

APPENDIX C

PHYSICAL QUALIFICATION

1. Scope of Instruction. Members of the Ready Reserve and former Marines seeking to affiliate with the Ready Reserve must meet the same physical standards as Active Duty Marines as set forth in the current edition of the Manual for the Medical Department (MANMED), U. S. Navy, Chapter 15, Section VI. Recruiters are responsible for ensuring that Prior Service applicants undergo the proper physical screening and are examined by the appropriate medical personnel when needed. Recruiters are also responsible for scheduling medical examinations. Medical requirements for Extensions are the same as for IRR transfers.

2. General Instruction - Medical Examinations

a. IRR transfer, DAP and Reenlistments: The recruiter will review and ensure that the following specific criteria regarding the SF-88/2807 are met:

(1) Name, SSN, Date of Exam

(2) Height, Weight, Body Fat percentage (and measurements - if applicable)

(3) Form is not marked unqualified

(4) Physician's Signature is affixed.

(5) Applicants who fail to meet the prescribed physical standards for reenlistment and IRR transfer shall not be processed until a waiver of the disqualifying factor is obtained from CMC (CMT). Medical conditions that may not be waived are listed at the end of this appendix (see also Appendix H).

(6) Metric conversions for height/weight are:
one inch (in) = 2.54 centimeters (cm)
one pound(lbs)= .4536 kilograms (kg)

example: cm to inches 195.58 cm/2.54 cm= 77 in
kg to pounds 99.2 kg/.4536 kg= 219 lbs

(7) Rule for Marines with a height below the minimum on the chart (figure C-4):

- (a) Male Marines--- subtract 5 pounds per inch.
- (b) Female Marines- subtract 4 pounds per inch.
- (c) Example: Female Marine at 57 inches, maximum weight would be 116 pounds.

(8) A copy of the SF-88/DD2808 (Fig. C-2), SF-93/DD2807 (Fig. C-1), SF-600 (Fig. C-3), and NAVMED 6120/3 (Fig. C-5), when required, will be included in the accession package. If a copy of the SF-88/DD2808 cannot be obtained, the applicant will have to take a complete physical examination.

(9) Marines that separate without a completed separation physical are qualified providing an SF-600 was completed. A completed SF-600 dated over 90 days from the join date on the NJW must have a 6120/3 completed to update the physical. A copy of the physical must accompany the SF-600. The SF-600 used for separating Marines must include the following:

- (a) Date of last physical
- (b) Height and weight
- (c) Indicate physically qualified
- (d) Signed by a Doctor
- (e) The Marines name and SSN

b. Reenlistment applicants are subject to the following criteria:

(1) Must have a completed physical examination (SF-88/DD2808) within the past 24 months.

(2) Shall have a negative HIV test result within the past 12 months.

(3) Will be physically qualified to perform all duties on land and sea. The physical is unacceptable for processing if it is not signed by either a physician, reviewing officer or approving authority. A dentist's signature does not satisfy this requirement.

(4) Marines that exceed the height and weight standards as indicated in Figure C-4 must meet the body fat percentage limits (see MCO 6100).

(a) In cases where the applicant fails to meet height, weight, and body fat standards, they are not qualified for reenlistment.

(b) If an applicant meets height and weight or body fat percent limits after the physical was completed, the new qualifying height, weight, and body fat percentage (with measurement) must be documented by an authorized Marine responsible for administering the weight control program (or a medical department representative) on an SF-88/2808, SF 600, 6120/3, or formal unit letterhead.

(5) The physical examination policy on the Statement of Understanding is not valid for reenlistment physicals.

(6) The HIV policy in the Statement of Understanding is valid for immediate reenlistments but not for broken reenlistments.

c. IRR transfer and DAP applicants are subject to the following criteria:

(1) Applicants must be physically qualified before joining or receiving DAP orders. The date of examination on the SF-88/DD2808 must be within five (5) years prior to the date the New Join Worksheet is signed by the unit representative.

(2) Prior to joining, the most recent SF-88/DD2808, current (defined as same date on the SF-88/DD2808 or more recent) SF-93/DD2808 and NAVMED 6120/3 (Fig. C-5), if applicable, must be presented to the unit medical representative for review and signature.

(3) NAVMED 6120/3 must be completed on all applicants whose SF-88/DD2808 is more than 90 days old on the date of join.

(4) In cases where there is a missing physical date or incorrect information, Recruiters shall contact their RI.

(5) The HIV policy in the Statement of Understanding can be used to qualify an applicant with no results or negative results more than 12 months old.

(6) The physical examination policy in the Statement of Understanding is used to qualify an SF-88/DD2808 that is between 2-5 years old.

(7) Marines that exceed their height, weight, and body fat percentage may affiliate with the SMCR at the discretion of

the unit Commander/I&I. The NJW must be signed by the Commander/I&I or designated by direction representative.

(8) If an applicant meets height and weight or body fat percent limits after the physical was completed, the new qualifying height, weight (and when applicable, BF% with measurement) must be documented by an authorized Marine responsible for administering the weight control program (or a medical department representative) on an SF-88/DD2808, SF-600, 6120/3, or formal unit letterhead.

3. Policy Regarding Tattoos, Body Piercing, Ornamentation, Branding and Body Mutilation. All applicants, for accession/reenlistment, will adhere to the guidance contained in MCO P1100.72 (Short Title: MPPM Enl Proc), ALMAR 194/96, ALMAR 127/97, and MCRC Frost Call 022-03 (9 June 03).

a. Background. Body markings have proliferated in today's society. No longer is body art defined or limited to tattoos. It now includes branding and body piercing and the latest transitory fashion includes body mutilation and ornamentation. Examples of this type of body art are, but not limited to, tongue splitting/forking, and facial ornamentation, and silicon implantations. Although the Marine Corps allows Marines to display some types of body marking, it is these types of examples that are in direct conflict with the Marine Corps' high standards and conservative approach to personal appearance. In other examples, the location, intent or content of some body markings are prejudicial to good order, discipline and morale, or are of a nature to bring discredit to the Marine Corps. It is that type of body marking on any individual that prohibits them from serving in the Marine Corps. References (a) through (c) contain the parameters for enlistment of applicants into the Marine Corps and Marine Corps Reserve with tattoos, body piercing, ornamentation, branding and body mutilation. Additional guidance can be rendered in MCO P5354.1 Marine Corps Equal Opportunity Manual and SECNAVINST 1730.80 Accommodation of Religious Practices.

b. Information. It is in the best interest of the Marine Corps to evaluate each applicant with regard to tattoos and/ or body piercing, ornamentation, branding and body mutilation when determining enlistment eligibility. In addition to reviewing the particular form of body marking, it is imperative to gain a complete understanding from the applicant on the meaning or

purpose that it represents. Although a particular form of body marking may appear innocent or benign, these symbols may represent membership in organizations or personal orientation toward known subversive or criminal behavior. In other cases, applicants may not be assigned to high visibility billets or special duty programs if they display body markings that are visible in the Summer Service "C" uniform. Therefore, recruiters, NCOICS, MEPS liaisons, operations personnel and command group members must be cognizant of the Marine Corps policy.

c. Action. Applicants, prior service and non-prior service, and members of the DEP or SMCR awaiting IADT, will adhere to the guidance contained in the above mentioned directives and the guidance as follows:

(1) Criteria for Evaluating. Four criteria will be used when evaluating applicants for body marking. These criteria are **CONTENT, LOCATION, SIZE** and **NUMBER**.

(a) Content

1. Prejudicial to good order and discipline.

Tattoos, ornamentation or brands that are sexist, (express nudity) racist, vulgar, anti-American, anti-social, extremist group or organization, eccentric in nature or brings possible discredit to the Marine Corps are **PROHIBITED**. Any applicant who has body markings that express an association with conduct or substances prohibited by the Marine Corps Drug Policy and the U.C.M.J, to include illegal drugs, drug usage, or paraphernalia are **PROHIBITED**. Any body mutilation (i.e., tongue splitting/ forking, facial ornamentation silicon implantations) are **PROHIBITED**. Figures C-7 and C-8 are the screening forms to be used in evaluating the content of the body marking. PSRO OIC's are responsible for identifying and denying enlistment of applicants with inappropriate body marking. Questionable cases of **body marking in regards to CONTENT** will be forwarded to the region Commanding General via District CO's for review prior to enlistment. The request must include the Tattoo Screening Form (Figure C-7) and a digital photograph of the body marking.

2. Gang or Extremist Groups. Any applicant who has tattoos, brands or ornamentation relative to a **gang membership or gang activities** is potentially ineligible for enlistment. Markings in this category must be fully researched

and commented by the PSRO OIC, on the DD 1966/4, prior to enlistment authorization. Local law enforcement authorities can provide information and should be utilized when questions arise. An example of DD 1966/4 REMARKS SECTION statement:

" I HAVE REVIEWED THE TATTOOS OR SNA AND THEY ARE IN COMPLIANCE WITH MCRC FC 022-03."

(Signature)

PSRO OIC ANYTOWN

(b) Location

1. Head or Neck Area. Tattoos, ornamentation, branding or body mutilation on the head and/ or neck area are **PROHIBITED** and no waivers will be considered. The neck area for the purpose of definition is **any portion above the collarbone in the front area, or otherwise visible without a skivvies shirt in the short sleeve khaki shirt and above the first cervical vertebrae in the back area.** Use of crewneck, mock turtleneck, turtleneck undershirts, or standard quarter length khaki shirt, as basis for determination of the neck area is prohibited. Questionable cases of **body marking with regards to LOCATION** will be forwarded to the region Commanding General for review prior to enlistment. The request must include the Tattoo Screening Form (Figure C-7) and a digital photograph of the body marking.

2. Dental Ornamentation. Dental ornamentation outlined in ALMAR 127/97 is prohibited, and enlistments are not authorized.

(c) Size

1. Cases of body marking that exceed the size dimensions described below will be reviewed by the region Commanding General prior to enlistment. The request must include the Tattoo Screening Form (Figure C-7) and a digital photograph of the body marking. The review is done to ensure the body ornamentation is not of a size to be prejudicial to good order and discipline.

2. Combined tattoo coverage on a particular part(s), i.e., leg or arm, exceeds one-quarter of the respective body part (s) exposed surface while the applicant is wearing the standard physical training uniform (shorts and shirt).

3. Individual tattoos exposed by the wearing of a short sleeve khaki shirt should be no larger in size than the wearer's hand with fingers extended and joined with the thumb touching the base of the index finger.

(d) Number. Cases of more than four (4) tattoos, ornamentation, branding or body mutilation will be reviewed by the region Commanding General prior to enlistment. The request must include the Tattoo Screening Form (Figure C-7) and digital photographs of each of the body markings. The review is done to ensure the body marking is not of a size to be prejudicial to good order and discipline.

(2) Recruiting Regions, Districts, Recruiting Stations

(a) Instruct all recruiters to utilize the Tattoo Screening Form (Figure C-7) on all applicants.

(b) The Tattoo Screening Form will be used to conduct an interview with a commissioned officer. **This interview can be face to face, or conducted telephonically.** Use of the facsimile machine is authorized for telephonic interviews.

(c) Individuals who have had any body markings that meet the criteria contained herein removed, concealed, or altered still require review by the region Commanding General before authorization for enlistment.

(d) Recruiters will not render any opinion or guidance that removal, concealment or alteration of any disqualifying body marking will result in approval to enlist.

(e) Digital photographs are not required in areas of the body where the undergarments (male shorts) (female short and bra) cover the body marking. The body ornamentation located in these areas will be documented and described on the Tattoo Screening Form.

4. General Instruction - SF-93/DD2807: Reenlistments and Transfers

a. Each applicant into the Marine Corps Reserve must have a completed SF-93/DD2807. Documents over 90 days old on the date of join will be considered valid if accompanied by an SF-88/DD2808 that is updated by a NAVMED 6120/3. The most recent SF-93/DD2807 shall be the same date as the SF-88/DD2808 or less. If none are available, a new form must be completed.

b. The recruiter will ensure that the following sections of the SF-93/DD2807, respectively, have been completed: Sections 1, 2, 6, and 8 (refer to Fig. C-1). Also ensure that the applicant and medical representative print and sign their names in the spaces provided on the back of the form. Ensure all "YES" answers are fully explained in the blocks provided.

c. For officer joins, the NAVMED 6120/2, when properly signed and dated can be used in place of the SF-93/DD2807.

