

NOVA

Pre-Deployment Guide



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Introduction

Welcome to Ministry of Defense Advisors Program! As one of the volunteers selected for deployment, you will be spending the next few weeks getting ready to deploy. There are a number of tasks to complete before you arrive in theater. This Pre-Deployment Guide provides you with a comprehensive description of the required activities, forms, and training you must complete in order to deploy.

Throughout the process, you will be working closely with a Ministry of Defense Advisors Program (MoDA) official who will be introduced to you upon selection. He is assigned to assist you during all phases of pre-deployment. This person is your official point of contact (POC), and he/she will be able to answer any questions and make sure you do everything necessary to get through the deployment process as quickly and smoothly as possible.

All deployees must complete specified medical and dental examinations, obtain an official passport, complete and submit numerous required forms and documents, complete online and residential training, and coordinate travel arrangements to and from Camp Atterbury (CA). CA is the MoDA deployment platform, where you will train

and prepare for your matriculation to theater. CA also validates your readiness to deploy under CENTCOM authority.

You are preparing for important work during an especially challenging period in Afghanistan. Your tour as a civilian advisor will require resiliency, adaptability, resourcefulness, and interpersonal skills, all qualities that you bring with you to the training program along with your functional expertise. The purpose of the training program is to provide you with knowledge and skills to operate safely and effectively as a cross-cultural advisor working as part of a civilian-military, multi-national effort. The program also provides the opportunity to practice in a simulation of your mission environment.



Requirements

All deployees must complete a thorough medical and dental examination before coming to the first phase of training at Camp Atterbury (CA). These examinations will determine your medical, psychological, and physical fitness for deployment in accordance with the USCENTCOM medical standards (located at <http://www.cpms.osd.mil/expeditionary/pdf/MOD11-USCENTCOM-Indiv-Protection-Indiv-Unit-Deployment-Policy-Incl-Tab-A-and-B.pdf>).

Camp Atterbury Medical Staff Points of Contact

Carla Sharp

Administrative / Medical Specialist

McKellar Corporation

(812) 526-1499 ext. 61997

carla.j.sharp.ctr@mail.mil



Setting Up Your Medical Examination

1

Schedule your pre-deployment medical examination at **the nearest Military Treatment Facility (MTF)** or with your **private (civilian) physician**, as soon as possible (Go to <http://www.tricare.mil/mtf/> to find the MTF closest to you.) Make the appointment with the Occupational Health division, this is the section of the MTF that works with civilians.

** If you are not immediately successful in making the appointment with MTF, contact your MoDA processor.*

2

Bring the following forms/paperwork with you to the appointment:

- a) *Your Offer Letter*
- b) *Appendix I of this Pre-Deployment Guide*
- c) *The completed **OF-178 form** (see the form in back).*
- d) *If your pre-deployment physical is performed by private (civilian) physician, instead of OF-178 form, bring forms **DD2808** and **DD 2807-1** with you for the physician to complete.*

3

Notify your MoDA Processor as soon as you have scheduled an appointment at the MTF.

NOTE: If you have any questions while completing forms, contact your MoDA processor.



Completing The Medical Examination Process

E-mail your completed medical evaluation documentation to the medical staff at Camp Atterbury **when completed.**

- E-mail process: Write your name and report date to Camp Atterbury, the word Medical and MoDA in the subject line. (Example: John Smith, 4-14-2013, Medical, MoDA). Send to: Carla Sharp, carla.j.sharp.ctr@mail.mil, phone: 812.526.1499, ext. 61997

Medical Reference Guide

Medical History and Physical

need to be completed 90 days before your first day at Camp Atterbury. If pre-deployment physical was performed at Military Treatment Facility (MTF) certification of medical examination (**OF 178 Form**) should be used. If pre-deployment physical was performed by private (civilian) physician, forms **DD 2808** (report of medical examination) and **DD2807-1** (report of medical history) should be used.



Labs requirements are listed on Quick Reference Check List on page 12.

IMPORTANT: Lab results must be typed; hand written results are not acceptable.

IMPORTANT: If immunizations are not completed prior to reporting to Camp Atterbury, you may incur an out-the-pocket expense to receive vaccinations offsite.

Immunization Should be completed BEFORE arrival at Camp Atterbury, except when required differently. Atterbury has vaccines needed. Only vaccines for *anthrax*, *smallpox* and *rabies* are offered at government expense.



Automated Neuropsychological Assessment Metrics (ANAM)

is needed as a part of your medical requirements. It is usually done at Camp Atterbury. If you are able to take the ANAM test prior to arriving at Camp Atterbury, please bring a signed SF 600 (chronological record of medical care). See the sample form in back, it won't be provided to you through MoDA representative.

