

# WOCS Orientation Packet

1. **PURPOSE.** The purpose of this packet is to provide information to help you prepare for Warrant Officer Candidate School (WOCS).

2. **COURSE OVERVIEW.**

a. Report in the Army Combat Uniform (ACU) to Headquarters & Headquarters Company (HHC), U.S. Army Warrant Officer Career College (WOCC), building 5910 on Andrews Ave. We encourage you to arrive no later than 1500 on your report date. Bring the enclosed Pre-Reporting Checklist with all applicable documents required to begin training. HHC Cadre or the Candidate Duty Officer will provide in-processing instructions and assign you a room in the billets. On report day, the class will have formation in the HHC area for WOCS orientation. You will be issued a Warrant Officer Candidate Standing Operating Procedure (WOC SOP); study it and pay close attention during the orientation. Additional information is available at://usacac.army.mil/cac2/wocc/wocourses.asp

b. TAC Officers and other cadre members at the WOCC educate, train, and evaluate each candidate in the following areas: leadership, academics, and performance in the garrison and field environment. Moreover, TAC Officers advise, counsel, develop, and make recommendations concerning the progress of each candidate. They demand maximum performance and strive to set the example for all candidates to follow. In order to graduate WOCS, candidates must pass all course requirements.

3. **ENROLLMENT/COURSE PREREQUISITES.** You must:

a. Meet all application and selection prerequisites outlined by the Warrant Officer Procurement Program and the Selection Board.

b. Meet the medical fitness standards for WOCS in AR 40-501, Chapter 2. The three-event APFT will be administered on day three. If you fail the APFT you will not be enrolled in WOCS training. The only authorized event is the walk, and then only with HQDA, DCS G-3/5/7 approval. In addition, you will be required to participate in foot marches and carry a rucksack with a prescribed weight.

c. Meet the height and weight screening criteria of the Army Weight Control Program. If you exceed weight standards you will be measured for percentage of body fat. If you exceed body fat standards you will be removed from the program in accordance with AR 350-1 and AR 600-9.

d. Possess an initial issue of serviceable clothing as outlined in AR 670-1 and AR 700-84.

4. **SECURITY CLEARANCE REQUIREMENTS.** The Joint Personnel Adjudication System (JPAS) is the Army system of record for security clearance eligibility and access. You must have a SECRET clearance upon your arrival at HHC (For those Candidates whose accession MOS requires a TOP SECRET clearance, you must have a TOP SECRET clearance upon arrival). We recommend you check with your unit security officer to ensure the correct access is granted in JPAS. **If you do not meet security clearance requirements you will be returned to your home station.**

5. **CONDUCT AND APPEARANCE.** You are required to present a neat, professional appearance with hair cut to standards of AR 670-1. Mustaches are not permitted in WOCS.

6. **DINING FACILITY.** You will use the Consolidated Dining Facility. Your class will march as a unit to and from the dining facility.

7. **FINANCES.**

a. It is your responsibility to insure your financial matters are in order before your arrival. A report of indebtedness or bad checks may result in your removal from training until the problem is resolved. Recurring problems of this nature may result in elimination from the course.

b. Do not waste money purchasing unauthorized items. You will be given ample time to purchase required items after your arrival. The average course costs have been \$300 to \$400 for alterations, laundry and class/personal items. The taxi fee from Dothan airport to Fort Rucker is around \$50. Once training begins, you will be limited to \$350 on hand. You are authorized to have personal checks, traveler checks, and ATM cards during the course.

8. **MILITARY CLOTHING.** Verify that you have the military clothing required for the course. Do not waste money buying all new uniforms if your old ones are serviceable IAW AR 670-1; however, if you have missing or unserviceable items, purchase replacements from your local Military Clothing Sales Store (MCSS). The Fort Rucker MCSS may not have all the basic issue items required. Appendix 1 and 2 list all military clothing requirements for males and females. If you report from Basic Training with ill fitting uniforms (too large, too small, etc.) contact the HHC cadre for direct exchange.

a. The ACU with tan boots is the daily duty uniform.

b. If you are Reserve Component, CTA 50-900 (paragraph 8b and table 3) authorizes you to receive two additional sets of ACUs through your unit supply prior to your arrival.

c. If you are attending WOCS in a TDY or ADT status wear the unit patch of your current or last unit. All others wear the Aviation Center patch.

d. If you are an inter-service transfer or have six months or more break in service you must report to HHC supply with a copy of your DD Form 214 in order to receive basic clothing issue from Fort Rucker MCSS. If you meet this criterion you are authorized to have patches and name tapes issued at the government expense. Recommend you report early to allow time to receive the basic clothing issue prior to the start of your class.

e. Sign in wearing the ACU with patrol cap. Soldiers who are authorized to wear the maroon/tan beret and black jump boots will only wear these items to the graduation.

f. Wait until you get to HHC to mark your equipment to ensure it is marked IAW WOCS policy.

g. You are encouraged to wear the Army Service Uniform (ASU) for WOCS graduation. Per ALARACT message 099/2011, it is not a mandatory possession item until 1st Quarter, FY 2016; however, the ASU is required for all officers on extended active duty for periods of six months or more per AR 670-1, Table C-1, Note 3. If you are an officer on active duty, you must possess the Army blue uniform.

9. **PRIVATELY OWNED VEHICLES.** On the second day of in-processing you will park your POV in the designated class area, where it will remain for the duration of your time in WOCS. Store valuable personal items in a designated area, not in your POV. Every Sunday you will be allowed to start and idle your vehicle to prevent battery and engine problems.

10. **PRIVATELY OWNED WEAPONS (POW).** We recommend that you leave any POW at your place of residence. If you have a POW with you, report it immediately to the HHC cadre (XO or Operations Officer). If it is after duty hours, have the Candidate Duty Officer notify HHC cadre by phone. You will register your weapon with the military police and store it in the arms room until you complete the course. Do not store any privately owned weapons (shotgun, rifle, or handgun) in your POV. Ensure you receive a briefing on how you are to draw your weapon from the arms room after the course.