5. General Instruction - NAVMED 6120/3

a. The NAVMED 6120/3 will be used to update all SF-88/DD2808 and SF-93/DD2807 over 90 days old on the date of join. The NAVMED 6120/3 must be dated within 90 days prior to the date of join.

b. The recruiter will ensure that all sections, both front and back, of the NAVMED 6120/3 have been completed (Fig. C-5). Items 14-21 will be completed using information from the applicant's most recent SF-88/DD2808. This form is in ALMRS and will automatically populate the personal information fields when printed.

c. The information may be taken from a civilian physical examination if more recent than the last SF-88/DD2808. If used, a copy of the civilian exam must be attached; however, the presence of a civilian exam will not negate the requirement for an SF-88/DD2808 that is not more than five years old on the date of join.

d. Items 22-25 should also be current data as determined by a medical representative. The applicant and medical representative shall sign their names in the spaces provided on the back of the form. There is no requirement for a signature in the Reviewing Officer's Signature block.

6. Contract Physicians (CP). Recruiting sites that have been

approved by the PSRO via district to use contracted civilian medical examination facilities will exercise reasonable care in the scheduling of exams for their applicants in order to control the expense of this program. The CP option must be a last resort for the recruiter to get an applicant physically qualified. The following procedure is required:

a. Pre-exam general instructions

- (1) Call physicians office to schedule exam appointment.
- (2) Complete the Contract Physician Request Form (CPRF) Part I items A-H in Fig. C-6 (see item c below).
- (3) Fax or e-mail form to PSRO (make every effort to provide at least 24 hours in advance of appointment).
- (4) Recruiter will receive an electronic confirmation from PSRO acknowledging the form was received and that it was processed.
- (5) The contract oversight agency will contact the physician to authorize the examination.
- (6) Contracted medical examination facilities approved by the PSRO and District HQ's will be scheduled judiciously in order to control the expense of the CP program. PS Recruiters will schedule within the constraints of applicant's schedules.

b. Post-exam general instructions

- (1) The physical exam documents will be express mailed to the contract oversight agency for quality control review and then express mailed to the recruiter.
- (2) Upon receipt of the examination, the recruiter will complete part III items A-B and fax or e-mail to the PSR Office.
- (3) The recruiter shall maintain a file copy for each CPRF submitted.

c. Specific instructions (refer to Fig. C-6)

- (1) CPRF items A-F are self-explanatory.

(2) Item G: A date in this line indicates a complete examination is to be conducted, to include physical and HIV test. If only an HIV test result is needed, write in "HIV only".

(3) Item H: If an optical exam is not required, do not schedule an appointment.

(4) Part II is completed by the PSRO representative.

(5) Cancellations, Rescheduling, No Shows

(a) The PSRO is billed for any scheduled examinee that does not show for the physical. Recruiters must contact the physician's office as far in advance as possible to formally cancel or reschedule the appointment.

(b) Rescheduling at the time of cancellation requires the recruiter to advise the PSRO representative of the new date and time. The existing documentation and authorization numbers are still valid.

(c) No Shows void the authorization and require the recruiter to submit a new CPRF IAW these instructions.

(d) Once an applicant has three consecutive No Shows they will not be rescheduled for any subsequent contract physician appointments.

MEDICAL RECORD		REPORT OF MEDICAL HISTORY				NO. OF ATTACHED SHEETS:	DATE OF EXAM				
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons											
1. NAME OF PATIENT (Last, first, middle)			2. IDENTIFICATION NUMBER		3. GRADE						
4a. HOME ADDRESS (Street or RFD; City or Town; State; and ZIP Code)			5. EXAMINING FACILITY								
4b. CITY	4c. STATE	4d. ZIP CODE									
6. PURPOSE OF EXAMINATION											
7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)											
a. PRESENT HEALTH			b. CURRENT MEDICATION		REGULAR OR INTERM.						
c. ALLERGIES (include insect bites/bites and common foods)			d. HEIGHT		e. WEIGHT						
8. PATIENT'S OCCUPATION			9. ARE YOU (Check one)								
			<input type="checkbox"/> RIGHT HANDED		<input type="checkbox"/> LEFT HANDED						
10. PAST/CURRENT MEDICAL HISTORY											
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis (includes infantile)			
Lack vision in either eye				Stomach, liver, or intestinal trouble				Epilepsy or seizures			
Wear a hearing aid				Gall bladder trouble or gallstones				Car. train, sea or air sickness			
Stutter or stammer				Jaw/face or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/alking with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted disease				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay Fever or allergic rhinitis				Eating disorder (anorexia, bulimia, etc.)				Used tobacco			
Head injury				Arthritis, Rheumatism or Bursitis							
Asthma				Thyroid trouble or goiter							

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STANDARD FORM 93 (REV. 6/95) (EG)
Prescribed by ICM/USA
FORM 181 C/F 201-B-202-1
Designed using Perform Pro, WHS/DIOR, Apr 97

Figure C-1. SF 88/DD2807 - Report of Medical History/Examination

11. FEMALES ONLY						
CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						
CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.						
ITEM	YES	NO				
12. 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.						
b. Inability to perform certain motions.						
c. Inability to assume certain positions.						
d. Other medical reasons (If yes, give reasons.)						
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)						
14. Have you ever been denied life insurance? (If yes, state reason and give details.)						
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)						
16. 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.)						
17. 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.)						
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)						
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)						
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)						
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details.)						
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)						
23. LIST ALL IMMUNIZATIONS RECEIVED						
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.						
24a. TYPED OR PRINTED NAME OF EXAMINEE			24b. SIGNATURE		24c. DATE	
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."						
26. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. (Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)						
26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER			26b. SIGNATURE		26c. DATE	
STANDARD FORM 93 (REV. 6-96) BACK						

Figure C-1 (Cont). SF 93/DD2807 - Report of Medical History/Examination

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT							
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>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.</p> <p>ROUTINE USE(S): None.</p> <p>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.</p>							
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)	
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX		10.a. RACIAL CATEGORY (X one or more)		b. ETHNIC CATEGORY
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<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		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Respond
11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/COE		
a. MILITARY		b. CIVILIAN					
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS	
15.a. SERVICE		b. COMPONENT		c. PURPOSE OF EXAMINATION			16. NAME OF EXAMINING LOCATION, AND ADDRESS (include ZIP Code)
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation	<input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	<input type="checkbox"/> Other		
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Normal	Ab-normal	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
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. Ophthalmoscope							
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. Pelvis (Females only)							
42. Endocrine							
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.)				35. FEET (Continued) (Circle category)			
<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class				Normal Arch	Mild	Asymptomatic	
				Pes Cavus	Moderate	Symptomatic	
				Pes Planus	Severe	Symptomatic	

DD FORM 2808, JAN 2003

DoD exception to SF 88 approved by SCMR, August 3, 2000.
PREVIOUS EDITION IS OBSOLETE.

Page 1 of 3 Pages

Figure C-1 (Cont). SF 93/DD2808 - Report of Medical History/Examination

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER									
LABORATORY FINDINGS																			
45. URINALYSIS					a. Albumin		46. URINE HCG					47. HPI		48. BLOOD TYPE					
					b. Sugar														
TESTS					RESULTS					HIV SPECIMEN ID LABEL			DRUG TEST SPECIMEN ID LABEL						
49. HIV																			
50. DRUGS																			
51. ALCOHOL																			
52. OTHER																			
a. PAP SMEAR																			
b.																			
c.																			
MEASUREMENTS AND OTHER FINDINGS																			
53. HEIGHT		54. WEIGHT		55. MIN WGT - MAX WGT			MAX BF %			56. TEMPERATURE		57. PULSE							
		lbs.																	
58. BLOOD PRESSURE					59. RED/GREEN (Army Only)					60. OTHER VISION TEST									
a. 1ST		b. 2ND		c. 3RD															
SYS.		SYS.		SYS.															
DIAS.		DIAS.		DIAS.															
61. DISTANT VISION					62. REFRACTION BY AUTOREFRACTION OR MANIFEST					63. NEAR VISION									
Right 20/		Corr. to 20/			By		S.	CX			Right 20/		Corr. to 20/	by					
Left 20/		Corr. to 20/			By		S.	CX			Left 20/		Corr. to 20/	by					
64. HETEROPHORIA (Specify distance)																			
Es ^o		EX ^o		R.H.			L.H.			Prism div.		Prism Conv CT		NPR	PD				
65. ACCOMMODATION					66. COLOR VISION (Test used and results)					67. DEPTH PERCEPTION (Test used and score) APVT									
Right		Left			PIP					/14			Uncorrected		Corrected				
68. FIELD OF VISION					69. NIGHT VISION (Test used and score)					70. INTRAOCULAR TENSION									
										O.D.		O.S.							
71a. AUDIOMETER					Unit Serial Number					71b. Unit Serial Number					72a. READING ALOUD TEST				
Date Calibrated (YYYYMMDD)																			
HZ		500	1000	2000	3000	4000	6000	HZ		500	1000	2000	3000	4000	8000	SAT	UNSAT		
Right								Right								SAT	UNSAT		
Left								Left								SAT	UNSAT		
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																			

Figure C-1 (Cont). SF 93/DD2808 - Report of Medical History/Examination

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION			DATE OF EXAM
1. LAST NAME - FIRST NAME - MIDDLE NAME		2. IDENTIFICATION NUMBER		3. GRADE AND COMPONENT OR POSITION	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)			5. EMERGENCY CONTACT (Name and address of contact)		
6. DATE OF BIRTH	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER			
12a. AGENCY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN	
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS			15. RATING OR SPECIALTY OF EXAMINER		
			15. PURPOSE OF EXAMINATION		

17. CLINICAL EVALUATION					
ROB- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ROB- MAL	ROB- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ROB- MAL
	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)			P. TESTICULAR	
	C. DRUMS (Perforation)			Q. ANUS AND RECTUM (Hemorrhoids, Fistulas) (Hemocult Results)	
	D. NOSE			R. ENDOCRINE SYSTEM	
	E. SINUSES			S. G-U SYSTEM	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 38)			U. FEET	
	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS	
	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 41)	
	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				CC. PELVIC (Females only)	

NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
Restoreable Teeth			Non-restoreable Teeth			Missing Teeth			Replaced by Dentures			Fixed Partial Dentures					
0	1	2	3	1	2	3	1	2	3	X	X	X	1	2	3		
32	31	30		32	31	30				32	31	30					
										X	X	X					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
G																	
H																	
T																	

19. TEST RESULTS (Copies of results are preferred as attachments)					
A. URINALYSIS: (1) SPECIFIC GRAVITY			B. CHEST X-RAY OR PPD (Place, date, film number and result)		
(2) URINE ALBUMIN		(4) MICROSCOPIC			
(3) URINE SUGAR					
C. SYPHILIS SEROLOGY (Specify test used and results)		D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS	

NSN 7540-00-834-4038
88-128
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STANDARD FORM 88 (Rev. 10-94) (EG)
Prescribed by GSA/CMR FIRM (41 CFR) 201-9.202-1

Figure C-2 (Cont). SF 93/DD2807 - Report of Medical History/Examination

NAME				IDENTIFICATION NUMBER				NO. OF SHEETS ATTACHED						
MEASUREMENTS AND OTHER FINDINGS														
20. HEIGHT		21. WEIGHT		22. COLOR HAIR		23. COLOR EYES		24. BUILD		25. TEMPERATURE				
								<input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE						
26. BLOOD PRESSURE (<i>Arm at heart level</i>)						27. PULSE (<i>Arm at heart level</i>)								
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 mins.)	SYS. DIAS.	A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER				
28. DISTANT VISION				29. REFRACTION				30. NEAR VISION						
RIGHT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO BY				
LEFT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO BY				
31. HETEROPHORIA (<i>Specify distance</i>)														
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT				
32. ACCOMMODATION				33. COLOR VISION (<i>Test used and result</i>)				34. DEPTH PERCEPTION (<i>Test used and score</i>)		UNCORRECTED				
RIGHT										CORRECTED				
LEFT														
35. FIELD OF VISION				36. NIGHT VISION (<i>Test used and score</i>)				37. RED LENS TEST		38. INTRAOCULAR TENSION				
RIGHT										RIGHT				
LEFT										LEFT				
39. HEARING				40. AUDIOMETER				41. PSYCHOLOGICAL AND PSYCHOMOTOR (<i>Tests used and score</i>)						
RIGHT W/V		/15SV		/15			250	500	1000	2000	3000	4000	6000	8000
							256	512	1024	2048	3096	4096	6144	8192
LEFT W/V		/15SV		/15		RIGHT								
						LEFT								
42. NOTES (<i>Continued</i>) AND SIGNIFICANT OR INTERVAL HISTORY														
<i>(Use additional sheets if necessary)</i>														
43. SUMMARY OF DEFECTS AND DIAGNOSES (<i>List diagnoses with item numbers</i>)														
44. RECOMMENDATIONS FURTHER SPECIALIST EXAMINATIONS INDICATED (<i>Specify</i>)														
45A. PHYSICAL PROFILE														
P U L H E S														
46. EXAMINEE (<i>Check</i>)														
A. <input type="checkbox"/> IS QUALIFIED FOR														
B. <input type="checkbox"/> IS NOT QUALIFIED FOR														
45B. PHYSICAL CATEGORY														
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER														
A B C E														
48. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE								
49. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE								
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (<i>Indicate which</i>)						SIGNATURE								
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE								
STANDARD FORM 88 (Rev. 10-94) BACK														

Figure C-2 (Cont). SF 88/DD2807 - Report of Medical History/Examination

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 reviewing 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.

