

# FLORIDA AIR NATIONAL GUARD

## Records for Processing

**Please complete and return this form as soon as possible.**

Today's Date: \_\_\_\_\_

Have you ever spoken to an Air National Guard recruiter? If yes, who? \_\_\_\_\_

**SOURCE:** How did you hear about the Air National Guard?

\_\_\_\_\_

**If you were referred to us, please provide information to us about the person.**

Full name including rank and middle initial \_\_\_\_\_

Status (Current Military, Retiree, or Civilian) \_\_\_\_\_

Base and Unit you are in (If applicable) \_\_\_\_\_

Last four of SSN \_\_\_\_\_

Good contact number \_\_\_\_\_

**Please read each question carefully. Please answer ALL questions.**

**IDENTIFICATION INFORMATION:**

Full Name (Last, First, Middle, Suffix):			Gender:	Social Security #:
Other Aliases:		Proficient in Another Language?	If yes, what language?:	Race:
Height (inches):	Weight:	Religious Preference:	Drivers License Number, State and Expiration Date:	
Age:	Date of Birth (ex. 02 Jan 08):	Place of Birth (City, State, Zip Code):		Citizenship (If not born in the US):
Eye Color:	Hair Color:	Phone (Cell or Home?):	Email Address:	
Present Address ( Street, City, County, State, Zip):				
Marital Status (Married, Single, Divorce, Separated):		Spouse Status (Military or Civilian):	Number of minor dependents:	

**EDUCATION HISTORY:**List levels of education:  High School Diploma  GED  Some College  Associates  Bachelors  Masters**High School / GED Data:**
 School Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Started Attending the School: \_\_\_\_\_  
 Date of Graduation: \_\_\_\_\_  
 High School Senior? \_\_\_\_\_
**College / University Data:**
 School Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Started Attending the School: \_\_\_\_\_  
 Date of Graduation (if applicable): \_\_\_\_\_  
 # of Credit Hours / Degree Level: \_\_\_\_\_

1. Have you ever used, possessed, sold, or transported any illegal drug to include MARIJUANA? \_\_\_\_\_
2. Have you used or been around the use of any illegal drug to include marijuana in the past 45 days? \_\_\_\_\_

If yes, please include the following information:

Drug Name	Number of times used	Last date of use

**LAW VIOLATIONS:**

1. Have you ever been charged, held, arrested, or questioned by any law enforcement agency, including Juvenile and minor traffic offenses **(this includes any traffic tickets)?** \_\_\_\_\_
2. Do you have any acquittals, dropped charges, ADCO, delayed prosecution, expunged record, or pretrial intervention (PTI) resulting in dropped or dismissed charges, or dismissed case? \_\_\_\_\_
3. Have you ever been arrested for domestic violence? \_\_\_\_\_

List all law violations to the best of your knowledge, to include juvenile violations and traffic tickets.

Type of violation	When did it happen?	Paid a fine?	How much was the fine?	In what county/state did it happen?

**TESTING: (If prior service, skip to next section)**

Have you ever tested, or taken a physical for any branch of service, if so please answer the questions below?

<b>Date ASVAB Taken:</b>	<b>Place taken:</b>	<b>Score:</b>
<b>Date Physical taken:</b>	<b>Place taken:</b>	<b>Outcome: Pass/Fail</b>

Complete the Medical Prescreen by placing Y/N in the appropriate block.

