) / LOCATION AFFECTED, NUMBER OF TOTAL PROCEDURES, NUMBER OF PROCEDURES REMAINING AND THE ANTICIPATED DATE REMOVAL PROCESS WILL BE COMPLETED
4. IF A MARINE HAS ALREADY HAD A TATTOO(S) REMOVED, PLEASE PROVIDE A PHOTO OF THE TATTOO(S) BEFORE AND AFTER IT WAS REMOVED.

TATTOO DOCUMENTATION

- TATTOO PHOTOS:

REQUIRED IF APPLICANT HAS EVER OR CURRENTLY HAS ANY TATTOOS, BRANDS, BODY MARKINGS, OR BODY ORNAMENTATION

MUST PROVIDE FULL BODY PHOTOS IN GREEN PT GEAR (ALL 4 ANGLES: FRONT, BACK, LEFT AND RIGHT) IN COLOR

MUST PROVIDE CLOSE UP COLOR PHOTOS FOR EACH TATTOO. IF TATTOO IS IN A PRIVATE AREA, INCLUDE HAND DRAWN IMAGE. IF HAND-DRAWN, DRAWINGS MUST BE DETAILED AND ACCURATELY REPRESENT THE TATTOO. PRIVATE AREA IS DEFINED AS ANY AREA COVERED BY THE PT UNIFORM: MALES - PT SHORTS; FEMALES - PT SHIRT AND SHORTS.

PHOTOS OF TATTOOS THAT ARE CLOSE TO PROHIBITED AREAS **MUST** SHOW THE TATTOO TOOL MEASURING DISTANCES FROM TATTOO TO THE PROHIBITED LOCATION AND THE PROHIBITED LOCATION AS WELL (e.g. TATTOO NEAR ELBOW MUST SHOW ELBOW AND TATTOO TOOL MEASURING DISTANCE FROM THE ELBOW TO TATTOO). **PLEASE DO NOT USE RULERS!!!**

PHOTOS MUST BE IN COLOR AND IN FOCUS.

- TATTOO PAGE 11:

REQUIRED DOCUMENT IF APPLICANT HAS HAD ANY TATTOO, BRANDS, BODY MARKINGS OR BODY ORNAMENTATION DOCUMENTED ON A NAVMC 118 (11).

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME _____ L4 SSN _____ DATE _____

Part I: Purpose. The purpose of this form is to ensure that you disclose the full extent of your tattoos, brands and/or body ornamentation. Refusal to complete the form will result in termination of your enlistment processing.

1. Does the applicant currently have, or ever had any tattoos, brands, body markings, or body ornamentation, or has the applicant ever had a tattoo, brand or body ornamentation removed, concealed, covered or altered? (Initials in appropriate block)

Y _____ N _____

Notes: If the answer to Question 1 is NO; move to Part II Certification Block of this Screening Form. Questions 2 through 9 are not required. If the answer to Question 1 is YES; complete Questions 2-9, then certify in Part II and forward for Review.

2. Does applicant have body markings of any type that are exposed or partially exposed while wearing the standard warm weather PT uniform (shorts & shirt)?

Y _____ N _____

3. Are any of the tattoos, brands or markings:

- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with white undershirt) or inside the mouth?

- on hands, elbows, knees, or fingers (with exception of wedding band tattoo--not to exceed 3/8 of an inch), or within 2 inches of the wrists?

Y _____ N _____

4. Are any tattoos, markings or ornamentations exposed while wearing the standard PT uniform:

- Larger than the individual wearers hand with fingers extended and joined?
- Band Tattoos, (cannot exceed 3 inches or the width of the individual's four fingers extended and joined, whichever is greater)?
- Single band tattoo on one finger (max width less than 3/8 of an inch)?
- Excessive Tattoos (combined coverage must be covered by the individual wearers hand with their fingers extended and joined)?

Y _____ N _____

5. Do any of the tattoos, markings etc., depict nudity, are they racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps Drug policy, the UCMJ, to include tattoos associated with illegal drugs, drug usage or paraphernalia?

Y _____ N _____

6. Do any of the tattoos, brands or body ornamentation represent a gang membership or extremist group, advocate racial, ethnic, or religious discrimination, obscene, prejudicial to good order and discipline/morale or of a nature to discredit to the Marine Corps?

Y _____ N _____

7. Are any of the tattoos a result of a specific activity? (i.e. activity for membership initiation, or as the result of any violation of law(s))?

Y _____ N _____

NAME _____ **L4 SSN** _____ **DATE** _____

8. Are there any body markings, ornamentation or mutilation (i.e. Tongue Splitting, etc), Ornamental Body Piercing(s), Holes in Ear Lobes (large enough for light to pass through opening), or Ornamental Implantations, (silicone implants on face, horns on the forehead, etc).

Y _____ N _____

Location(s) of an applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation will be documented in Part IV of this Screening Form. Removed, concealed, covered or altered tattoos need to be annotated as such (i.e. removed) with full description of the original marking.

Part II: Certification. I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.

(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCBul 1020 & Frost Call 017-16."