11. **MEDICAL.**

a. Ensure your annual Periodic Health Assessment (PHA) is current in the Army's Medical Protection System (MEDPROS) and will not expire while attending WOCS.

b. Notify the Warrant Officer Recruiting Team or HHC cadre if your medical status changes after selection for WOCS. You must provide HHC cadre a copy of any approved HQDA DCS G-3/5/7 waiver during in-processing. If you receive a profile while in training you may be placed on medical hold or returned to home station until medically cleared to continue training. If you are assigned to HHC while on medical/administrative hold you will be required to perform duties within the limits of your profile.

12. **STATIC ITEMS.** Static items are not authorized. A static item is anything that duplicates an item that you display for inspections, or an inspected item that is hidden for the purpose of evading inspection. You may be eliminated from the course for possession of a static item after the course begins. You will have ample opportunity to store extra items in a security room on your first day of active training, so do not throw duplicate items away. Avoid having items that may be considered "static" by waiting until arrival at HHC to purchase required items.

13. **UNAUTHORIZED ITEMS.** You are not permitted to use certain clothing items, equipment and products in WOCS; items considered to give you an unfair advantage over others. Appendix 5 contains a list of unauthorized items.

14. **ALCOHOLIC BEVERAGES AND TOBACCO USE.** You may neither consume nor possess alcoholic beverages or tobacco products while assigned to WOCS. This restriction applies from the date of sign-in to date of departure, regardless of your status (i.e., wait status, active class, admin/medical hold, or holdover). Violation of this restriction can result in your immediate elimination.

15. **MAIL.** If you request a mailbox it will be issued when you in-process.

16. **TELEPHONES AND CELLULAR PHONES.** You are not authorized to use military phones for personal business. Personal cellular phones are authorized during scheduled times while in-processing. Once training begins, you will not have telephone privileges until your class earns those privileges (usually after the first two weeks). At HHC, you are encouraged to call or email your family members to inform them of your safe arrival and to advise them of your new address (once you receive your P.O. Box assignment). Do not store cellular phones in your POV.

17. **AKO ACCOUNT.** You must have an AKO account. Register in advance at [www.us.army.mil](http://www.us.army.mil). We recommend that you renew your password one week prior to your arrival so it will not expire during your time in WOCS. A computer lab is available at HHC for your use. Prior to training, upload all documents required to your personal folder in AKO (Senior TAC essay, autobiography, awards, lease, marriage certificate, etc.).

18. **MOVING DEPENDENTS.** Active and Reserve Component Soldiers attending WOCS to achieve 153A, Rotary Wing Aviator MOS, and required flight training, will attend in a PCS status. (Flight training initial enlistees will attend WOCS in an initial active duty for training status.) PCS travel orders to attend WOCS will reflect a report date to HHC ten days prior to class start date. See ALARACT Message 155/2011 dated 15 April 2011.

19. **BASIC ALLOWANCE FOR HOUSING (BAH).** If you PCS to Fort Rucker, BAH at the without dependents rate will stop until you complete WOCS.

20. **WARRANT OFFICER NETWORK (WO Net).** <https://forums.army.mil>. You may join the WO Net on the Army Professional Forums website. The Warrant Officer Career College has an area within the WO Net for your WOCS class to collaborate with each other prior to the start of WOCS. When the Single Sign On box appears either use your CAC or AKO credentials, select OK. Then select the “Become a Member” hyperlink in the “Participate” box and submit the required information (Enter your WO MOS and your rank of “WOC”). Your membership should be approved within 24 hours.

**If you still have questions on items to bring, contact HHC for information. Phone 334-255-1287/1967 or DSN 558-1287/1967.**

#### **ENCLOSURE**

WOCS Pre-Reporting Checklist

#### **APPENDICES**

Appendix A Inventory Form – Male Clothing Requirements  
Appendix B Inventory Form – Female Clothing Requirements  
Appendix C Inventory Form – Required Additional Items  
Appendix D Inventory Form – Optional Items  
Appendix E Unauthorized Items  
Appendix F Sample Report of Medical Examination  
Appendix G MSAF Instructions

**Warrant Officer Candidate School Pre-Reporting Checklist**

|   |   |   |
|---|---|---|
| NAME (type or print)                                    |   | SSN   |
| UNIT  | DOR:  | BASD (AC only)  |
| COURSE TITLE<br><b>Warrant Officer Candidate School</b> |   | START DATE:   |
| <b>Supervisor Initial</b>                               | <b>Soldier Initial</b>  | <b>PART I – PRE-EXECUTION (D-90 to D-1)</b>   |
|   |   | Unit verified the Soldier has a valid WOCS ATRRS seat and date?   |
|   |   | Candidate has all course information, read the entire welcome packet (at <a href="http://usacac.army.mil/cac2/wocc/wocourses.asp">http://usacac.army.mil/cac2/wocc/wocourses.asp</a> ) and viewed all links related to WOCS?  |
|   |   | Possesses required clothing/equipment IAW WOCS orientation packet?  |
|   |   | Soldier successfully passed physical fitness requirement on standard 3-event APFT administered within 30 days of scheduled departure for WOCS? Only alternate event is walk, which must be approved by exception to policy through Army G-3. Must score 60 points in each event (receive a "GO" in the authorized alternate event). Approved exceptions will not preclude participation in road marches or carrying a rucksack. (Bring DA Form 705, APFT Scorecard) |
|   |   | Soldier meets height and weight standards of AR 600-9?  |
|   |   | Adequate cash/traveler checks/Government Credit Card?   |
|   |   | 15 copies of individual orders received? (PCS for Aviation.)  |
|   |   | School mailing address/telephone numbers received for family?   |
|   |   | Soldier's transportation requirements completed?  |
|   |   | Valid Common Access Card (CAC) and ID tags (1 pr)   |
|   |   | Personnel Data Sheet?   |
|   |   | MSAF requirements completed? See instructions at Appendix 7 to WOCS Orientation Packet.   |
|   |   | If corrective lenses are required, Soldier has a set of military prescription eyeglasses.   |
|   |   | DL Phase 1 Candidates only: Soldier has completed WOCS Phase 1 DL NLT 14 days prior to scheduled arrival at WOCS.   |
| <b>Unit POC List:</b>                                   |   |   |
| Commander   | Work phone  | Home phone  |
| First Sergeant  | Work phone  | Home phone  |
| ARNG/USAR Unit Tech/AGR                                 | Work phone  | Home phone  |
| Unit FAX  | Unit Email  |   |
| <b>Equipment Qualifications (if applicable)</b>         |   |   |
| <b>YES / NO</b>   | Soldier has current military and civilian vehicle operator license(s) through end of course?  |   |
|   | List special equipment qualifications (e.g., bus driver. Bring DA Form 348):  |   |
|   | Completed the Army Accident Avoidance Course at <a href="https://www.lms.army.mil">https://www.lms.army.mil</a> (Use "Catalog Search" to register for the online course)? Bring your certificate. |   |