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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 578, 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.

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)

6. HOME TELEPHONE (include Area Code)

7.a. POSITION (Title, Grade, Component)		
8.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	8.b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	8.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program
8.d. USUAL OCCUPATION		

9. CURRENT MEDICATIONS (Prescription and Over-the-counter) 10. ALLERGIES (including insect bites/stings, foods, medicine or other substances)

HAVE YOU EVER HAD OR DO YOU NOW HAVE: YES NO

11.a. Tuberculosis

b. Lived with someone who had tuberculosis

c. Chronic cough

d. Asthma or any breathing problems related to exercise, weather, pollen, etc.

e. Shortness of breath

f. Bronchitis

g. Sinusitis

h. Been prescribed or used an inhaler

i. A chronic cough or cough at night

j. Sinusitis

k. Hay fever

l. Chronic or frequent colds

11.a. Thyroid trouble or goiter

b. Ear, nose, or throat trouble

c. Wears contact lenses or glasses

d. Surgery to correct vision (RC, PRK, LASIK, etc.)

12. (Continued) YES NO

a. Impaired use of arms, legs, hands, or feet

b. Knee trouble (e.g., locking, giving out, pain or recurrent injury, etc.)

c. Any need to use corrective devices such as prosthetic devices, knee braces, leg braces, etc.

d. Fractures (broken bones)

e. Plates, screws, rods or pins in any bone

12.a. Frequent indigestion or heartburn

b. Gall bladder trouble or gallstones

c. Ruptured hernia

d. Skin diseases (e.g. sores, eczema, psoriasis, etc.)

e. High or low blood sugar

f. Sugar or protein in urine

b. Arthritis, rheumatism, or bursitis

c. Numbness or tingling

14.a. Adverse reaction to serum, food, insect stings or medicine

c. Currently in good health (If no, explain in Item 29 on Page 2.)

Figure C-2 (Cont). SF 88/DD2807 - Report of Medical History/Examination

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
b. Frequent or severe headaches	<input type="radio"/>	<input type="radio"/>	18. Have you been refused employment or been unable to hold a job or stay in school because of:
d. Paralysis	<input type="radio"/>	<input type="radio"/>	b. Inability to perform certain motions
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>	d. Other medical reasons (If yes, give reasons.)
h. Meningitis, encephalitis, or other neurological problems	<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.)
b. Prolonged bleeding (e.g. after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	22. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
d. Palpitation, pounding heart or abnormal heartbeat	<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.)
f. High or low blood pressure	<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.)
h. Habitual snoring or stutering	<input type="radio"/>	<input type="radio"/>	
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>	
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>	
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>	
19. FEMALE ONLY. Have you ever had or do you now have:			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>	
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>	
28. EXPLANATION OF "YES" ANSWERS (Describe answers, give details 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."			

Figure C-2 (Cont). SF 88/DD2807 - Report of Medical History/Examination

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	CRC CASE PRESENTATION		
	Case Number:		
	Case Manager:		
	PART I - INFORMATION AND EVIDENCE REGARDING THE INCIDENT		
	1. Demographic data on the couple		
	a. Husband (Name, Rank, MOS):		
	Wife (Name, Rank, MOS):		
	Date Married:		
	b. Civilian Employment:		
	c. Ages: Husband	Wife:	
	d. Number of children living at home:	Ages:	
	e. Address: <input type="checkbox"/> On Base <input type="checkbox"/> Off Base		
	2. Summary of key investigative findings and information from other reports relating to the incident being reviewed by the CRC.		
	3. Summary of information related to the incident obtained from the assessments obtained from interviews with the husband and wife.		
	a. Wife:		
	4. Summary of conflicting/disputed information:		
	5. Case Manager's conclusions and reasons for the conclusions:		
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)		RECORDS MAINTAINED AT:	
		PATIENT'S NAME (Last, First, Middle Initial)	
		SEX	
		RELATIONSHIP TO SPONSOR	STATUS
		RANK/GRADE	
		SPONSOR'S NAME	
		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
CHRONOLOGICAL RECORD OF MEDICAL CARE		STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505	

Figure C-3 (Cont). SF 600 - Record of Medical Care

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>				
PART II. HISTORY, IMPACT, AND LETHALITY OF ABUSE					
1. Summary of the assessments					
a. History of abuse in the marriage					
1. Specific examples of abuse					
<u>Physical:</u>					
<u>Sexual:</u>					
<u>Isolation:</u>					
<u>Financial:</u>					
<u>Intimidation:</u>					
<u>Emotional:</u>					
ii. Pattern of abuse (e.g., length of time, severity, frequency, escalation in terms of severity and frequency, first/worst/most recent incidents)					
iii. Abuse of children and other family members					
b. Impact of the abuse on family members					
<u>Wife:</u>					
<u>Husband:</u>					
<u>Children:</u>					
<u>Other family members:</u>					
b. The level of risk of further violence					
i. Risk factors checklist (The checklist should be filled out by the case manager based on his/her professional judgement. Check the party(ies) whom you feel is the victim to clarify who is at risk, and answer the questions from the perspective of that person being abused by the other spouse.)					
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)					
		RECORDS MAINTAINED AT:			
		PATIENT'S NAME (Last, First, Middle Initial)		SEX	
		RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
		SPONSOR'S NAME		ORGANIZATION	
		DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
		CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505			

Figure C-3 (Cont). SF 600 - Record of Medical Care

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>																									
	Husband			Wife																						
	Y	N	DK	Y	N	DK																				
						Is the abuse occurring more frequently?																				
						Are the assaults becoming more violent and dangerous?																				
						Has the apparent offender ever choked the apparent victim?																				
						Has the apparent offender used a weapon against the apparent victim or threatened to do so?																				
						Are there knives, guns, or other weapons in the house?																				
						Has the apparent offender used violence against household pets to get at the apparent victim?																				
						Does the apparent offender use violence against the apparent victim when intoxicated or high?																				
						Has the apparent offender threatened to kill the apparent victim?																				
						Is the apparent offender assaultive during sex?																				
						Is the apparent offender preoccupied with the apparent victim?																				
						Is the apparent offender jealous and imagine the apparent victim is having affairs?																				
						Does the apparent offender follow, monitor the whereabouts of, and/or stalk the apparent victim?																				
						Does either party misuse alcohol or drugs, for example, speed, cocaine, crack, or heroin?																				
						Does the apparent offender have a history of violence toward others (including intimates) or of breaking																				
						Has either party experienced recent deaths or losses or significant stressors?																				
						Does either party have, or ever had, any mental health problems?																				
						Might either party seriously injure or kill him/herself?																				
						Has either party threatened or tried to commit suicide?																				
						Is either party experiencing depression?																				
						Is either party suicidal?																				
						Was either party abused as a child, or did either party witness spouse abuse in his/her family of origin?																				
						Is the apparent victim considering separating from the apparent offender or been separated?																				
						Is the wife pregnant?																				
	ii. Spouses' concerns about the level of risk (continued and/or increased severity)																									
	iii. Case manager's assessment of the level of risk (continued and/or increased severity)																									
	e. Safety measures and planning																									
	i. Measures taken to date																									
	ii. Case Manager's recommendations:																									
PATIENT'S IDENTIFICATION (Use this space for Mechanical Reprints) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">RECORDS MAINTAINED AT: </td> <td colspan="2"></td> </tr> <tr> <td colspan="3">PATIENT'S NAME (Last, First, Middle Initial)</td> <td>SEX</td> </tr> <tr> <td>RELATIONSHIP TO SPONSOR</td> <td colspan="2">STATUS</td> <td>RANK/GRADE</td> </tr> <tr> <td colspan="2">SPONSOR'S NAME</td> <td colspan="2">ORGANIZATION</td> </tr> <tr> <td>DEPART./SERVICE</td> <td>SSN/IDENTIFICATION NO.</td> <td colspan="2">DATE OF BIRTH</td> </tr> </table>							RECORDS MAINTAINED AT:				PATIENT'S NAME (Last, First, Middle Initial)			SEX	RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE	SPONSOR'S NAME		ORGANIZATION		DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
RECORDS MAINTAINED AT:																										
PATIENT'S NAME (Last, First, Middle Initial)			SEX																							
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE																							
SPONSOR'S NAME		ORGANIZATION																								
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH																								

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Figure C-3 (Cont). SF 600 - Record of Medical Care

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	f. Other relevant information
	i. Unusual stressors on the family
	ii. Strengths and resources in the family
	iii. Degree to which spouses felt free to talk with case manager
	<u>Wife:</u>
	<u>Husband:</u>
	iv. Other (e.g., explanation of responses to questions in the risk factor checklist and suspicions you have that you cannot prove)
	2. Additional background information
	i. History of substantial abuse
	Husband Wife _____ _____ First substantial incident (USMC or civilian)
	Husband Wife _____ _____ Reoffense (enter number of reoffense on line)
	ii. History of betterers rehabilitation by either party (indicate the type and duration of the program and date(s) of participation)
	<u>Husband:</u>
	<u>Wife:</u>
	iii. Amenability to intervention (explain your conclusions)
	<u>Husband:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:
	<u>Wife:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:
	iv. Other (e.g., EAS date or pending court-martial)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)	RECORDS MAINTAINED AT:		
	PATIENT'S NAME (Last, First, Middle Initial)	SEX	
	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	SPONSOR'S NAME		ORGANIZATION
	DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	CHRONOLOGICAL RECORD OF MEDICAL CARE		

STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FRMR (41 CFR) 201-45.505

Figure C-3. SF 600 - Record of Medical Care

MALES

HEIGHT (Inches)	Maximum Standard (Pounds)	Minimum Standard (Pounds)
58"	132	91
59"	136	94
60"	141	97
61"	146	100
62"	150	104
63"	155	107
64"	160	110
65"	165	114
66"	170	117
67"	176	121
68"	181	125
69"	186	128
70"	192	132
71"	197	136
72"	203	140
73"	208	144
74"	214	148
75"	220	152
76"	226	156
77"	232	160
78"	238	164
79"	244	168
80"	250	173

Max BF%: 18%

FEMALES

HEIGHT (Inches)	Maximum Standard (Pounds)	Minimum Standard (Pounds)
58"	120	91
59"	124	94
60"	128	97
61"	132	100
62"	137	104
63"	141	107
64"	146	110
65"	150	114
66"	155	117
67"	160	121
68"	164	125
69"	169	128
70"	174	132
71"	179	136
72"	184	140
73"	189	144
74"	195	148
75"	200	152
76"	205	156
77"	211	160
78"	216	164
79"	222	168
80"	228	173

Max BF%: 26%

Figure C-4. USMC Height/Weight Standards

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

Date: 2003/04/23

Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Mid Init.			2. SSN		3. Rate/Rank	
4. Designator/MOS/NEC		5. Sex	6. Age	7. Date of Birth		
8. Known Allergies			9. Unit or School and UIC			
10. Home Address		Street			City	
11. State	Zip + 4 Code		Home Phone Number		Work Phone Number	
12. Location of Health Record			13. Location of Dental Record			
14. Date of last Complete Physical Examination			15. Purpose of Examination			
16. Date of last Dental Exam		17. Type of Examination		18. Class	19. Date of last PAP and results	20. Date of last Mammogram and results
21. Date of last HIV Blood Test		22. Blood Pressure <i>Reserves Only</i>	23. Body Fat%	24. Height inches		25. Weight lbs

(Continued on Next Page)

NAVMED 6120/3 (REV. 6-91)

S/N 0105-LF-012-3800

Figure C-5. NAVMED 6120/3 Annual Certificate of Physical Condition

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

1. Have had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

() NO () YES If yes, explain:

2. Are you now, or have been under a physician's care during the past 12 months?

() NO () YES If yes, explain:

3. Have you taken prescription medications in the past 12 months?

() NO () YES If yes, what are they?

4. Do you have any physical defect(s), family or mental problem which might restrict your performance on active duty or prevent your mobilization?