(Name of Certifying Officer) (Signature) (Date)

*Certifying Officer Comments:

* A Certifying Officer is a commissioned officer at the Recruiting Station, NROTC Unit, USNA, or in the chain of command for enlisted Marines applying for a Commissioning of Warrant officer Programs.

Part III: Reviewing.

a. If the applicant responded "Yes" to question 2, the tattoo must be reviewed to determine eligibility. If the applicant responded "Yes" to questions 3-8, the applicant is ineligible (with the exception to the wedding band tattoo authorized on one finger) for commission.

b. Digital photos are required for all reviews. Photos not required of female applicants with torso tattoos or male applicants with lower torso (below waist) tattoos. Applicants may hand draw pictures of torso & lower torso tattoos indicating size and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency. Under no circumstances will a female applicant be photographed in less clothing than the standard warm weather physical training uniform.

c. All questionable body markings in regards to content, size, number or location will be forwarded to the appropriate authority for approval/review. Check appropriate review authority:

[] Recruiting Districts. Review tattoos for applicants applying for the Platoon Leaders Class, Officer Candidate Course, and Four Year Naval Reserve Officer Training Scholarship programs.

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME L4 SSN DATE

Part V. Certification. I certify above body marking information is accurate.

(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCBul 1020 & Frost Call 017-16."

(Name of Certifying Officer) (Signature) (Date)

Part VI. Recertification. (Prior to Request for Appointment) I certify the information previously given on Tattoo Screening Form remains the same. If any change is indicated an addendum Tattoo Screening Form will be complete then forwarded to the appropriate authority prior to the Request for Appointment.

1. Changes to this Tattoo Screening Form Y _____ N _____

(Name of Candidate) (Signature) (Date)

"Applicant is eligible for commissioning after review and adjudication in accordance with MCBul 1020 & Frost Call 017-16."

NAME/SIGNATURE OF REVIEWING OFFICER RANK BILLET

OFFICER CANDIDATE TATTOO STATEMENT OF UNDERSTANDING

1. Purpose. The purpose of this Statement of Understanding (SOU) is to ensure you understand the Marine Corps policy concerning Tattoos, Branding and Ornamentation, contained in MCBul 1020 and USMC Uniform Board Regulation MCO P1020.34G.

2. Policy. Marine Corps policies strictly PROHIBIT any tattoos, brandings, mutilations, or ornamentations on the head or neck. Also, sleeve tattoos, half-sleeve/quarter sleeve tattoos, which cover or almost cover a person's arm or leg are also prohibited. Any tattoos, brandings, mutilations, or ornamentation on other parts of the body, that are prejudicial to good order and discipline, gang or extremist group related, or bring discredit to the Marine Corps are also PROHIBITED. Descriptions:

a. Prejudicial to Good Order and Discipline. Tattoos, brands or ornamentation that are sexist (express nudity), or racist, excessive (sleeve tattoos), racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps drug policy.

b. Gang or Extremist Group. Any tattoos, brands or ornamentation that feature vulgar or anti-American content, discredits the Marine Corps, or associates with an extremist group, gang membership or gang activity.

c. Size. Any tattoos exposed when wearing the standard PT gear (T-Shirt & shorts), which is larger than the wearer's hand, with fingers extended and joined and thumb along the index finger, or exceeds one-quarter (1/4) of the respective body part(s), requires administrative review (with digital photos) to the regional commanding general prior to enlistment.

d. Location. Head and neck are defined as: any portion above the collarbone as viewed from the front, including the "V" of the short sleeved khaki shirt and above the seventh cervical vertebrae area in the back.

e. Ornamentation. Defined as body mutilations such as tongue splitting, body piercing(s), holes in ear lobes (large enough for light to pass through), or implantations, such as silicone implants on the face, horns on the forehead, etc.

3. Certification. I certify that I completely understand the Marine Corps policy on tattoos, brands, and ornamentations. I understand that I will be screened for tattoos, brands and body ornamentations, and must complete the Marine Corps Tattoo Screening Form. I further understand I will be screened prior to my request for appointment for any tattoos, brands, and body ornamentations received while in the officer commissioning process. Prohibited tattoos, brands or ornamentation received while in the pool program are disqualifying.

_____	_____	_____
(Applicant's Printed Name)	(Applicant's Signature)	(Date)
_____	_____	_____
(Name of Certifying Officer)	(Signature of Certifying Officer)	(Date)

TATTOO PHOTOS

INSERT YOUR PHOTOS BY CLICKING IN THE SQUARE PROVIDED AND SELECT THE APPROPRIATE PHOTO.