|   |  |
|---|--|
| <b>Soldier Initial</b>  | <b>PART II – REQUIREMENTS</b>  |
|   | Joint Personnel Adjudication System (JPAS) verification of SECRET level access (no printout is required). Soldiers are required to complete ALL security submissions, e.g., e-QIP, fingerprints, etc., prior to reporting to WOCS. Soldiers who do not possess a SECRET Clearance will not be enrolled in WOCS ( <i>Soldiers whose accession MOS requires a TOP SECRET clearance must have a TOP SECRET clearance to be enrolled in WOCS</i> ).  |
|   | Handcarry all three pages of the approved DD Form 2808, Report of Medical Examination (Chapter 2, AR 40-501). The Report of Medical Examination must be no more than 24 months old from the date signed by the examining physician as of the projected WOCS graduation date for technical MOS candidates, and 18 months for aviation candidates. <i>A new physical examination is required if the physical will expire prior to the WOCS graduation date.</i>  |
|   | If you have a medical profile handcarry the DA Form 3349, Physical Profile, signed by your commander. Remember that you must be able to pass the standard 3-event APFT. No alternate events are authorized unless approved by exception to policy through Army G-3. Approved exceptions will not preclude participation in daily PT, road marches, or carrying a rucksack.   |
| <b>Handcarry the following records. All must have been screened and updated within 30 days of your departure for WOCS by the unit S-1 or supporting personnel office.</b> |  |
|   | Your Enlisted Record Brief (ERB), SGLI Election, Record of Emergency Data, DA 2-1, and/or ARNG/USAR Personnel Qualification Record. AC only, also your DA 61, Application for Appointment, pages 1-3.  |
|   | <b><i>The following documents are essential for ensuring that the DD Form 214, Certificate of Release/Discharge from Active duty, issued prior to your receiving WO1 is complete and correct. Entries on DD 214 must be verified against copies the source documents.</i></b> <ul style="list-style-type: none"> <li>• Copies of orders for all awards, decorations, and qualification badges.</li> <li>• Previously issued DD Form 214 or DD Form 220, Active Duty Report</li> <li>• Proof of deployment if not annotated on your ERB</li> <li>• Initial enlistment contract(s) for AC Soldiers with a break in service; pages 4/1, 4/2, and 4/3</li> </ul> <b><i>For those who were in ARNG and USAR:</i></b> <ul style="list-style-type: none"> <li>• Retirement Points Worksheet, previous DD 214, or NGB 22 for ARNG and USAR</li> <li>• A copy of the contract and orders bringing you into the ARNG/USAR</li> <li>• Copies of orders for all ADSW/ADOS periods and <u>all</u> amendments/extensions</li> <li>• AGR Title 10 or Title 32: Copies of orders bringing you into AGR with <u>all</u> amendments/extension</li> </ul> |
|   | ARNG/USAR may be required to provide copies of lease/mortgage agreement, marriage license/certificate or proof of court ordered child support in order to receive BAH entitlements   |

I have been counseled and have read all requirements applicable to the WOCS. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from, or prevent me from, successfully completing course requirements.

Candidate’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the above candidate’s qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.

Commanding Officer (typed or printed name) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Unit commanders will ensure all candidates enrolled in WOCS meet course prerequisites. Candidates who report for training must have in their possession a completed pre-execution checklist signed by the candidate and the unit commander, along with other required documents. The commander can also certify the completion of prerequisite testing/evaluation (i.e., FAST test). The commander's signature certifies that the candidate meets the stated course prerequisites. Candidates reporting for training without the required supporting documents and a completed checklist signed by the candidate and unit commander, will be returned to their unit.*