() NO () YES If yes, explain:

5. Additional comments:

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE:

MEDICAL DEPT. REP. SIGNATURE:

REVIEWING OFFICER'S SIGNATURE:

REVIEWING OFFICER'S COMMENTS:

Figure C-5 (Cont). NAVMED 6120/3 Annual Certificate of Physical Condition

CP Request Form

PART I

- A. BPA#/PSR SITE: _____
- B. NAME/RANK OF RECRUITER REQUESTING SERVICES:
- a. PRINT: _____
- b. SIGNATURE: _____
- C. APPLICANT NAME: _____
- D. APPLICANT SSN: _____ SEX: _____
- E. APPLICANT DOB: _____ HOME/WORK PHONE: _____
- F. _____ REENL _____ IRR TRANSFER ***MUST BE FILLED OUT**
- G. MEDICAL APPOINTMENT TIME/DATE: _____
- H. OPTICAL APPOINTMENT TIME/DATE: _____

PART II

- A. DATE CALL PLACED: _____
- B. CALL NUMBER: _____
- C. NAME OF INDIVIDUAL PLACING CALL: _____
- D. AUTHORIZING SIGNATURE/DATE: _____

PART III

- A. DATE PHYSICAL RECEIVED: _____
- B. SIGNATURE VERIFICATION OF RECEIPT:
- RECRUITER'S SIGNATURE: _____

Figure C-6. Contract Physical Request Form

TATTOO SCREENING FORM

NAME _____ SSN _____ DATE _____

1. Does the applicant have any tattoos, brands or body ornamentation? **Y N**

2. Does the applicant have more than 4 body markings? **Y N**

3. Where are the applicant's tattoos, brands or body ornamentation?

4. How many of the tattoos, brands or body ornamentation can be seen when wearing the standard physical training uniform?

5. Does the tattoo, brand or body ornamentation coverage exceed one-quarter of the respective body parts surface when wearing the standard physical training uniform? **Y N**

6. Does the tattoo, brand or ornamentation exceed the area of the wearer's hand, with fingers extended and joined with the thumb touching the base of the index finger? **Y N**

7. Are any of the tattoos, brands or body ornamentation on the neck or head? (Above the collarbone in front, first cervical vertebrae in back or exposed by an open short sleeve khaki shirt) **Y N**

8. Are any of the tattoos, brands or body ornamentation represent a gang membership, advocate racial, ethnic, religious discrimination, sexist (express nudity), drug related, obscene or are prejudicial to good order, discipline and morale or are of a nature to bring discredit upon the Marine Corps? **Y N**

Explain: _____

Figure C-7. Tattoo Screening Form

TATTOO SCREENING FORM

NAME _____ SSN _____ DATE _____

9. Are any of the tattoos a result of a specific activity? (i.e. specifically an activity, or as the result of any violation of law(s))?

Y N

10. Has the applicant ever had a tattoo, brand or body ornamentation removed?

Y N

Explain: _____

NOTE: IF THE APPLICANT HAS RESPONDED "YES" TO ANY OF THE ABOVE QUESTIONS, THEY MUST BE INTERVIEWED BY A **COMMISSIONED OFFICER** TO DETERMINE IF THE APPLICANT IS ELIGIBLE FOR ENLISTMENT. DIGITAL PHOTOGRAPHS OF EACH BODY MARKING WILL ACCOMPANY THIS FORM WHEN FORWARDED FOR REVIEW.

Commissioned Officers Reviewing Comments: _____

NAME/SIGNATURE OF **RANK** **POSITION**
COMMISSIONED OFFICER

NOTE: ALL QUESTIONABLE BODY MARKINGS ON CONTENT, SIZE NUMBER OR LOCATION WILL BE FORWARDED TO THE APPROPRIATE DECISIONING AUTHORITY FOR APPROVAL/REVIEW.

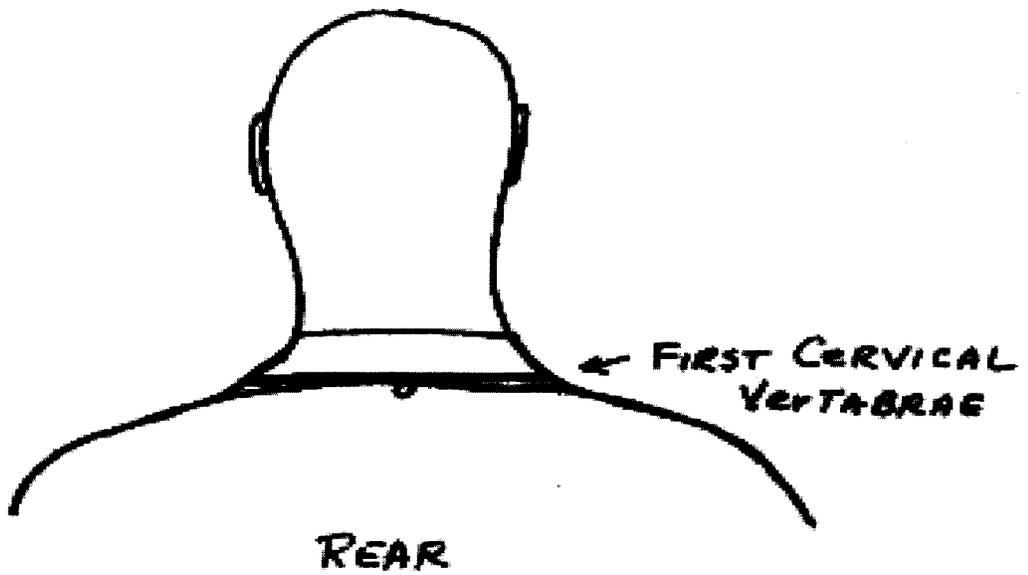
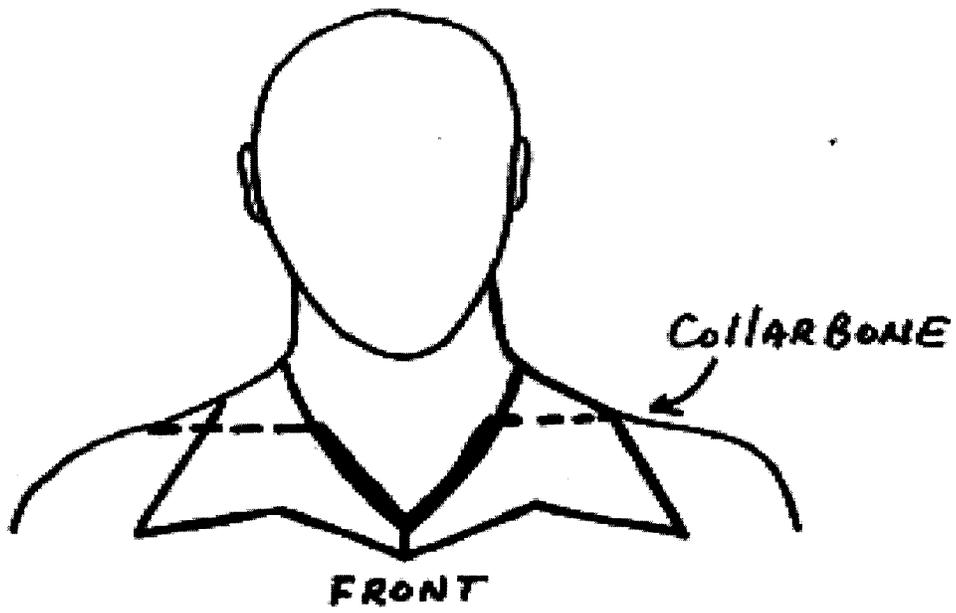


Figure C-8. Diagram Depicting Head, Neck, and Shoulder Area

UNWAIVERABLE CONDITIONS FOR REENLISTMENT/TRANSFER

1. To reduce waiver response time, the following is a non-inclusive list of conditions that are not waiverable for reenlistment and may not be waiverable for IRR transfer. Recruiters shall consult with their local medical authority for any questionable conditions.

- a. Single Kidney - regardless of cause.
- b. Seizure disorder with seizure and/or medication within 5 years.
- c. Cancer with treatment within 5 years except testicular cancer.
- d. Serious head injury within 5 years.
- e. Ulcer within 3 years.
- f. Cataract surgery - unless there is an intraocular lens implant.
- g. Diabetes
- h. Loss of one eye
- i. Vision refraction in excess of +/- 9.00 diopters.
- j. Asthma or use of asthma-type medications within past 5 years unless a single episode (**will require consultation and additional testing**).
- k. Mental (psychiatric) conditions with current or recent treatment (within 6 months).
- l. Chronic, recurrent skin conditions.
- m. Psoriasis unless limited to one or two small areas and without past history or more widespread involvement.
- n. Orthopedic injuries or surgery with residual muscle weakness, loss of range of motion resulting in functional limitations.
- o. Severe headaches or dysmenorrhea which require prescription drugs or interfere with daily activity, i.e., stay home from work/school, go to bed/sleep, avoid light/noise, etc.
- p. Undescended testicle(s).
- q. Hearing loss: (Reenlistment only)
 - 1) 500/1000/2000 Hz greater than 35 dB in either ear
 - 2) 3000 Hz greater than 45 dB
 - 3) 4000 Hz greater than 60 dB
 - 4) 3000 and 4000 Hz is disqualifying if in both ears
- r. Crohn's Disease (Regional Enteritis).
- s. Ulcerative Colitis.

- t. Neurofibromatosis.
- u. Atrial or Ventricular Septal Defects that have not been repaired (or other congenital heart defects not repaired).
- v. Keratoconus.
- w. Current case of venereal disease (non responsive to medical treatment).
- x. HIV positive: current Marine Corps policy allows for an IRR Marine to drill under certain conditions. Reenlistment is prohibited.
- y. High blood pressure
- z. Certain forms of arthritis
- aa. High cholesterol

APPENDIX D

STATEMENT OF UNDERSTANDING

1. Purpose. The purpose of this appendix is to prepare the recruiter to instruct the applicant in the current policies of the Marine Corps and DON concerning HIV-I testing, physical examination requirements, and illegal use of drugs.
2. Scope. Recruiters are responsible for explaining and completing this document on all applicants to the Ready Reserve.
3. General Instructions. The recruiter will have the applicant complete the Statement of Understanding as depicted in Fig. D-1.
4. Specific Instructions
 - a. The Statement of Understanding will be dated no more than 90 days between form completion date and date of join or reenlistment. Recertification of the ISC will update this form.
 - b. Item I: Physical examination requirements: Inform applicants (with valid SF-88/DD2808 between 2-5 years old at the time of affiliation or reenlistment) that they are subject to the provisions of this paragraph.
 - c. Item II: Unlawful use of drugs in the Marine Corps: This section is applicable to all Marines joining the Ready Reserve. Ensure each applicant reads and understands this policy. The illegal drug use question on the Interview Screening Checklist is where they certify the extent of their involvement with illegal drugs.
 - d. Item III: Human Immunodeficiency Virus (HIV-I) results: This section does not constitute an acceptable negative result for broken reenlistments. Appendix C provides specific directions for the applicability of this statement.

STATEMENT OF UNDERSTANDING (SOU)

Purpose. To ensure that you clearly understand the Department of the Navy policy on physical requirements, policy for HIV-1 positive reservists, and the Marine Corps policy on illegal drug use.

I. PHYSICAL EXAMINATION REQUIREMENTS:

1. **Policy.** Members of the Individual Ready Reserve (IRR) who wish to affiliate with the SMCR are required to have a completed physical examination within two years of the SMCR join date. Members of the IRR whose physical examination are more than two years old and less than five years old may be joined to the SMCR and perform scheduled inactive duty for training, but will not be allowed to attend annual training prior to receiving the results of a complete physical examination, as defined in the Manual of the Medical Department. Reservists found Not Physically Qualified for duty will be returned to the IRR and may be processed for Medical Board Review.

2. **Certification.** I certify that I fully understand the Department of the Navy's policy on physical examination requirements. I understand that if found Not Physically Qualified, I will be returned to the IRR and may be processed for Medical Board Review.

II. UNLAWFUL USE OF DRUGS IN THE MARINE CORPS:

1. **Policy.** The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.

2. **Certification.** I certify that I have completely revealed the extent of my illegal drug use as indicated on the ISC. I further certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand that I will be given a urinalysis test for drugs at my first scheduled drill. I understand that if I test positive, I may be subject to an administrative discharge, nonjudicial punishment or court-martial from the Marine Corps. I understand that if I am discharged from the Marine Corps Reserve for drug abuse, I could receive a discharge under Other than Honorable Conditions.

III. HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1) TEST RESULTS:

1. **Policy.** Members of the reserve components (reservists not on extended active duty of more than 30 days) who are HIV-1 antibody positive and who can be assigned to mobilization billets in the United States which do not require immediate deployment and do not require availability for reassignment overseas or to deployable billets shall be retained in the Ready Reserve. All HIV-1 positive reservists for whom such billet assignments cannot be made shall be transferred involuntarily to the Standby Reserve Inactive. HIV-1 positive reservists who desire to continue affiliation with the Ready Reserve for whom a billet is available must obtain from his/her civilian physician an evaluation conforming to the protocol prescribed by the DOD for HIV-1 evaluation. Reserve personnel presenting documented evidence from their civilian physician showing no evidence of immunological deficiency, neurological involvement, or clinical indication of disease associated with HIV-1 antibody positivity as determined by military health care providers may be retained in the Ready Reserve. Evaluation results not submitted within two months of notification of HIV-1 positivity will cause the reservist to be transferred to the Standby Reserve Inactive or processed for separation depending on the needs of the naval service.

2. **Certification.** I certify that I fully understand the Department of the Navy's (DON) HIV-1 Reserve policy. I understand that I will be given an HIV-1 test, and if I test positive for the HIV-1 antibody I will be transferred to the Standby Reserve Inactive or processed for administrative separation if no billets are identified to meet the requirements as set forth in DON policy.

I certify that I have read the above Statements of Understanding and that they have been explained to me.

Applicant Signature: _____ SSN: _____

Applicant's Printed Name: _____ Date: 2003/04/23

RECRUITING VERIFICATION: I certify that I have completely explained the Marine Corps Policy on the above Statement of Understanding to

—

Recruiter Signature: _____ Date: 2003/04/23

Figure D-1. Statement of Understanding

APPENDIX E

POLICE CHECKS FOR PRIOR SERVICE APPLICANTS FOR THE MARINE CORPS RESERVE

1. Scope of Instruction

a. Police involvement since release from active duty should be indicated by "Yes" answers in blocks 11 or 12 of the Interview Screening Checklist (Fig. 1-1; the details of the incident must be identified on the Interview Screening Checklist), and may require a waiver before reenlistment, extension, or affiliation. RNCOs are responsible for performing police checks on all prior service applicants who indicate any police involvement since release from active duty (except as noted in para. 2,c below) prior to waiver submission. In cases where the jurisdiction will not complete a police check for recruiting personnel, the RNCO will obtain a letter from the police agency stating such and attach it to the DD 369 (Fig. E-1). Additionally, it is the recruiter's responsibility to qualify any previous civil police involvement. Therefore, the following will be accomplished prior to determining the qualifications of any applicant that admits to civil police involvement:

(1) Determine the offense.

(2) Determine the date the offense occurred.

(3) What was the disposition of charges (reduced charges, fine, court cost, supervised probation/non supervised probation).

(4) Determine the date of disposition.

(5) The above information will be listed on the remarks section of the Interview Screening Checklist. If the applicant admits to police involvement, they will provide the appropriate court documents indicating the crime and its disposition. After viewing all the information provided, the RNCO will make a determination to resume the processing or submit a moral waiver request.

b. The RNCO will inform the commanding officer of the SMCR unit of any police involvement by the applicant regardless of whether or not a waiver was required.

c. See figure E-2 for definition and listing of minor traffic, serious traffic, minor non-traffic, serious, and felony offenses.

2. General Instructions

a. RNCOs will utilize a DD 369 (Fig. E-1) for those individuals requiring police checks.

b. The police check will be dated and signed by the Police agency prior to waiver submission. Police checks will be current within 90 days of the join date on the NJW or reenlistment date. The RNCO will ensure the DD 369 is filled out using the sample format provided in Figure E-1. The RNCO will also ensure that the bottom half of the form (Section III, items 1-5) has been completed by the police agency.

c. If an applicant's admitted involvement with law enforcement officials consisted of fish and game, pedestrian, minor non-traffic or minor/serious traffic offense(s), police record checks are not required to confirm the individual's records unless a waiver is required. Therefore, if a waiver is not required, then a police check is not required.

d. If an applicant has a conviction, adverse adjudication, or has served or been credited a term of incarceration for no more than four minor traffic offenses, one serious traffic offense, or one minor non-traffic offense, no waiver is required.

e. If an applicant has a conviction, adverse adjudication, or has served or been credited a term of incarceration for five or more minor traffic, two or more serious traffic, two or more minor non-traffic offenses, a serious offense, or a felony, then a waiver to CMC (CMT) is required. Waivers will be in accordance with Appendix H.

f. Marines on contract who, as a result of conviction of traffic offenses noted in para. 2.d above, are under an unconditional suspended sentence, unsupervised unconditional

probation, suspended sentence, or revoked driver's license, are eligible for affiliation without a waiver.

g. Nolle Prosequi (commonly called Nol Pros): This is a formal entry on a court record of criminal proceedings where the prosecuting jurisdiction declares that they will not prosecute a case any further. This final entry for an offense makes the applicant qualified for reenlistment and affiliation in the Ready Reserve.

h. Nolo Contendere: Formal entry on a court record of criminal proceedings where the defendant pleads 'no contest' to the charge against him. Applicant is neither admitting or denying those charges and is still subject to fines and sentencing as the court deems appropriate. This plea, when accepted by the court, carries the same weight as a guilty charge and may cause the applicant to be unqualified for reenlistment, extension, or affiliation without a waiver approval from CMC.

POLICE RECORD CHECK				1. DATE OF REQUEST (YYYYMMDD)		Form Approved OMB No. 0704-0007 Expires Feb 29, 2004	
<p>The public reporting burden for this collection of information is estimated to average 27 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0007), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>							
SECTION I - (To be completed by Recruiting Service)							
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)			3. SEX		4. PLACE OF BIRTH		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		a. CITY		b. COUNTY
							c. STATE
5. DATE OF BIRTH (YYYYMMDD)		6.a. RACIAL CATEGORY (X one or more)			b. ETHNIC CATEGORY		7. SOCIAL SECURITY NUMBER
		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN			<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO <input type="checkbox"/> (3) DECLINE TO RESPOND		
		<input type="checkbox"/> (4) WHITE <input type="checkbox"/> (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (6) DECLINE TO RESPOND					
8. ADDRESS IN APPLICANT'S JURISDICTION (See "MAIL TO" block)						9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET (Include apartment no.)		b. CITY		c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
10. PERSON MAKING THIS REQUEST							
a. NAME (Last, First, Middle Name(s))			b. RANK	c. SIGNATURE		d. TITLE	
SECTION II - (To be completed by Applicant)							
PRIVACY ACT STATEMENT							
<p>AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, 520(a), and 12102; E.O. 9397. PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States. ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD. DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.</p>							
<p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>							
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.					SIGNATURE		
SECTION III - (To be completed by Police or Juvenile Agency)							
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>							
12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? (If YES, what was the offense or charge, date, disposition and sentence?)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.</p>							
14. DATE (YYYYMMDD)		15. TITLE			16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO:				RECRUITING AGENCY MAIL FROM:			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>				<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			

DD FORM 369, JAN 2003

PREVIOUS EDITION IS OBSOLETE.

Figure E-1. Police Record Check

UNIFORM GUIDE LIST FOR TYPICAL OFFENSES

The below list are guides (see notes).

MINOR TRAFFIC OFFENSES

- Blocking or retarding traffic.
- Careless driving.
- Crossing yellow line, driving left of center.
- Disobeying traffic lights, signs, or signals.
- Driving on the shoulder.
- Driving uninsured vehicle.
- Driving with blocked vision.
- Driving with expired plated or without plates.
- Driving without license in possession.
- Driving without registration or with improper registration.
- Driving wrong way on one-way street.
- Failure to have vehicle under control.
- Failure to keep to right or in lane.
- Failure to signal.
- Failure to stop for or yield to pedestrian.
- Failure to yield right-of-way.
- Faulty equipment (defective exhaust, horn, lights, mirror, muffler, signal device, steering device, tailpipe, windshield wipers, etc).
- Following too closely.
- Improper backing: backing into intersection or highway; backing on expressway; backing over crosswalk.
- Improper blowing of horn.
- Improper parking: restricted area, fire hydrant, double parking, (excluding overtime parking).
- Improper passing: passing on right; in no-passing zone; improper lane change; passing stopped school bus with flashing lights; passing pedestrian in crosswalk.
- Improper turn.
- Invalid or unofficial inspection sticker; failure to display inspection sticker.
- Leaving key in ignition.
- License plates improperly displayed or not displayed.
- Operating overloaded vehicle.
- Racing, drag racing, contest for speed.
- Speeding.
- Spinning wheels, improper start.
- Zigzagging or weaving in traffic.

NOTE: Consider offense of similar nature and traffic offenses treated as minor by local law enforcement agencies as minor traffic offenses.

Figure E-2 (Cont). Typical Offenses

NON-TRAFFIC MINOR OFFENSES

- Abusive language under circumstances to provoke breach of peace.
- Altered identification (driver's license, birth certificate, and so forth), when intent is to purchase alcoholic beverages.
- Curfew violations.
- Committing or creating nuisance.
- Damaging road signs.
- Disorderly conduct: creating disturbance, boisterous conduct.
- Disturbing the peace.
- Drinking liquor or alcoholic beverages on train, plane, or other conveyance.
- Drinking in public (non-disorderly).
- Dumping refuse near highway, littering.
- Failure to appear, failure to comply with a judgement, failure to answer (or disobeying) a summons, or failure to pay a fine.
- Fighting, participating in a brawl.
- Illegal betting or gambling: operating illegal handbook, raffle, lottery, punch board, watching cockfight.
- Juvenile non-criminal misconduct: beyond parental control, incorrigible, runaway, truant, or wayward.
- Liquor or alcoholic beverage: unlawful possession, consumption in public place, or open container.
- Loitering.
- Mischief (painting water towers, graffiti throwing water-balloons).
- Possession of indecent publications or pictures (other than child pornography offenses).
- Purchase, possession, or consumption of alcoholic beverages by minor (underage drinking).
- Theft, shoplifting (value \$100 or less): only if committed under 16 years of age.
- Trespass on property
- Unlawful assembly.
- Vagrancy.
- Vandalism: injuring or defacing public property or property of another; shooting out street lights; or similar offenses where damage is assessed at \$200 or less.
- Violation of fireworks law.
- Violation of fish and game laws.

NOTE: Consider offenses of a similar nature as minor non-traffic offenses. In doubtful cases, apply the following rule: If the maximum confinement under state or local law is 6-months, or less, treat the offense as a minor non-traffic offense.

Figure E-2 (Cont). Typical Offenses

SERIOUS TRAFFIC OFFENSES

- Driving with suspended or revoked license or without license.
- Failure to comply with officer's directions.
- Reckless driving (Fines under \$200).
- Traffic violation where fine assessed exceeds \$200.

SERIOUS OFFENSES

- Adultery.
- Assault consummated by battery.
- Breaking and entering vehicle/building without intent to commit a felony.
- Carrying concealed weapon; possession of brass knuckles.
- Check, worthless, making or uttering, with intent to defraud or deceive (\$500 or less).
- Child pornography offenses.
- Conspiring to commit misdemeanor.
- Contempts of court (includes nonpayment of child support or alimony required by court order).
- Contribution to delinquency of minor (includes purchase of alcoholic beverages).
- Desecration of grave.
- Discharging firearm through carelessness or within municipal limits.
- Driving while drunk, impaired, intoxicated. or under the influence of alcohol or drugs.
- Drunk and disorderly and related offenses.
- Failure to stop and render aid after accident.
- Fornication.
- Indecent exposure.
- Indecent, insulting, or obscene language communicated directly or by telephone.
- Killing domestic animals.
- Leaving scene of accident (hit and run) involving no personal injury and property damage is under \$500.
- Liquor or alcoholic beverage: unlawful manufacture or sale.
- Looting.
- Malicious/criminal mischief: throwing rocks on highway, throwing missiles at athletic contest, or throwing objects at vehicle.
- Negligent homicide.
- Petty larceny; embezzlement (value \$500 or less).
- Prostitution.
- Reckless driving (when fine assessed exceeds \$200).
- Removing property under lien.
- Removing property from public grounds.
- Resisting arrest, fleeing and eluding.

Figure E-2 (Cont). Typical Offenses

- Selling, leasing, or transferring weapons to minor.
- Slander.
- Shooting from highway or on public road.
- Stolen property, knowingly receiving (value \$500 or less).
- Theft, shoplifting (value \$500 or less). (If under age 16 and value is \$100 or less, treat as minor non-traffic offense).
- Unlawful carrying of firearms; carrying concealed firearms.
- Unlawful entry.
- Unlawful use of long distance telephone lines.
- Use of telephone to abuse, annoy, harass, threaten, or torment another.
- Vandalism: injuring or defacing public property or property of another; shooting out street lights; or similar offenses where damage is assessed at over \$200.
- Willfully discharging firearms so as to endanger life; shooting in public place.
- Wrongful appropriation of motor vehicle; joyriding; driving motor vehicle without owner's consent (if intent is to permanently deprive owner of vehicle, consider grand larceny under felony offenses below).