PT GEAR PHOTOS
(GREEN ON GREEN PT GEAR ONLY)

RANK

NAME

EDPII

FRONT PROFILE

REAR PROFILE

LEFT PROFILE

RIGHT PROFILE

RANK		NAME		EDIPI	
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TATTOO NUMBER ONE	TATTOO NUMBER TWO

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER THREE	TATTOO NUMBER FOUR

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

RANK		NAME		EDIPI	
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TATTOO NUMBER FIVE	TATTOO NUMBER SIX

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER SEVEN	TATTOO NUMBER EIGHT

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

RANK		NAME		EDIPI	
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TATTOO NUMBER NINE	TATTOO NUMBER TEN

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

TATTOO NUMBER ELEVEN	TATTOO NUMBER TWELVE

SIZE:	SIZE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	LOCATION:
MEANING:	MEANING:

MEDICAL DOCUMENTS

REQUIRED :

- SIGNED/DATED REPORT OF MEDICAL EXAMINATION (DD FORM 2808)
- SIGNED/DATED REPORT OF MEDICAL HISTORY (DD FORM 2807-1)
- ALL SUPPORTING MEDICAL DOCUMENTS:
 - DENTAL EXAM MUST BE WITHIN 1 YEAR. DENTAL CLASS MUST BE TYPE 1 OR 2 AND DOCUMENTED BY A DENTIST ON THE DD FORM 2808 AND AS A SEPARATE ENCLOSURE.
 - HIV RESULTS MUST BE WITHIN 2 YEARS. DATE TESTED AND ROSTER NUMBER MUST BE DOCUMENTED ON THE DD FORM 2808 AND AS A SEPARATE ENCLOSURE.
 - RESULTS OF AN UPDATED AUDIOGRAM MUST BE DOCUMENTED ON THE DD FORM 2808 AND/OR AS A SEPARATE ENCLOSURE.
 - PAP PATHOLOGY RESULTS MUST BE DATED WITHIN 3 YEARS
 - ALL SUPPORTING DOCUMENTATION FOR ANY SURGERIES TO INCLUDE PRE AND POST OPERATIVE PAPERWORK
 - YES ANSWERS ON DD FORM 2807 MUST BE EXPLAINED BY A PHYSICIAN IN BLOCK 25 AND SUPPORTING DOCUMENTS ATTACHED WITH PRE-COMMISSIONING PHYSICAL. ALL ANSWERS ON THE DD FORM 2808 MUST BE MARKED NORMAL OR ABNORMAL. "NE" SHOULD BE MARKED FOR QUESTION 41 FOR MALES ONLY.

FAILURE TO COMPLETE THE 2807-1/2808 OR PROVIDE THE REQUIRED SUPPORTING MEDICAL DOCUMENTATION WILL DELAY PROCESSING OF YOUR PHYSICAL BY BOTH THE MCRC MEDICAL SECTION AND BUREAU OF MEDICINE AND SURGERY (BUMED) .

REFER TO THE CURRENT MARADMIN OR NAVMED P-117, MANUAL OF THE MEDICAL DEPARTMENT, FOR MEDICAL REQUIREMENTS AND GUIDANCE.

COMMISSIONING PHYSICALS (2807-1 AND 2808) ARE GOOD FOR TWENTY-FOUR (24) MONTHS TO DATE OF APPOINTMENT AS LONG AS ANNUAL REQUIREMENTS ARE CURRENT: EITHER AN ANNUAL CERTIFICATION OF PHYSICAL CONDITION OR PHYSICAL HEALTH ASSESSMENT (PHA) . COMMISSIONING PHYSICALS MUST BE COMPLETED BY A MILITARY DOCTOR.

POC FOR ALL MEDICAL QUESTIONS CAN BE REACHED AT (703)784-9427.

REPORT OF MEDICAL HISTORY

OMB No. 0704-0413
OMB approval expires
Oct 31, 2017

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

ROUTINE USE(S): The Blanket Routine Uses found at <http://dpcld.defense.gov/Privacy/SORNsindex/BlanketRoutineUses.aspx> apply to this collection.

DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)			9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hemia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>		
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>		
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>		
d. Paralysis	<input type="radio"/>	<input type="radio"/>		
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>		
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>		
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>		
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>		
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>		
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>		
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>		
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>		
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>		
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>		
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>		
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>		
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>		
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>		
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>		
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>		
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>		
18. FEMALES ONLY. Have you ever had or do you now have:				
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>		
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>		
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>		
d. First day of last menstrual period (YYYYMMDD)				
e. Date of last PAP smear (YYYYMMDD)				
19. Have you been refused employment or been unable to hold a job or stay in school because of:				
a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>		
b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>		
c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>		
d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>		
20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input type="radio"/>		
21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input type="radio"/>		
22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input type="radio"/>		
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input type="radio"/>		
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input type="radio"/>		
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input type="radio"/>		
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input type="radio"/>		
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input type="radio"/>		
28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>		

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED
(YYYYMMDD)

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION
(YYYYMMDD)

2. SOCIAL SECURITY NUMBER

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
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6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
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14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
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15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
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CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- norm	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)			
22. Drums (Perforation)			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)			
24. Ophthalmoscopic			
25. Pupils (Equality and reaction)			
26. Ocular motility (Associated parallel movements, nystagmus)			
27. Heart (Thrust, size, rhythm, sounds)			
28. Lungs and chest (Include breasts)			
29. Vascular system (Varicosities, etc.)			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			
31. Abdomen and viscera (Include hernia)			
32. External genitalia (Genitourinary)			
33. Upper extremities			
34. Lower extremities (Except feet)			
35. Feet (See item 35 Continued)			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric (Specify any personality deviation)			
41. Pelvic (Females only)			
42. Endocrine			

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____	35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic
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