## Appendix A

### WOCS Military Clothing Requirements

#### INVENTORY FORM - MALE PERSONNEL

| Item   | REQ    | Additional<br><i>Optional</i> | O/H |
|--|--------|-------------------------------|-----|
| Bag, Duffel, Nylon, OG   | 1 each | 1 each                        |     |
| Belt, Black, Web (brass tip)   | 1 each |                               |     |
| Belt, Riggers, Desert Sand 503   | 1 each | 1 each                        |     |
| Beret, Black, with flash (also maroon or tan if authorized to wear)                                      | 1 each | 1 each                        |     |
| Boots, Combat, Tan (must be 8-10 inch height; no zippers)  | 2 pair | 1 pair-field                  |     |
| Buckle, Belt (brass)   | 1 each |                               |     |
| Cap, Patrol ACU  | 2 each |                               |     |
| Cap, Synthetic Microfleece, Green (IPFU)   | 1 each | 1 each                        |     |
| Coat, AG489 (AG491 also authorized) or Coat Army Service Blue (AB 450)                                   | 1 each |                               |     |
| Coat, All Weather, Double-breasted, Black, w/liner   | 1 each |                               |     |
| Coat, ACU  | 4 each | 2 each                        |     |
| Drawers, White, Tan, or Brown, Jockey or Boxer   | 7 each |                               |     |
| Glove, Inserts, Cold, Foliage Green, Black or Tan  | 2 pair |                               |     |
| Gloves, Shell, Leather, Black or Foliage Green   | 1 pair |                               |     |
| Gloves, Black, Leather, Unisex, Dress  | 1 pair |                               |     |
| Jacket, Improved Physical Fitness Uniform (IPFU)   | 1 each | 1 each                        |     |
| *Rucksack, Large w/Frame   | 1 each |                               |     |
| Pants, IPFU  | 1 each | 1 each                        |     |
| Trunks, IPFU   | 3 each | 2 each                        |     |
| Shirt, Long Sleeve, UPFU   | 2 each | 2 each                        |     |
| Shirt, Short Sleeve, IPFU  | 3 each | 2 each                        |     |
| Necktie, Black (no clip on)  | 1 each |                               |     |
| Shirt, AG415 or AG 428 Long sleeve, Green w/ pleated pockets or Shirt Long sleeve, White (ASU) AW 521    | 1 each |                               |     |
| Shirt, AG415 or AG 469, Short sleeve, Green w/ pleated pockets or Shirt Short sleeve, White (ASU) AW 521 | 1 each | 1 each                        |     |
| Shoes, Dress, Black  | 1 pair |                               |     |
| Socks, Dress, Black  | 2 pair |                               |     |
| Socks, Boot, Black, Tan, or Green  | 7 pair |                               |     |
| Towel, Bath, Brown   | 4 each | 2 each                        |     |
| Trousers, AG489 (AG491 also authorized) or Trousers, ASU w/belt loops, AB 451                            | 2 each |                               |     |
| Trousers, ACU  | 4 each | 2 each                        |     |
| Undershirt, Cotton, White  | 2 each |                               |     |
| Undershirt, Cotton, Tan  | 7 each |                               |     |
| **Washcloth, Cotton, Brown   | 4 each | 2 each                        |     |

1. The above list shows military clothing items required to be displayed and/or accounted for throughout the course.
2. An asterisk (\*) indicates an item you must obtain from your Central Issue Facility if you currently possess the item. If you are unable to obtain the item, you must bring a signed Memorandum from your commander stating the reason(s).
3. A double asterisk (\*\*) indicates an item deleted from the FY12 clothing bag issue.
4. I have physically inventoried all required military clothing and annotated the correct quantities on hand.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B

### WOCS Military Clothing Requirements

#### INVENTORY FORM - FEMALE PERSONNEL

| Item   | REQ    | Additional<br><i>Optional</i> | O/H |
|--|--------|-------------------------------|-----|
| Bag, Duffel, Nylon, OG   | 1 each | 1 each                        |     |
| Belt, black, 1" web (brass tip)  | 1 each |                               |     |
| Belt, Riggers, Desert Sand 503   | 1 each | 1 each                        |     |
| Beret, black, with flash (also bring maroon or tan if authorized to wear)  | 1 each | 1 each                        |     |
| Boots, Combat, Tan (must be 8-10 inch height; no zippers)  | 2 pair | 1 pair-field                  |     |
| *Brassieres (sports brassieres authorized)   | 5 each | 2 each                        |     |
| Buckle, Belt (brass) 1 and 1/8"  | 1 each |                               |     |
| Cap, Patrol, ACU   | 2 each |                               |     |
| Cap, Synthetic Microfleece, Green (IPFU)   | 1 each | 1 each                        |     |
| Coat, AG489 (female) (AG491 authorized) or (Coat Army Service Blue AB 450)   | 1 each |                               |     |
| Coat, All Weather, Double-breasted, Black, w/liner   | 1 each |                               |     |
| Coat, ACU  | 4 each | 2 each                        |     |
| Glove, Inserts, Cold, Foliage Green, Black, or Tan   | 2 pair |                               |     |
| Gloves, Shell, Leather, Black or Foliage Green   | 1 pair |                               |     |
| Gloves, Black, Leather, Unisex, Dress  | 1 pair |                               |     |
| Jacket, Improved Physical Fitness Uniform (IPFU)   | 1 each | 1 each                        |     |
| Pants, IPFU  | 1 each | 1 each                        |     |
| *Rucksack, Large w/ Frame  | 1 each |                               |     |
| Trunks, IPFU   | 3 each | 2 each                        |     |
| Shirt, Long Sleeve, IPFU   | 2 each | 2 each                        |     |
| Shirt, Short Sleeve, IPFU  | 3 each | 2 each                        |     |
| Neck tab, Woman's Shirt, Black   | 1 each |                               |     |
| Shirt, Women's, AG415 or AG 469, Long sleeve (optional over blouse with 3 piece back and front princess pleats is authorized) or Shirt Long sleeve, White (ASU) AW 521   | 1 each |                               |     |
| Shirt, Women's, AG415 or AG 469, Short sleeve (optional over blouse with 3 piece back and front princess pleats is authorized) or Shirt Short sleeve, White (ASU) AW 521 | 1 each | 1 each                        |     |
| Shoes, Black, Poromeric (Oxfords)  | 1 pair |                               |     |
| Pumps, Black (purchased with annual clothing allowance)  | 1 pair |                               |     |
| Skirt, AG489, female (AG491 authorized) w/non-slip waist band, back zipper closure, back open (kick) pleat and two darts in the front and back (or Skirt, ASU), AB 450   | 1 each |                               |     |
| Slacks, AG489, female (AG491 authorized) w/belt loops and non-slip waist band or (Slacks, ASU w/belt loops) AB 451   | 1 each | 1 each                        |     |
| Socks, Boot, Black, Tan, or Green  | 7 pair |                               |     |
| Socks, Dress, Black  | 2 pair |                               |     |
| Towel, Bath, Brown   | 4 each | 2 each                        |     |
| Trousers, ACU  | 4 each | 2 each                        |     |
| **Underwear, Cotton, White   | 7 each |                               |     |
| Undershirt, Cotton, Tan  | 7 each |                               |     |
| **Washcloth, Cotton, Brown   | 4 each | 2 each                        |     |