NOTE: Consider offenses of comparable seriousness as serious offenses. In doubtful cases, apply the following rule: If the maximum confinement under state or local law exceeds 6 months, treat offense as a serious offense.

FELONY OFFENSES

- Aggravated assault; with dangerous weapon; assault intentionally inflicting great bodily harm; assault with intent to commit felony.
- Assault and battery on law enforcement officer or child under 16.
- Arson.
- Attempt to commit felony.
- Breaking and entering (all types) with intent to commit felony.
- Bribery.
- Bigamy.
- Burglary.
- Carnal Knowledge of child under 16.
- Check, worthless, making or uttering, w/ intent to defraud (over \$500).
- Conspiring to commit felony.
- Criminal libel.
- Draft evasion.
- Extortion.
- Forgery, knowingly uttering or passing forged instrument (except for altered identification for purchase of alcoholic beverages).
- Grand larceny; embezzlement (value over \$500).
- Housebreaking.
- Illegal drugs.
- Impersonating a police officer, civil official, military officer.
- Indecent acts or liberties with child under 16, molestation.
- Indecent assault.
- Kidnapping, abduction.

Figure E-2 (Cont). Typical Offenses

- Leaving scene of accident (hit and run) involving personal injury and/or property damage is over \$500.
- Mail matter: abstracting, destroying, obstructing, opening, secreting, stealing, or taking.
- Mail, depositing obscene or indecent matter.
- Maiming, disfiguring.
- Manslaughter.
- Murder.
- Obstructing justice.
- Pandering.
- Perjury.
- Public record; altering, concealing, destroying, mutilating, obliterating, or removing.
- Rape.
- Riot.
- Robbery.
- Sedition; soliciting to commit sedition.
- Sodomy.
- Stolen property, knowingly receiving (value over \$500).
- Theft, shoplifting (value over \$500).

NOTE: Consider offenses of comparable seriousness as a felony. In doubtful cases, apply the following rule: If maximum confinement under state or local law exceeds 1 year, treat the offense as a felony.

Figure E-2. Typical Offenses

APPENDIX F

RETRAINING REQUIREMENTS

1. General Instructions. All enlisted accession packages for applicants who are retraining require proof that they meet the prerequisites for the MOS. The applicant shall be qualified by providing an acceptable proof source on or before the date of the NJW or IMADET operational sponsor endorsement. The recruiter must ensure that applicants meet the prerequisites outlined in the current editions of NAVMC 2771, Marine Corps Formal Schools Catalog, and MCO P1200.7, MOS Manual. Additional information can be obtained from Prior Service Training Assignments (PSTA). RNCOs are required to review the current MOS manual to ensure retrain qualifications are met.

2. Specific Instructions

a. Applicants who are retraining must meet the GT, CL, EL, or MM for the billet MOS (see Figure F-3). Authorized proof of ASVAB scores are:

(1) Marine Corps Total Force System, (MCTFS, see Figure F-1) if applicant is in the IRR or recently discharged/released from active duty. Access to the MCTFS is done by first accessing the Computer Information Catalog System (CICS) Selection Menu. Once inside, select the MCTFS. Once inside the MCTFS, select TEST.

(2) Visual Audit Sheet/BTR/RBTR.

(3) SRB page 8a.

(4) DD Form 1966 (from previous enlistment). Refer to page K-18 for location of ASVAB scores on the current form. ASVAB scores on DD Form 1966s prior to the January 1989 edition can be found in the following boxes in part 21.

41-43	GT
47-49	EL
50-52	CL
53-55	MM

(5) MEPCOM 714ADP.

- (6) Master Brief Sheet.
- (7) ALMRS lead screen.
- (8) Recruiter Eligibility Determination Database (REDD) printout.

b. Minimum acceptable physical requirements are listed for several MOSs. The recruiter must ensure the applicant is physically qualified for the retraining billet.

c. Marine Corps MOS's that can be awarded as Managed On Job Training (MOJT) are outlined in Figure F-2. Marines acquiring their MOS by MOJT must still satisfy all retrain prerequisites.

d. Waivers for test scores and other MOS prerequisites may be obtained only from the MOS producing school. An authorization letter from the school dated before the unit acceptance signature shall be in the accession package.

```

TJJPTST                      **** TEST SCORES ****                      10/02/1998
GR4H07 ENTER NEXT SSN: _____ ENTER CATG: _____ SEQ NBR: _____ 10:18:24
SSN:                          NAME: JOSEPH M                               PAGE: 01
RUC: 88802                     COMPANY CODE: PRES-GRADE: E5       RECSTAT: E   COMP CODE:
                                PLT CODE:          TRNGRP: H       R-RECSTAT: 0 RCOMP CODE: K7

*RAW SUBTEST*                 *CLASS TEST*                 *AFQT ASVAB*                 *LANGUAGE SCORES*
GI/GS 21                      FORM: 14B                    SCORE: 64                    DLAB SCORE: 042
NO/AR 24                      TYPE: 1                      FORM: 14B                    DATE: 19920912
AD/WK 32                      DATE: 19920912
WK/PC 14
AR/NO 49                      *ASVAB TEST*                *GCT SCORES*                *MISC TEST SCORES*
SP/CS 49                      GT 112                      GCT 000                      ARC SCORE: 104
MK/AS 15                      MM 106                      PA 000                      ARC DATE: 19920912
EI/MK 10                      EL 107                      AR 000                      EDPT SCORE: 042
MC/MC 14                      CL 102                      RV 000                      EDPT DATE: 19920912
GS/EI 12                      AC 000
SI 00 AI 00
CM 00 CA 00                  *FOREIGN LANGUAGE*          *SELF PROFESSED LANG*
CE 00 CC 00                  CD1 CD2 CD3 CD4            CD1 CD2 CD3 CD4
VE 46

***** C O M P L E T E D *****
PF1 - HELP                    PF3 - EXIT TO TRNG MENU      PF12 - LOCAL PRINT

```

Figure F-1. Proof of ASVAB Scores (MCTFS Test Score Page)

MARINE CORPS MOS'S WHICH CAN BE AWARDED VIA MOJT	
<u>MOS</u>	<u>DESCRIPTION</u>
0121	PERSONNEL CLERK
0151	ADMINISTRATIVE CLERK
0311	RIFLEMAN
0313	LAV CREWMAN
0331	MACHINE GUNNER
0341	MORTARMAN
0351	ASSAULTMAN
0352	ANTITANK ASSAULT GUIDED MISSILE MAN
0411	MAINTENANCE MANAGEMENT SPECIALIST
0811	FIELD ARTILLERY CANNONEER
1371	COMBAT ENGINEER
3381	FOOD SERVICE SPECIALIST
3531	MOTOR VEHICLE OPERATOR
3533	LOGISTICS VEHICLE SYSTEM OPERATOR
3534	SEMI-TRAILER REFUELER OPERATOR
4133	MCCS SPECIALIST
4341	COMBAT CORRESPONDENT
5811	MILITARY POLICE

Figure F-2. MOS's that can be attained via MOJT

MOS ASVAB REQUIREMENTS			
MOS	TITLE	ASVAB SCORE	
0121	PERSONNEL CLERK	CL	100
0151	ADMINISTRATIVE CLERK	CL	100
0231	INTELLIGENCE SPECIALIST	GT	100
0241	IMAGERY INTERPRETATION SPECIALIST	GT	100
0251	INTERROGATION/TRANSLATION SPECIALIST	GT	100
0261	TOPOGRAPHIC INTELLIGENCE SPECIALIST	GT	100
0311	RIFLEMAN	GT	80
0313	LAV CREWMAN	GT	90
0321	RECONNAISSANCE MAN	GT	105
0331	MACHINE GUNNER	GT	80
0341	MORTARMAN	GT	80
0351	ASSAULTMAN	GT	80
0352	ANTITANK ASSAULT GUIDED MISSILMAN	GT	90
0411	MAINTENANCE MANAGEMENT SPECIALIST	GT	100
0431	EMBARKATION/LOGISTICS/CSS SPECIALIST	GT	100
0451	AIR DELIVERY SPECIALIST	GT	100
0481	LANDING SUPPORT SPECIALIST	GT	95
0511	MAGTF PLANNING SPEC	GT	110
0612	FIELD WIREMAN	EL	90
0613	CONSTRUCTION WIREMAN	EL	90
0614	ULCS OPER/MAINTAINER	EL	100
0621	FIELD RADIO OPERATOR	EL	90
0622	MOBILE MULTICHANNEL EQUIPMENT OPER	EL	100
0627	GMF SATCOM OPERATOR	EL	100
0651	INFORMATION SYSTEMS SPECIALIST	GT	110
0656	DATA NETWORK SYSTEMS SPECIALIST	GT	110
0811	FIELD ARTILLERY CANNONEER	GT	90
0842	FIELD ARTILLERY RADAR OPERATOR	GT	105
0844	FIELD ARTILLERY FIRE CONTROL MAN	GT	105
0847	ARTILLERY METEOROLOGICAL MAN	GT	105
0861	FIRE SUPPORT MAN	GT	100
1141	ELECTRICIAN	EL	90
1142	ELECTRICAL EQUIPMENT REPAIR SPECIALIST	EL	100
1161	REFRIGERATION MECHANIC	MM	105
1171	HYGIENE EQUIPMENT OPERATOR	MM	85
1316	METAL WORKER	MM	95
1341	ENGINEER EQUIPMENT MECHANIC	MM	95
1345	ENGINEER EQUIPMENT OPERATOR	MM	95
1361	ENGINEER ASSISTANT	GT	100
1371	COMBAT ENGINEER	MM	95
1391	BULK FUEL SPECIALIST	MM	85
1812	M1A1 TANK CREWMAN	GT	90
1833	ASSAULT AMPHIBIOUS VEHICLE CREWMAN	GT	90

Figure F-3 (Cont). ASVAB Requirements per MOS

2111	SMALL ARMS REPAIR TECHNICIAN	MM	95
2131	TOWED ARTILLERY SYSTEMS TECHNICIAN	MM	95
2141	ASSAULT AMPHIBIOUS VEHICLE REPAIR	MM	105
2146	MAIN BATTLE TANK REPAIR TECHNICIAN	MM	105
2147	LIGHT ARMORED REPAIR TECHNICIAN	MM	105
2161	MACHINIST	MM	105
2171	ELECTRO-OPTICAL ORDNANCE REPAIR	MM	105
2311	AMMUNITION TECHNICIAN	GT	100
2631	ELECTRONIC INTEL INTERCEPT OPERATOR	GT	110
2651	SPECIAL INTELLIGENCE COMMUNICATOR	GT	100
28XX	ALL 2800 SPECIALTIES	EL	115
3043	SUPPLY ADMINISTRATION CLERK	GT	110
3047	SUPPLY ADMIN/WAREHOUSE CLERK	CL	110
3051	WAREHOUSE CLERK	CL	90
3052	PACKAGING SPECIALIST	CL	80
3112	TRAFFIC MANAGEMENT SPECIALIST	CL	90
3381	FOOD SERVICE SPECIALIST	GT	90
3432	DISBURSING TECHNICIAN	GT	110
3451	FISCAL/BUDGET TECHNICIAN	CL	110
3521	ORGANIZATIONAL AUTOMOTIVE MECHANIC	MM	95
3525	CRASH/FIRE/RESCUE VEHICLE MECHANIC	MM	95
3531	MOTOR VEHICLE OPERATOR	MM	85
3533	LOGISTICS VEHICLE SYSTEM OPERATOR	MM	85
4341	COMBAT SPECIALIST	GT	105
4421	LEGAL SERVICES SPECIALIST	CL	100
4611	GRAPHICS SPECIALIST	GT	100
4612	COMBAT LITHOGRAPHER	GT	100
4641	COMBAT PHOTOGRAPHER	GT	100
4671	COMBAT MOTION MEDIA PHOTOGRAPHER	GT	100
5711	NBC DEFENSE SPECIALIST	GT	110
5811	MILITARY POLICE	GT	100
59XX	ALL SPECIALTIES	EL	105
6023	AIRCRAFT POWER PLANTS MECHANIC	MM	105
6042	SUPPORT EQUIPMENT ASSET MANAGER	CL	100
6046	AIRCRAFT MAINTENANCE ADMIN CLERK	CL	100
6048	AIRCRAFT AIRFRAME MECHANIC	MM	105
6062	A/C IMA HYD/PNEU MECH	MM	105
6072	AIRCRAFT MAINTENANCE (HYD)	MM	105
6073	AIRCRAFT MAINTENANCE (ELECT)	MM	105
6074	CRYOGENICS EQUIPMENT OPERATOR	MM	105
6112	HELICOPTER MECHANIC (CH-46)	MM	105
6113	HELICOPTER MECHANIC (CH-53)	MM	105
6112	HELICOPTER MECHANIC (UH/AH-1)	MM	105
6116	TILTROTOR MECHANIC (MV-22)	MM	105
6122	HELICOPTER POWER PLANTS MECH (T-58)	MM	105