MEDICAL PRESCREEN OF MEDICAL HISTORY REPORT (Chapter #2 Physicals Only)							OMB No. 0704-0413 OMB approval expires Aug 31, 2014	
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB number.								
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</b>								
<b>PRIVACY ACT STATEMENT</b>								
<b>AUTHORITY:</b> 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397 (SSN). <b>PRINCIPAL PURPOSE(S):</b> The primary collection of this information is from individuals seeking to join the Armed Services. The information collected on this form is used to obtain medical data for a determination of medical fitness for enlistment, induction and appointment of individuals to the Armed Forces. <b>ROUTINE USE(S):</b> The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> apply to this collection. <b>DISCLOSURE:</b> Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records.								
<b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.								
<b>1. APPLICANT</b>								
a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)					b. DATE OF BIRTH (YYYYMMDD)		c. SOCIAL SECURITY NUMBER	
d. HEIGHT	e. WEIGHT	f. MAXIMUM WEIGHT	g. SERVICE/COMPONENT			Regular	h. DATE SCREENED (YYYYMMDD)	
	lbs.		<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	Reserve		
			<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force		National Guard		
<b>2. Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 2b.</b>								
a. HAVE YOU EVER HAD OR DO YOU NOW HAVE:				YES	NO		YES	NO
(1) Asthma, wheezing, or inhaler use (4)						(24) Any other heart problems (4)		
(2) Dislocated joint, including knee, hip, shoulder, elbow, ankle or other joint (1)(7)						(25) High blood pressure (4)		
(3) Epilepsy, fits, seizures, or convulsions (4)						(26) Discharged from military service for medical reasons (4)		
(4) Sleepwalking (4)						(27) Ulcer (stomach, duodenum or other part of intestine) (4)		
(5) Recurrent neck or back pain (4)(1)(7)						(28) Received disability compensation for an injury or other medical condition (4)		
(6) Rheumatic fever (4)						(29) Hepatitis (liver infection or inflammation) (4)		
(7) Foot pain (3)						(30) Intestinal obstruction (locked bowels), or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or colitis (4)		
(8) A swollen, painful, or dislocated joint or fluid in a joint (knee, shoulder, wrist, elbow, etc.) (1)(7)						(31) Detached retina or surgery for a detached retina (4)		
(9) Double vision (4)						(32) Surgery to remove a portion of the intestine (other than the appendix) (4)		
(10) Periods of unconsciousness (4)						(33) Any other eye condition, injury or surgery (4)		
(11) Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches (4)						(34) Are you over 40? (If so, call the MEPS for information on special requirements for over-40 physicals) (4)		
(12) Wear contact lenses (if so, bring your contact lens kit and solution so you can remove your contact when we test your vision at the MEPS; also, if you have a pair of eyeglasses, bring them with you no matter how old they are.)						(35) Gall bladder trouble or gall stones (4)		
(13) Fainting spells or passing out (4)						(36) Jaundice (4)		
(14) Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc. (4)						(37) Missing a kidney (4)		
(15) Back surgery (4)						(38) Allergy to common food (milk, bread, eggs, meat, fish or other common food) (4)		
(16) Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage or any other problem, to include depression, or treatment for alcohol, drug or substance abuse (6)(2)						(39) (Females only) Abnormal PAP smear or gynecological problem (4)		
(17) Any of the following skin diseases:						(40) (Males only) Missing a testicle, testicular implant, or undescended testicle (4)		
(a) Eczema (5)						(41) Broken bone requiring surgery to repair (with or without pins, plates, screws or other metal fixation devices used in repair) (1)(7)		
(b) Psoriasis (5)						(42) Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk (4)		
(c) Atopic dermatitis (5)						(43) Thyroid condition or take medication for your thyroid (4)		
(18) Irregular heartbeat, including abnormally rapid or slow heart rates (4)						(44) Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip or other joint (4)(1)(7)		
(19) Allergic to bee, wasp, or other insect stings (itching/swelling all over and/or get short of breath) (4)						(45) Drug or alcohol rehab (4)		
(20) Heart murmur, valve problem or mitral valve prolapse (4)						(46) Kidney, urinary tract or bladder problems, surgery, stones or other urinary tract problems (4)		
(21) Allergic to wool (4)						(47) Sugar, protein or blood in urine (4)		
(22) Heart surgery (4)						(48) Surgery on a bone or joint (knee, shoulder, elbow, wrist, etc.) including Arthroscopy with normal findings (1)(7)		
(23) Been rejected for military service (temporary or permanent) for medical or other reasons (4)						(49) Taking any medications (if so, list reason in Item 2b.)		