1. The above list shows military clothing items required to be displayed and/or accounted for throughout the course.
2. An asterisk (\*) indicates an item you must obtain from your Central Issue Facility if you do not currently possess. If you are unable to obtain the item, you must bring a signed Memorandum from your Commander stating the reason you are unable to obtain the item.
3. A double asterisk (\*\*) indicates an item deleted from the FY12 clothing bag issue.
4. I have physically inventoried all required military clothing and annotated the correct quantities on hand.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix C

### REQUIRED ADDITIONAL ITEMS INVENTORY

| ITEM  | QUANTITY  | ON HAND QTY |
|---|-----------|-------------|
| Serviceable Athletic/Running Shoes  | 1 pr      |             |
| All White Athletic ankle or crew length Socks   | 6 pr      |             |
| Eyeglass retaining strap (if wearing eyeglasses)  | 1 ea      |             |
| Shower Shoes  | 1 pr      |             |
| Staedtler Lumocolor Fine Tip Markers (for map marking)  | 2 ea      |             |
| Protractor (1:50,000 scale)   | 1 ea      |             |
| Boot care kit   | 1 ea      |             |
| Personal hygiene items  | As needed |             |
| Padlock (combination preferable)  | 1 ea      |             |
| Clear Double-Stick Scotch Tape  | 1 roll    |             |
| White 1" Medical Tape (Fort Rucker MCSS)  | 2 rolls   |             |
| 3"x5" Cards, Ruled  | 1 pkg     |             |
| Soap (bar or liquid)  | 1 ea      |             |
| Eyewear, ballistic, Army Protective Eyewear List (APEL)-approved, black (Wiley-X, ESS, Oakley M-Frame, Revision Sawfly, Uvex) Note: If you were issued eye protection from your CIF or during RFI, bring them. If you were never issued eye pro, you will receive them from CIF. Also, bring prescribed optical inserts, if needed. | 1 ea      |             |
| Hearing protection (foam or Army-issued flange type)  | 2 pr      |             |
| Officer US and branch insignia for ASU (may purchase from Fort Rucker MCSS)   | 1 set     |             |

1. I understand that I am required to possess these items during WOCS.
2. The required quantity is also the authorized quantity. Duplicate type items are considered "static" items and could be grounds for elimination from the program. Prior to purchasing any additional items, verify with your WOCS TAC Officer that you are authorized to possess them.
3. I understand that I may purchase required additional items prior to my arrival at Fort Rucker. However, waiting until I sign in at WOCS to purchase the listed items will ensure I have the correct items (e.g., color, type, etc.).
4. My signature below indicates I have physically inventoried all required purchase items (both required and authorized), that I am in compliance with the maximum authorized quantities, and that prior to purchasing additional items I will verify with my WOCS TAC Officer that I am authorized to possess them.
5. Required TA-50 will be issued at the Central Issue Facility during inprocessing.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D

**Note:** These items are not required but can be useful during the course. You may decide to purchase either 1 item or as many as you think you may need during the course.

| OPTIONAL ITEMS  |     |     |  |      |     |
|---|-----|-----|--|------|-----|
| ITEM  | Qty | O/H | ITEM   | Qty  | O/H |
| Baby wipes  |     |     | Moleskin   |      |     |
| Sewing kit  |     |     | Nonmilitary or modified issue boot inserts           |      |     |
| Civilian long underwear – black or Army brown (Seasonal)  |     |     | Nonmilitary or modified issue boot socks             |      |     |
| Soldier’s Manual of Common Tasks, Warrior Skills Level One  |     |     | Pace count cord                                      |      |     |
| EM Nu black paint for subdued insignia  |     |     | Pantyhose (females)                                  |      |     |
| Extra bootlaces   |     |     | Small flashlight for field use                       |      |     |
| Foot powder   |     |     | Religious writings                                   |      |     |
| Gore-Tex jacket ( <u>Required for October to March classes only; ensure your last name is sewn on left arm pocket</u> ) |     |     | Small mirror   |      |     |
| Gore-Tex/Polypro gloves (black) – no logos visible ( <u>Seasonal</u> )  |     |     | Spandex type athletic wear/underwear (Black or gray) |      |     |
| Gore-Tex/Polypro socks (black) ( <u>Seasonal</u> )  |     |     | Waterproof bags, quart or gallon size (zip lock)     |      |     |
| Hand sanitizer (small bottles to fit in pockets)  |     |     | Wire hangers   | 15ea |     |
| Insect repellent  |     |     | 5” x 8” cards (plain on at least one side)           | 1 pk |     |
| Laundry bag (extra)   |     |     | Alarm clock (w/o radio) plug-in                      |      |     |
| Letter writing material   |     |     |  |      |     |
| Map pens  |     |     |  |      |     |

At a minimum, the items on this list are required to ensure your success while at WOCS. Due a very limited storage space, you should bring only the items on this list.

\*\*\* All TA-50 will be issued at the Central Issue Facility. Do not bring your personal TA-50 items with the exception of the large rucksack with frame.

1. I understand that I may purchase authorized additional items prior to my arrival at Fort Rucker. However, waiting until I sign in at WOCS to purchase the listed items will ensure I have the correct items (e.g., color, type, etc).

2. My signature below indicates I have physically inventoried all purchase items (both required and authorized), that I am in compliance with the maximum authorized quantities, and that prior to purchasing additional items I will verify with my WOCS TAC Officer that I am authorized to possess them.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix E

## UNAUTHORIZED ITEMS

1. The following list indicates those items which have been identified as unauthorized for possession or use while attending WOCS. Possession or use of unauthorized items may result in elimination from the school for attempting to gain an unfair advantage over fellow candidates or for failure to comply with course guidelines and standards.