Figure F-3 (Cont). ASVAB Requirements per MOS

6123	HELICOPTER POWER PLANTS MECH (T-64)	MM	105
6124	HELICOPTER POWER PLANTS MECH	MM	105
6132	HELO/TILTROTOR DYNAMIC MECH	MM	105
6152	HELICOPTER AIRFRAME MECH (CH-46)	MM	105
6153	HELICOPTER AIRFRAME MECH (CH-53)	MM	105
6154	HELICOPTER AIRFRAME MECH (UH/AH-1)	MM	105
6156	TILTROTOR AIRFRAME MECH (MV-22)	MM	105
6313	AIRCRAFT COMM TECH	EL	110
6386	AIRCRAFT ELECTRONIC COUNTERMEASURE	EL	105
6412	AIRCRAFT COMM/NAV	EL	105
6432	AIRCRAFT ELECTRICAL SYSTEMS MECH	EL	105
6462	AIRCRAFT AUTO TEST EQUIP TECH	EL	105
6482	AIRCRAFT ELEC COUNTERMEASURES TECH	EL	105
6492	AVIATION PRECISION INSTRUMENT TECH	EL	110
6493	AVIATION METEOROLOGICAL EQUIP TECH	EL	110
6494	COMPUTER SYS TECH	EL	105
6511	AVIATION ORDINANCE TRAINEE	GT	105
6531	AVIATION ORDINANCE TECH	GT	105
6541	AVIATION ORDNANCE EQUIP REPAIR	GT	105
6821	WEATHER OBSERVER	GT	105
7011	AIRCRAFT RECOVERY SPECIALIST	MM	95
7041	AVIATION OPERATIONS SPECIALIST	CL	100
7051	AIRCRAFT FIRE FIGHTING SPECIALIST	MM	95
7212	LOW ALTITUDE AIR DEFENSE GUNNER	GT	90
7234	AIR COMMAND AND CONTROL ELEC OP ER	GT	105
7242	AIR SUPPORT OPERATIONS OPERATOR	GT	100
7251	AIR TRAFFIC CONTROLLER TRAINEE	GT	105
7252	AIR TRAFFIC CONTROLLER - TOWER	GT	105
7253	AIR TRAFFIC CONTROLLER - RADAR	GT	110
7371	AERIAL NAVIGATOR TRAINEE	GT	110
7372	FIRST NAVIGATOR	GT	110
7381	AIRBORNE RADIO OPERATOR	GT	110
7382	AIRBORNE RADIO OPERATOR	GT	110

Note: Many skill designator MOSs are not listed. For any unlisted MOS see the MOS Manual for prerequisites.

Figure F-3. ASVAB Requirements per MOS

APPENDIX G

AGREEMENT TO EXTEND ENLISTMENT (NAVMC 321A)

1. General Instructions. Recruiters are required to ensure all Prior Service Marines have sufficient obligated service remaining when affiliating with an SMCR unit or applying for an AR billet.

2. Specific Instructions

a. All enlisted IRR applicants shall have at least 12 months obligated service remaining on their contract upon affiliation.

b. Do not extend IRR members to have more than 12 months.

c. MCTFS screen, RT07, (Figure G-3), will be reviewed and included in the accession package as a proof source that the applicant's service limitations are not being exceeded.

d. If the extension will cause the applicant to exceed service limitations, contact the RI. If the RI approves the join, a copy of the approval letter will be placed on the right side of the accession package as a supporting document. Approval by the RI can only be given if the joining unit agrees to take the Marine and the Marine has a minimum of 3 months remaining on contract. A CMC waiver may be required.

e. The term of the extension agreement when added to any other extension on the Marine's current contract will not exceed a total of 48 months (this can be verified in MCTFS on the D116 screen).

f. The recruiter will prepare the extension, (Figure G-1), in accordance with (Figure G-2), (the instructions from MCO P1040R.35B, paragraph 5407).

g. The following statement will be typed in block 12 of the Agreement to Extend Enlistment:

"Auth: CMC ltr 1040 RAM-5 dtd 9 Sep 96. To have sufficient obligated service remaining to affiliate with the SMCR."

h. The gaining command receives the original plus one copy of the extension with original signatures on each copy.

i. A copy will be filed in the accession package; original signatures are not required on the recruiter's accession package copy.

j. Item #18, physical examination, must be checked in the appropriate box and signed by a medical representative.

k. Extensions are not authorized for Marines that are not Q3.

l. Errors made in the completion of an enlistment extension will require an AA form to be submitted to correct the error. AA forms will be completed in accordance with figure J-2 of this guide. Items requiring an AA form are as follows:

- (1) Name
- (2) SSN
- (3) Grade
- (4) Effective date of extension

AGREEMENT TO EXTEND ENLISTMENT (1133)
 NAVMC 321a (REV. 3-93) (EF) (Previous editions will not be used)

S

SN: 0109-LF-062-8200

1. NAME (Last, First, Middle) JONES BILLY BOB		2. GRADE SGT	3. SSN 123 45 6789	4. COMPONENT <input type="checkbox"/> USMC <input checked="" type="checkbox"/> USMCR
5. CURRENT ENLISTMENT COMMENCED <u>900915</u> FOR <u>EIGHT</u> YEARS <u>8</u> YEARS. <small>(Word) (Fig)</small>		6. CURRENT EXTENSION COMMENCED _____ FOR _____ MONTHS _____ MONTHS. <small>(Word) (Fig)</small>		7. CURRENT <input checked="" type="checkbox"/> ENLISTMENT EXPIRES <input type="checkbox"/> EXTENSION EXPIRES DATE <u>980914</u> <u>FIRST</u> <small>(Indicate, first, second) (Fig)</small>
8. TIME LOST TO BE MADE GOOD <u>ZERO</u> DAYS	9. EFFECTIVE DATE THIS EXTENSION <u>980915</u>	10. TERM THIS EXTENSION <u>TEN</u> MONTHS <u>10</u> MONTHS. <small>(Word) (Fig)</small>		11. VOLUNTARY EXTENSION OF CURRENT ENLISTMENT <u>FIRST</u> <small>(Indicate, first, second)</small>

12. Specific reason for extending: (Include CMC Aut/NOTB or PAR/REF)

AUTH: CMC LTR 1040 RAM-5 DTD 9 SEP 96. TO HAVE SUFFICIENT OBLIGATED SERVICE REMAINING TO AFFILIATE WITH THE SMCR.

13. (Applicable if individual is extending to attend a service school.) I understand that this extension of enlistment will not be canceled in the event I am dropped from the course due to my lack of application or misconduct on my part.

14. I understand that once this extension of enlistment has become effective it cannot be canceled for any reason. Also, I understand extension of enlistment normally count as additional obligated service for SRBP calculations.

15. I understand that under the terms of this extension agreement I will continue to be subject to all the provisions and obligations of my enlistment contract for the period of the extension.

16. I CERTIFY that to the best of my knowledge and belief I have no serious physical defects or illness.

SIGNATURE: Billy Bob Jones
First Name Middle Name Last Name

17. Subscribed and sworn to before me this 20TH day of July A. D. 1998
(See instructions for items 17)

SIGNATURE OF ADMINISTERING OFFICER OFFICIAL A. G. BROWN
A. G. BROWN, MAJ, USMCR
(If an officer of the Armed Forces, give rank and service)

ORGANIZATION AND STATION CD G (-), 2/23, ENCINO, CA

18. PHYSICAL EXAMINATION NOT REQUIRED FOR THIS EXTENSION OF ENLISTMENT
 PHYSICAL EXAMINATION REQUIRED AND COMPLETED

DATE 980720 SIGNATURE OF MEDICAL OFFICER Mich J... GRADE AND SERVICE HNL
USNR (TAP)

REFER TO MCD P1040.31 FOR DETAILED INSTRUCTIONS ON COMPLETION OF THIS FORM.
 Designed Using FormFlow 8