### MEDICAL PRESCREEN

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)			SOCIAL SECURITY NUMBER	
<b>2a. (Continued) HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>			<b>YES</b>	<b>NO</b>
(50) Pain or swelling at the site of an old fracture (4)(1)(7)		(64) Shoulder, knee, or elbow problem ( <i>out of place</i> ) (4)(1)(7)		
(51) Perforated ear drum or tubes in ear drum(s) (4)		(65) Locking of the knee or other joint (4)(1)(7)		
(52) Anemia (4)		(66) Giving way of knee or other joint (4)(1)(7)		
(53) Ear surgery, to include mastoidectomy or repair of perforated ear drum, hearing loss or need/use a hearing aid (4)		(67) Cataracts or surgery for cataracts (4)		
(54) Night blindness (4)		(68) Eye surgery, including radial keratotomy, lens implant or other eye surgery to improve your vision (4)		
(55) Arthritis (4)		(69) Collapsed lung or other lung condition (4)		
(56) Absence or disturbance of the sense of smell (4)		(70) Bed wetting since age 12 (4)		
(57) Absence or removal of the spleen, or rupture or tear of the spleen without removal (4)		(71) Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction (4)(6)		
(58) Anorexia or other eating disorder (4)		(72) Taken medication, drugs, or any substance to improve attention, behavior, or physical performance (2)(1)(6)		
(59) Cracked bone or fracture(s) (4)		(73) Do you smoke? ( <i>If yes:</i> )		
(60) Bursitis (4)			(a) Type <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Smokeless tobacco	
(61) Braces ( <i>If you wear or are planning on obtaining braces for your teeth, have the orthodontist submit a letter stating that braces will be removed before active duty date; release form and sample format can be found in the Recruiter's Medical Guide.</i> )		(b) How many per day?	(c) Date last used	
(62) Loss of finger, toe or part thereof (4)		(74) Evaluation, treatment, or hospitalization for substance use, abuse, addiction or dependence ( <i>including illegal drugs, prescription medications, or other substances</i> )		
(63) Loss of the ability to fully flex ( <i>bend</i> ) or fully extend a finger, toe or other joint (4)(1)(7)		(75) Any illnesses, surgery, or hospitalization not listed above		
<b>b. EXPLAIN ALL "YES" ANSWERS TO QUESTIONS (1) - (76) ABOVE.</b> ( <i>Describe answer(s), give date(s) of problems, name doctor(s), clinic(s), hospital(s), treatment given and current medical status. Attach additional sheet(s) if necessary.</i> )				

**PRIOR SERVICE: List all periods of prior service below.**

BRANCH	GR/RK	DATES OF SERVICE	RE	SPD	TYPE OF DISCHARGE	AFSC/MOS	JOB TITLE

**Do you have any piercings or tattoos?** \_\_\_\_\_

If yes, please complete the following information.

Tattoo or Piercing	Location	Reason and/ meaning of tattoo

**BACKGROUND INFORMATION : Answer "yes" or "no" If yes, explain at the bottom where indicated.**

1. Have you ever enrolled in ROTC, Jr. ROTC, Sea Cadet Program or Civil Air Patrol? \_\_\_\_\_
2. Is anyone dependent on you for support? \_\_\_\_\_
3. Is there any court order or judgment in effect that directs you to provide alimony or support for children? \_\_\_\_\_
4. Do you have an immediate relative who: is now a POW or MIA; or has died or become 100% permanently disabled while serving in the Armed Services? \_\_\_\_\_
5. Are you the only living child in your immediate family? \_\_\_\_\_
6. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard? \_\_\_\_\_
7. Have you ever been rejected for enlistment, reenlistment or induction by any branch of the Armed Forces of the United States? \_\_\_\_\_
8. Are you now or have you ever been a deserter from any branch of the Armed Forces?
9. Have you ever been employed by the US Government? \_\_\_\_\_
10. Are you now drawing, or do you have an application pending, or approval for: retired pay disability allowances, severance pay, or pension from any agency of the US Government? \_\_\_\_\_
11. Are you now or have you ever been a conscientious objector? \_\_\_\_\_  
A conscientious objector is an individual with a firm, fixed and sincere objection to the participation in war in any form or to the performance of military service because of religious training or beliefs.
12. Have you ever been discharged from any branch of the Armed Forces of the US for reasons pertaining to being a conscientious objector? \_\_\_\_\_
13. Is there **anything** that would preclude you from performing military duties or participating in military activities whenever necessary? \_\_\_\_\_
14. Have you **ever** tried, used or possessed ANY narcotic (to include heroin or cocaine), stimulant, hallucinogen (to include LSD or PCP), hallucinogen (to include marijuana or hashish), or any mind altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a physician? \_\_\_\_\_

**\*\*Explain any and all "Yes" answers below:**

Question #	Explanation. Please answer, as applicable, who, what, when, where, and why.

**APPLICANT PREFERENCES:**

Please let us know what location or locations you are interested in and what types of jobs you may be interested in as well.

Locations	Jobs/ AFSC's (Air Force Specialty Codes) if known

**Please include any additional or relevant information you believe should be evaluated or included as a part of this application.**