2. If you have any questions concerning the use of any products or aids, ask your TAC Officer. If you are not authorized to use an item, it does not mean that you have to throw it away. Storage locations are available. Coordinate with your TAC Officer(s) to place all unauthorized items (except for flammables) in the security room or class amnesty box

- Tobacco products
- Cap stiffeners
- Civilian clothes
- Commercial cleaning products, items, and waxes (not issued by supply)
- Computer (PDA/ pocket PC)
- Performance-enhancing and weight loss dietary supplements
- Alcohol
- Correction tape/liquid
- All weather coat with sewn-in liner
- Knife with blade in excess of four inches
- Pornography

# Appendix F

| REPORT OF MEDICAL EXAMINATION   |          |  |  | 1. DATE OF EXAMINATION (YYYYMMDD)<br>20121022   |  | 2. SOCIAL SECURITY NUMBER<br>555-55-5555  |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
|---|----------|--|--|---|--|---|--|-------------|--------|--------------|---------------------------------|----------|--|------------|--------|-------------|-------------|---|--|----------------------|---|--|---|---|--|-------------------------|---|--|---|---|--|---------------------|---|--|------------------------------------|---|--|--|---|--|--|---|--|---------------------------------------|---|--|--|---|--|---|---|--|--|---|--|--|---|--|-----------------------|---|--|-------------------------------------|---|--|----------------------------------|---|--|----------------------------------|---|--|--|--|---|----------------------|---|--|---------------|---|--|----------------|---|--|---------------------|--|---|---------------|---|--|
| <p>Expiration date is 2 years (TECH) or 18 months (AVN) from exam date. Must be valid through WOCS graduation.</p>  |          |  |  | <p>3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br/>LEE, BRUCE M</p>  |  | <p>4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)<br/>1234 Hopkins Drive<br/>Apt #123, Columbia SC 29061</p>            |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>5. HOME TELEPHONE NUMBER (Include Area Code)<br/>(813) 555-5555</p>  |          |  |  | <p>6. GRADE<br/>SFC</p>   |  | <p>7. DATE OF BIRTH (YYYYMMDD)<br/>19741015</p>   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>8. AGE<br/>38</p>  |          | <p>9. SEX<br/><input checked="" type="checkbox"/> Male<br/><input type="checkbox"/> Female</p>   |  | <p>10.a. RACIAL CATEGORY (X one or more)<br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> White<br/> <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander         </p>                                   |  | <p>b. ETHNIC CATEGORY<br/> <input type="checkbox"/> Hispanic/Latino<br/> <input checked="" type="checkbox"/> Not Hispanic/Latino         </p> |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>11. TOTAL YEARS GOVERNMENT SERVICE<br/>a. MILITARY 12<br/>b. CIVILIAN</p>  |          | <p>12. AGENCY (Non-Service Members Only)</p>   |  | <p>13. ORGANIZATION UNIT AND UIC/CODE<br/>HHC, 264TH (WYQSCB0)</p>  |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>14.a. RATING OR SPECIALTY (Aviators Only)</p>  |          | <p>b. TOTAL FLYING TIME</p>  |  | <p>c. LAST SIX MONTHS</p>   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>15.a. SERVICE<br/> <input checked="" type="checkbox"/> Army<br/> <input type="checkbox"/> Navy<br/> <input type="checkbox"/> Marine Corps<br/> <input type="checkbox"/> Air Force<br/> <input type="checkbox"/> Coast Guard         </p>   |          | <p>b. COMPONENT<br/> <input checked="" type="checkbox"/> Active Duty<br/> <input type="checkbox"/> Reserve<br/> <input type="checkbox"/> National Guard         </p> |  | <p>c. PURPOSE OF EXAMINATION<br/> <input type="checkbox"/> Enlistment<br/> <input checked="" type="checkbox"/> Commission<br/> <input type="checkbox"/> Medical Board<br/> <input type="checkbox"/> Retirement<br/> <input type="checkbox"/> U.S. Service Academy<br/> <input type="checkbox"/> ROTC Scholarship Program<br/> <input type="checkbox"/> Other         </p> |  | <p>16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)<br/>28th MSC<br/>2800 Doolittle Dr.<br/>Ft Jackson, SC 29061</p>            |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>CLINICAL EVALUATION (Check each item in appropriate column. Enter pertinent item in item 73 and use additional pages if necessary.)</p> <table border="1"> <thead> <tr> <th></th> <th>Normal</th> <th>Ab-normal</th> </tr> </thead> <tbody> <tr><td>17. Head, face, neck, and scalp</td><td>X</td><td></td></tr> <tr><td>18. Nose</td><td>X</td><td></td></tr> <tr><td>19. Sinuses</td><td>X</td><td></td></tr> <tr><td>20. Mouth and throat</td><td>X</td><td></td></tr> <tr><td>21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)</td><td>X</td><td></td></tr> <tr><td>22. Drums (Perforation)</td><td>X</td><td></td></tr> <tr><td>23. Eyes - General (Visual acuity and refraction under items 61 - 63)</td><td>X</td><td></td></tr> <tr><td>24. Ophthalmoscopic</td><td>X</td><td></td></tr> <tr><td>25. Pupils (Equality and reaction)</td><td>X</td><td></td></tr> <tr><td>26. Ocular motility (Associated parallel movements, nystagmus)</td><td>X</td><td></td></tr> <tr><td>27. Heart (Thrust, size, rhythm, sounds)</td><td>X</td><td></td></tr> <tr><td>28. Lungs and chest (Include breasts)</td><td>X</td><td></td></tr> <tr><td>29. Vascular system (Varicosities, etc.)</td><td>X</td><td></td></tr> <tr><td>30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)</td><td>X</td><td></td></tr> <tr><td>31. Abdomen and viscera (Include hernia)</td><td>X</td><td></td></tr> <tr><td>32. External genitalia (Genitourinary)</td><td>X</td><td></td></tr> <tr><td>33. Upper extremities</td><td>X</td><td></td></tr> <tr><td>34. Lower extremities (Except feet)</td><td>X</td><td></td></tr> <tr><td>35. Feet (See Item 35 Continued)</td><td>X</td><td></td></tr> <tr><td>36. Spine, other musculoskeletal</td><td>X</td><td></td></tr> <tr><td>37. Identifying body marks, scars, tattoos</td><td></td><td>X</td></tr> <tr><td>38. Skin, lymphatics</td><td>X</td><td></td></tr> <tr><td>39. Neurology</td><td>X</td><td></td></tr> <tr><td>40. Psychiatry</td><td>X</td><td></td></tr> <tr><td>41. Pelvic (Female)</td><td></td><td>X</td></tr> <tr><td>42. Endocrine</td><td>X</td><td></td></tr> </tbody> </table> |          |  |  |   |  |   |  |             | Normal | Ab-normal    | 17. Head, face, neck, and scalp | X        |  | 18. Nose   | X      |             | 19. Sinuses | X |  | 20. Mouth and throat | X |  | 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71) | X |  | 22. Drums (Perforation) | X |  | 23. Eyes - General (Visual acuity and refraction under items 61 - 63) | X |  | 24. Ophthalmoscopic | X |  | 25. Pupils (Equality and reaction) | X |  | 26. Ocular motility (Associated parallel movements, nystagmus) | X |  | 27. Heart (Thrust, size, rhythm, sounds) | X |  | 28. Lungs and chest (Include breasts) | X |  | 29. Vascular system (Varicosities, etc.) | X |  | 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated) | X |  | 31. Abdomen and viscera (Include hernia) | X |  | 32. External genitalia (Genitourinary) | X |  | 33. Upper extremities | X |  | 34. Lower extremities (Except feet) | X |  | 35. Feet (See Item 35 Continued) | X |  | 36. Spine, other musculoskeletal | X |  | 37. Identifying body marks, scars, tattoos |  | X | 38. Skin, lymphatics | X |  | 39. Neurology | X |  | 40. Psychiatry | X |  | 41. Pelvic (Female) |  | X | 42. Endocrine | X |  |
|   | Normal   | Ab-normal  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 17. Head, face, neck, and scalp   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 18. Nose  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 19. Sinuses   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 20. Mouth and throat  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 22. Drums (Perforation)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 23. Eyes - General (Visual acuity and refraction under items 61 - 63)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 24. Ophthalmoscopic   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 25. Pupils (Equality and reaction)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 26. Ocular motility (Associated parallel movements, nystagmus)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 27. Heart (Thrust, size, rhythm, sounds)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 28. Lungs and chest (Include breasts)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 29. Vascular system (Varicosities, etc.)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 31. Abdomen and viscera (Include hernia)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 32. External genitalia (Genitourinary)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 33. Upper extremities   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 34. Lower extremities (Except feet)   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 35. Feet (See Item 35 Continued)  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 36. Spine, other musculoskeletal  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 37. Identifying body marks, scars, tattoos  |          | X  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 38. Skin, lymphatics  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 39. Neurology   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 40. Psychiatry  | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 41. Pelvic (Female)   |          | X  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| 42. Endocrine   | X        |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| <p>43. DENTAL DEFECTS AND DISQUALIFICATIONS (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)</p> <p><input checked="" type="checkbox"/> Acceptable<br/> <input type="checkbox"/> Not Acceptable Class II</p>  |          |  |  | <p>35. FEET (Continued) (Circle category)</p> <table border="1"> <tr> <td>Normal Arch</td> <td>Mild</td> <td>Asymptomatic</td> </tr> <tr> <td>Pes Cavus</td> <td>Moderate</td> <td></td> </tr> <tr> <td>Pes Planus</td> <td>Severe</td> <td>Symptomatic</td> </tr> </table>   |  |   |  | Normal Arch | Mild   | Asymptomatic | Pes Cavus                       | Moderate |  | Pes Planus | Severe | Symptomatic |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| Normal Arch   | Mild     | Asymptomatic   |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| Pes Cavus   | Moderate |  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |
| Pes Planus  | Severe   | Symptomatic  |  |   |  |   |  |             |        |              |                                 |          |  |            |        |             |             |   |  |                      |   |  |   |   |  |                         |   |  |   |   |  |                     |   |  |                                    |   |  |  |   |  |  |   |  |                                       |   |  |  |   |  |   |   |  |  |   |  |  |   |  |                       |   |  |                                     |   |  |                                  |   |  |                                  |   |  |  |  |   |                      |   |  |               |   |  |                |   |  |                     |  |   |               |   |  |