Figure G-1. Agreement to Extend Enlistment

```

TJHPRT07 CAREER RETIREMENT CREDIT RECORD 10/02/1998
ENTER NEXT SSN: _____ ENTER CATG: _____ SEQ NBR: _____ 10:19:35
SSN: _____ NAME: JOSEPH M
RUC: 88802 COMPANY CODE: _____ PRES-GRADE: E5 RECSTAT: E COMP CODE: _____
PLT CODE: _____ TRNGRP: H R-RECSTAT: 0 RCOMP CODE: K7

.NNV: 19981127 PEBD: 19920909 DOB: 19741027 MAND: 00000000 CERT: 000000

INPUT ANNIVERSARY YEAR INACDU MBR- TOTAL INACDU ACDU TOTAL
CRUC INCLUSIVE DATES PD NPD COR PNTS PNTS PNTS PD NPD CRED PNTS SAT
88802 19971127-00000000 000 000 000 01 0001 01 286 000 287 NO
88802 19961127-19971126 000 000 000 00 0000 00 365 000 365 YES
88802 19951127-19961126 000 000 000 00 0000 00 366 000 366 YES
88802 19941127-19951126 000 000 000 00 0000 00 365 000 365 YES
88802 19931127-19941126 000 000 000 00 0000 00 365 000 365 YES
88802 19921127-19931126 000 000 000 00 0000 00 365 000 365 YES
88802 19911127-19921126 000 000 000 12 0012 12 079 000 091 YES

-----COMPLETED-----
CAREER TOTALS
INACTIVE DUTY POINTS CORRES..... 0000 ACTIVE DUTY POINTS PAID..... 02191
INACTIVE DUTY POINTS PAID..... 0000 ACTIVE DUTY POINTS NON-PAID.... 00000
INACTIVE DUTY POINTS NON-PAID.... 0000 TOTAL ACTIVE DUTY POINTS..... 02191
MEMBERSHIP POINTS..... 013 TOTAL POINTS CREDIT..... 02204
TOTAL INACTIVE DUTY POINTS..... 0013 TOTAL SATISFACTORY YEARS..... 06
INACTIVE DUTY POINTS CREDIT..... 0013 TOTAL QUALIFYING SERVICE.... 06-00-00

F1 - HELP PF3 - EXIT TO RETM MENU PF12 - LOCAL PRINT

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Figure G-2. Career Retirement Credit Record

APPENDIX H

SUBMITTING WAIVER REQUESTS TO DETERMINE REENLISTMENT ELIGIBILITY

1. Purpose. To establish policy and amplifying instructions regarding the Marine Corps Recruiting Command (MCRC) Prior Service Recruiting (PSR) waiver process.

2. Scope

a. The Prior Service Recruiter (PS Recruiter) is responsible for recruiting qualified prior service Marines for the Selected Marine Corps Reserve (SMCR). In the event that an applicant fails to meet the reenlistment prerequisites, the PS Recruiter will assist the applicant with the preparation and submission of a waiver request. Efficiency in the evaluation requires that all relevant information about the applicant be submitted since waivers will be evaluated using the "Whole Marine" concept. The qualifications of the applicant are compared with the past and present performance of the individual with the intent of calculating potential effectiveness in the Marine Corps Reserve. This evaluation is often subjective and difficult.

b. The CMC Career Management Team (CMT) approves all reenlistment waiver requests within the Marine Corps Reserve. Reenlistment authorizations are dependent on the applicant meeting all general eligibility criteria for reenlistment and all specific criteria for the type of reenlistment contemplated.

3. General Instructions

a. The recruiter will maintain a complete copy of the waiver package forwarded to the PSRO.

b. Reenlistment Code Confirmation Code Policy. (In the event that a DD-214 is unavailable and/or to verify possible inaccuracies in Marine Corps Total Force System (MCTFS) reenlistment codes.) ^{What is it?} It will also be used for all waiver submissions. This procedure applies to all Marines separated from the Marine Corps Reserve IRR (only) via MCTFS. There is no need to obtain a REDD printout on Marines discharged from the active component or SMCR unit. The auto drop RE-1A is only from the IRR. The following procedure is to be followed

This isn't a sentence.

prior to processing an applicant for reenlistment into the Marine Corps Reserve, to include SMCR/IRR/MTU/IMA.

(1) The Prior Service Recruiter (PS Recruiter) will submit a request for a Recruiter Eligibility Determination Database (REDD) printout to the respective District PSR Section. This request needs to contain the name and SSN of the applicant. At this point, the PS Recruiter will await guidance from the Recruiter Instructor (RI) prior to effecting the reenlistment. ***Note: This is not to be a last minute procedure done just prior to swearing in due to the fact that the applicant may in fact require a waiver to reenlist.**

(2) The District PSR Section Operations Chief, RI, or Operations Clerk will obtain a REDD printout on the applicant. The RI will then determine the applicant's character of service eligibility. The RI will provide written approval or disapproval, issue a Reenlistment Confirmation Code, and will give further guidance to the recruiter. The RI will maintain the REDD printouts for the same duration as required for inspection packages.

(3) The PS Recruiter will receive the RI's approval or disapproval and will continue processing the applicant for either a reenlistment or a waiver in accordance with the guidance provided. The PS Recruiter will be responsible for ensuring all remaining requirements for qualification are met; the RI acts only to review the applicant's character of service.

4. Specific Instructions

a. All waiver requests will be submitted utilizing the sample formats contained in Figures H-1 through H-3.

b. Recruiters will refer to the waiver matrix, (Figure H-4) for specific required enclosures for the various waiver conditions. List all waivable conditions on the cover letter.

c. Waiver requests will contain, at least, the following items:

(1) A detailed recommendation from the Commanding Officer/I&I of the unit to which the applicant has applied.

(2) Copies of release or discharge documents for all

periods of previous service.

(3) A forwarding endorsement from the PSRO OIC or designated representative.

(4) Recruiter's waiver request cover letter (Figure H-1)

5. Interview Screening Checklist applications.

a. A request may be submitted if a military medical treatment facility determines that a waiver of physical standards is warranted. The following additional documentation must be submitted when requesting waiver of physical standards.

- (1) Standard Form 88/2807 and 93/2808.
- (2) Medical treatment records for NPQ condition.
- (3) Follow up treatment documentation.
- (4) Prior medical history.
- (5) Consultations and physical evaluations.
- (6) Results of medical board.
- (7) Evaluations from physicals leading to medical board.
- (8) Current evaluation and test results which indicates the disqualifying condition no longer exists.

b. Marines whose last period of service is with a service other than the Marine Corps or Marine Corps Reserve will require a waiver to reenlist in the Marine Corps Reserve. MCO 1100.73 prohibits an interservice transfer into the MCR of any person other than a prior service Marine. Requests for these waivers will contain the following documentation:

(1) Most recent Enlistment/Reenlistment document (DD Form 4).

(2) Record of Military Processing-Armed Forces of the United States (DD Form 1966).

(3) Verification of the individual's current grade and date of rank.

c. The following are additional conditions that will require a waiver before reenlistment. Any additional documentation required is noted as well.

(1) Reenlistment codes other than RE-1A, RE-3N, RE-3O, RE-3C, or RE-4 (RE-1B and RE-1C are acceptable for affiliation only). Officers do not have reenlistment codes assigned.

(2) Private to Private First Class may not reenlist/extend without CMC approval.

(3) Lance Corporals may not reenlist/extend for more than 6 years of qualifying service.

(4) Corporals may not reenlist/extend for more than 8 years of qualifying service.

(5) Sergeants not selected for Staff Sergeant may not reenlist/extend for more than 13 years of qualifying service.

(6) Staff Sergeants to Master Sergeant may not reenlist/extend for more than 20 years of qualifying service.

(7) Marines regardless of rank may not reenlist for more than 30 years total service.

(8) Sergeants twice passed over for promotion may not reenlist/extend.

(9) Marines E-5 and below who have been discharged 3 or more years may not reenlist.

(10) Marines E-6 and above who have been discharged more than 24 hours may not reenlist.

(11) Marines whose constructive age is 32 or over may not reenlist.

(12) Marines with 45 or more days of lost time may not reenlist.

(13) Marines with an immediate family member who was KIA or is MIA may not reenlist. Requires waiver.

(14) Marines receiving disability compensation from the VA or discharged from the Armed Forces with severance pay for medical reasons may be eligible to transfer if they are willing to temporarily surrender their income from either the reserve drill or the compensation.

(15) An applicant who has received Marine Corps participation points may have exceeded their total qualifying years and require a waiver for reenlistment or extension.

(16) Officers on the Inactive Status List (ISL) may not affiliate until they are removed from the list.

(17) Officers in the IRR with 20 satisfactory years must have maintained 50 retirement points annually to continue participation with the Ready Reserve.

(18) An officer with less than 50 qualifying points may submit a one time waiver to the Secretary of the Navy to request authorization to remain in the Ready Reserve.

(19) Officers with more than one unsatisfactory year will be transferred to the ISL and considered not eligible for Ready Reserve participation.

(20) Officers with 20 or more qualifying years joining an SMCR unit must have a current CRCR print out included in the affiliation package proving the SNO was in compliance. Officers requesting a waiver must contact their OQR representative in IRRD at MCRSC.

d. The following conditions are not waiverable.

(1) Criminal charges pending.

(2) Under civil restraint including reporting probation (pending civil charges is not a bar).

(3) Insane or intoxicated.

(4) Venereal Disease, active cases (those not responding to medical treatment).

(5) Receiving retired or retainer pay from any of the Armed Forces or retired from the reserves, but not yet receiving retired pay.

(6) Admission or evidence of subversive activity.

(7) Conscientious objector.

(8) Pregnant. May be qualified for transfer. Consult with the gaining command medical representative.

(9) Pending administrative or punitive action with the MCR is a bar to transfer and reenlistment until the condition is resolved.

(10) Illegal involvement with drugs. Reenlistment Prohibited.

SSIC
PSRO #
Date

From: RNCO (Rank, First Name, MI, Last Name, SSN/MOS Component)
To: Commandant of the Marine Corps (CMT)
or, if civil action pending, Commanding General

Via: Officer in Charge, Prior Service Recruiting Office #___

Subj: WAIVER OF MARINE CORPS RESERVE (REENLISTMENT, EXTENSION OR
AFFILIATION) REQUIREMENTS FOR (RANK, FIRST NAME, MIDDLE
INITIAL, LAST NAME, SSN/MOS)

Ref: (a) MCO P1040R.35B

Encl: (1) Recommendation from Unit CO/I-I
(2)-(10) Additional requirements from matrix

1. Per the reference, the enclosure(s) is/are provided for consideration in the subject named applicant's request for reenlistment/affiliation in the Marine Corps Reserve. SNA meets all prerequisites contained in paragraph 5101.2 and 5101.3 of the reference, except as indicated below.

2. The specific waiverable condition(s) is/are _____ (List all) _____.

3. The following additional information is provided:

- a. Length of reenlistment desired: (number of years)
- b. Education: (number of years) GT score:
- c. Number of dependents:
- d. RE Code: Confirmation Code: Date:
- e. Constructive age:
- f. Current/last held rank:
- g. MOS:
- h. Prior service to wit:

Component	Dates
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

(To expedite this request, include this paragraph if applicable)
4. SNA has been separated from the Marine Corps (Reserve) for less than 10 months.

RNCO Signature

Figure H-1. Waiver Request

UNIT LETTERHEAD

1160
CO/I&I
Date

From: Commanding Officer or Inspector-Instructor, (unit address)
To: Commandant of the Marine Corps (CMT)

Subj: RECOMMENDATION FOR REENLISTMENT IN THE SELECTED MARINE CORPS RESERVE
FOR (RANK, NAME, SSN/MOS)

Ref: (a) MCO P1040R.35_
(b) MCO 6100.10_

Encl: ()

1. The subject named individual has applied to affiliate with this unit pending his approval for reenlistment into the Marine Corps Reserve. His reenlistment is recommended with (enthusiasm, confidence, reservation, not recommended). Upon approval of his reenlistment request, he will be joined to RUC _____ in the billet MOS of _____. MOS qualification will be gained through (OJT or formal schools).

2. I am aware of the SNI's waiverable condition(s) of _____.
(list all the waiverable conditions here and address each one individually)

Note: Be concise. This paragraph must be completed. Each waiverable condition should have been discussed with the applicant during an interview. The applicant's responses should aid in the development of this paragraph. For example: "The applicant has a waiverable condition of RE3C which was the result of ____ and should be waived because _____. SNI meets all other eligibility requirements of reference (a)".

3. I interviewed SNI on _____ and the following information is provided:

a. The applicant is within height/weight standards at _____ inches and _____ pounds per reference (b). (Cite applicant's current height in inches and weight in pounds).

b. The applicant is within body fat standards of _____% per reference (b) as evidenced by enclosure ().

Note: Only include this paragraph if the individual is **not** within height/weight standards **but meets** the secondary criteria of body fat percent. Cite the body fat percent and include a copy of the applicants physical (SF 88) as an enclosure showing the body fat calculations.

c. The applicant is worldwide deployable and is fit for rigorous combat duty at sea and on foreign shores.

4. CO/OIC is cognizant of the above information. (Include this paragraph if signed by direction, or by anyone other than the CO/OIC).

5. Pertinent additional support information may be provided here.

Signature of CO/OIC/I&I/By Direction designee

Figure H-2. Recommendation for Reenlistment from Sponsor

PSRO Letter Head

1100
PSRO
DATE

From: Officer in Charge, Prior Service Recruiting Office# _____
To: Commandant of the Marine Corps (CMT)

Subj: RECOMMENDATION FOR REENLISTMENT IN THE SELECTED MARINE
CORPS RESERVE FOR (RANK, FIRST NAME, MIDDLE INITIAL, LAST
NAME, SSN/MOS)

1. The subject named Marine/applicant has applied to join

The Inspector-Instructor and/or Reserve Commanding Officer/Officer in Charge was/were not available for signature. I interviewed the Marine/applicant and contacted the Inspector-Instructor and/or Reserve Commanding Officer/Officer in Charge to confirm the Marine/applicant acceptance into the unit upon qualification.

2. The Marine/applicant is recommended/ highly recommended / recommended with enthusiasm to reenlist in the Selected Marine Corps Reserve.

3. Upon approval of his/her reenlistment request, he/she will reenlist and be joined to T/O _____ Line # _____. His/ her billet MOS will be _____.

4. If the Marines/applicants current MOS and the billet MOS do not match, the unit must provide information in this paragraph. Provide details, such as how the Marine/applicant will be MOS qualified, i.e. VOTEC, OJT, formal school QSN.

Signature
Typed Name

Figure H-3. Recommendation for Reenlistment from PSR Office

	WAIVER MATRIX							8/23/02			
	Out>3yrs	SNCO>24hrs	Re Code	Pr>veO6vc	Other Svc	BLMED	Drugs	Hardship	Civ Convict	C-Ages>32	SvcLmts
*Rcd's Letter	X	X	X	X	X	X	X	X	X	X	X
*CO Endorsement	X	X	X	X	X	X	X	X	X	X	X
Regional OIC Endorse	X	X	X	X	X	X	X	X	X	X	X
Personal Statement or Resume	X	O	X	X	X	X	X	X	X	X	X
DD 214's	X	X	X	X	X	X	X	X	X	X	X
CRCR	X	X	X	X	X	X	X	X	X	X	X
SF 88						X				X	
SF 83						X				X	
Med treat recd for NPQ cond						X					
Follow up Treatment document						X					
Prior Medical history						X					
Consults Physical evaluation						X					
Medical Board Results						X					
Pre-Medical Brd Evaluation						X					
Current Evals						X					
Current Tests						X					
DD 4 fr other svc				X	X						
DD 1989 fr other svc				X	X						
DD 368 Conditional Release				X							
Cert Current Grade				X	X						
DOR				X	X						
Pg 3, 11, 12, 13	X	X	X	X							
Service Record					X						
3 Strks fr Indiv Invol								X			
Results of Civ Conv									X		
NOT WAIVERABLE							1	X			(X)
LEGEND:											
X = CURRENT PS WAIVER REQUIREMENTS											
(X) = DONE ON A CASE BY CASE BASIS WITH OCC FIELDS UNDER 80%											
(1) = RE CODE-3P WITH A PHYSICAL EVALUATION BOARD (PEB) PRELIMINARY FINDINGS LETTER SHOULD BE DIRECTED TO THE BOARD FOR CORRECTION OF NAVAL RECORDS TO HAVE RE CODE UPGRADED BEFORE SUBMITTING WAIVER PACKAGE TO HQMC											
O= OPTIONAL											

Figure H-4. Waiver Matrix