Expiration date is 2 years (TECH) or 18 months (AVN) from exam date. Must be valid through WOCS graduation.

Verify SSN is correct

Must have "X" in Commission or Other, with WOCS specified

Ensure dental category is annotated.

# SAMPLE

|   |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |
|---|--|--------------------|------------|--|--|---------------------------------------|--|---|-----------------------------|------------------|--|----------------|--|-------|--|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br>LEE, BRUCE M                                   |  |                    |            |  |  | SOCIAL SECURITY NUMBER<br>555-55-5555 |  |   |                             |                  |  |                |  |       |  |
| LABORATORY FINDINGS   |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |
| 45. URINALYSIS  |  |                    | a. Albumin |  |  | 46. URINE HCG                         |  |   | 47. H/H                     |                  |  | 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<br>lbs. |            | 55. MIN WGT - MAX WGT                        |  | MAX BF %                              |  | 56. TEMPERATURE                                 |                             | 57. PULSE        |  |                |  |       |  |
| 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 °  |  | EX °               |            | R.H.   |  | L.H.                                  |  | Prism div.                                      |                             | Prism Conv<br>CT |  | NPR            |  | PD    |  |
| 65. ACCOMMODATION   |  |                    |            | 66. COLOR VISION (Test used and result)      |  |                                       |  | 67. DEPTH PERCEPTION (Test used and score) AFVT |                             |                  |  |                |  |       |  |
| 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)  |  |                    |            |  |  | Date Calibrated (YYYYMMDD)            |  |   |                             |                  |  | SAT            |  | UNSAT |  |
| HZ  |  | 500                |            | 1000   |  | 2000                                  |  | 3000  |                             | 4000             |  | 6000           |  |       |  |
| Right   |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |
| Left  |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |
| 72b. VALSALVA   |  |                    |            |  |  |                                       |  |   |                             |                  |  | SAT            |  | UNSAT |  |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.) |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |
| SAMPLE  |  |                    |            |  |  |                                       |  |   |                             |                  |  |                |  |       |  |

➔

Ensure LAB/HIV results are entered

|   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
|---|----|-----------------|---------|------|-----------------|--|-------|-----------------|--------------------------------|-------------------------------|-----------------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br>LEE, BRUCE M   |    |                 |         |      |                 | SOCIAL SECURITY NUMBER<br>555-55-5555                  |       |                 |                                |                               |                 |
| 74.a. EXAMINEE/APPLICANT (check one)  |    |                 |         |      |                 | 75. I have been advised of my disqualifying condition. |       |                 |                                |                               |                 |
| <input checked="" type="checkbox"/> IS QUALIFIED FOR SERVICE<br><input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE   |    |                 |         |      |                 | a. SIGNATURE OF EXAMINEE                               |       |                 | b. DATE (YYYYMMDD)<br>20121023 |                               |                 |
| PHYSICAL PROFILE  |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| P   | U  | L               | H       | E    | S               | X  | PROFI | INITIALS        | DATE (YYYYMMDD)                |                               |                 |
| 1   | 1  | 1               | 1       | 1    | 1               |  |       |                 |                                |                               |                 |
| <p>Physical must have block 74a checked, showing "IS QUALIFIED FOR SERVICE." If not, you must provide an approved Army G3 waiver of your profile before you are allowed enrollment in WOCS. If the PULHES contains any entry other than "1" you must have a waiver of your profile.</p> |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| <p>Your signature indicates your knowledge of your physical status and, if applicable, your need for a profile waiver.</p>  |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| 77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| SAMPLE  |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| 78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| 79. MEPS WORKLOAD (For MEPS use only)   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| WKID  | ST | DATE (YYYYMMDD) | INITIAL | WKID | DATE (YYYYMMDD) | INITIAL  | WKID  | DATE (YYYYMMDD) | INITIAL                        | WKID                          | DATE (YYYYMMDD) |
|   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| 80. MEDICAL INSPECTION DATE   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| HT  | WT | %BF             | MAX WT  | HCG  | QUAL            | DIS  |       |                 |                                |                               |                 |
|   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| 81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER  |    |                 |         |      |                 | b. SIGNATURE   |       |                 |                                |                               |                 |
| 82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER  |    |                 |         |      |                 | b. SIGNATURE   |       |                 |                                |                               |                 |
| 83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)  |    |                 |         |      |                 | b. SIGNATURE   |       |                 |                                |                               |                 |
| 84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY  |    |                 |         |      |                 | b. SIGNATURE   |       |                 |                                |                               |                 |
| 85. This examination has been administratively reviewed for completeness and accuracy.  |    |                 |         |      |                 |  |       |                 |                                |                               |                 |
| a. SIGNATURE  |    |                 |         |      |                 | b. GRADE   |       |                 | c. DATE (YYYYMMDD)             |                               |                 |
| 86. WAIVER GRANTED (If yes, date and by whom)   |    |                 |         |      |                 |  |       |                 |                                | 87. NUMBER OF ATTACHED SHEETS |                 |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |    |                 |         |      |                 |  |       |                 |                                |                               |                 |



Must be signed by an MD/Doctor/PA-C or equivalent, NOT a PA or Nurse Practitioner.



## Appendix G

### MSAF INSTRUCTIONS

1. Access MSAF (<https://msaf.army.mil/>) or Google search “MSAF”
2. Log in using your Common Access Card (CAC). CAC login required as of 1 Jul 11.
3. Under “Assess” click “Begin Your 360 Event”
4. It then asks if you are ready to begin your 360 Assessment...select “Begin”
5. Select “No” for the PME/CES Class question, then skip to question 2.
6. Select when you want the assessment to end (*the date selected must allow the assessment to be completed prior to WOCS*), then select “Next.”
7. Select “Leader Behavior Scale” out of the 3 options, then click “Next”
8. You will be prompted to enter a minimum of 13 email addresses to create a group for your assessment. This searches the entire Army Directory. You can search by name (and even partial names), rank, and UIC. Once the person is found, check the box by their name and add “Add”  
\*\* You will be prompted to put 3 names in the supervisor position, 5 peers, and 5 subordinates.  
\*\* You may want to select more than 13 names in case some do not participate in the assessment...you are required to receive 13 RESPONSES in order to complete the event.  
\*\* When finished with each group, select “Next”
9. Review the Event Setup will allow you to go back and edit anything you need to. Once you are satisfied with your selections, select “Start My Event”  
\*\* There are quite a few instruction pages for how to properly conduct an assessment before being required to assess yourself.
10. Complete the leadership survey as per the directions on the screen. Once done, click “Finish”  
\*\* If you cannot complete the assessment all at once, ensure you click “Save & Exit”
11. Now...it’s wait time. You must have at least 13 people respond in order to select “Finish my Event”
12. Once a minimum of 13 responses are received, select “Finish my Event,” print out the final results, and bring them to WOCS per the pre-execution checklist.
13. Note: You will be requested to authorize the release of your MSAF results during WOCS. Releasing your MSAF results are optional. However, when released, your MSAF results will be included in your student packet for cadre to access in order to ensure a 360-degree, multi-dimensional assessment is being performed.