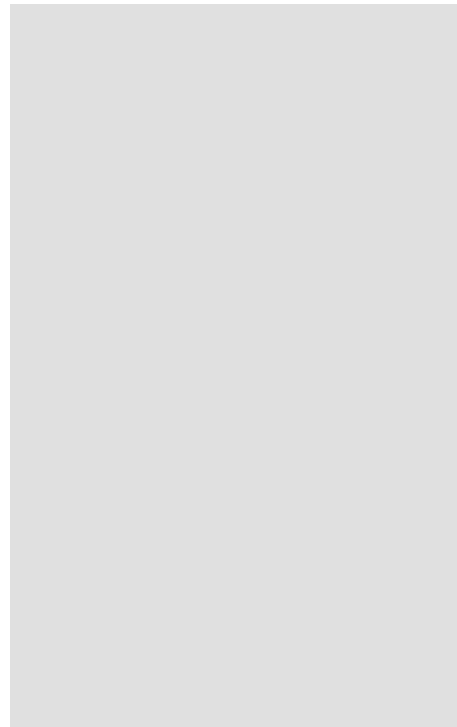


Vision - this portion of medical check-ups requires completed **DD 771 Form** (Eyewear Prescription). If you wear glasses, you must deploy with two pairs of glasses (current prescription) and prescription inserts for your protective mask and/or ballistic goggles that will be ordered for you by assigned MoDA staff member at Camp Atterbury.

NOTE: Direct any questions regarding medical and dental requirements to the Medical Staff at Camp Atterbury. Do not send any personal medical information or records to other MoDA representatives.



Waivers must be completed for deployees who have a “condition generally precluding deployment” described in Central Command (CENTCOM) Modification 12, Tab A. If your local MTF has submitted waiver through CENTCOM, you must send the signed waiver to the CA Medical Staff and hand-carry a copy with you to Camp Atterbury. If medical conduction is found at CA Medical Processing that the deployee was unaware of, and it is waivable condition listed in the Appendix 2, CAJMT Medical Staff will submit for that specific waiver on behalf of the deployee and his/hers organization.



Hearing test results needs to be filed on completed **DD 2215 Form** (Reference Audiogram) or **DD 2216** (Hearing Conversation Data). If the candidate belongs to a hearing class 3 (H3) – sever hearing loss –requires *Speech Recognition In Noise Test (SPRINT)*, available at military medical treatment facilities. *Hearing in Noise Test (HINT)* is the civilian equivalent. Hearing tests (audiograms) conducted during the physical must be documented with actual readings and validating information.



Dental examination results needs to be filled in **DD 2813 Form** (Department of Defense Active Duty/Reserve Force Dental Examination). Submitted results must show you as a **dental class 1 or 2**. Form must be signed by dentist, with his/hers dentist’s state license number (US), unless dentist is military. Panorgraphic X-rays are required to be reviewed by dentist and Block 5 of the 2813 Form marked “Yes”.

Make sure you get dental exam before training starts. Camp Atterbury DOES NOT have dental facility.



Medication and allergies must be listed in full. It is mandatory that you bring to theater a 180 day supply of medication.

Online 2795 Form Pre-Deployment Health Assessment Form **MUST** be filled out online by the advisor, before going through medical at Camp Atterbury. It can be find on AKO website.

Top Reasons for Disqualification or Delay in Deployment

OBSTRUCTIVE SLEEP APNEA (OSA)

- Must have a thirty-day compliance report from CPAP (Continuous positive airway pressure) machine
 - o Must have 75 % percent compliancy score for greater than 4 hours
 - o At least four hours per night for 30 days on average
- Must bring machine and battery back-up to Camp Atterbury for inspection
- Split Sleep study within 12 months

BODY MASS INDEX (BMI)

- Cannot be greater than 40 (link to BMI Calculator: <http://nhlbisupport.com/bmi/>)
- Cannot be greater than 35 with co-morbidities such as:
 - o Diabetes, obstructive sleep apnea, heart disease, joint disease

NON-DIAGNOSED DIABETIC, NEWLY DIAGNOSED, OR PRE-DIABETIC

- Non-Diagnosed or Pre Diabetic: Has a hemoglobin A1C of 6.5 or greater
- Needs physicians consult of diagnosis, prognosis, treatment plan, medications if needed
- Newly Diagnosed: hemoglobin A1C less than 7.0

ABNORMAL EKG OR FRAMINGHAM GREATER THAN 15%

- May need stress testing to clear these issues and/or cardiologist consult

ABNORMAL ASTS AND ALTS FOUND IN THE CMP (LIVER FUNCTION TEST)

- After repeat of CMP or Liver Function Test with abnormal results may need specialist consult and further testing
- May need abdominal ultrasound to exclude liver and gallbladder disease, and hepatitis ABC antibody profile

POSITIVE PPD (SKIN TEST FOR TUBERCULOSIS)

- Must have chest X-ray less than 90 days old
- Proof of counseling
- Or proof of Latent TB treatment by medication for 9 months.

ABNORMAL LABS

- Must have specialist diagnosis, treatment plan, and medications (if needed), deploy ability to an austere environment for the period of the LOA or Orders without need for follow up, and any further testing.
- Must have a letter typed with letterhead outlining the above finding

HEMATURIA (BLOOD IN URINE)

- After repeat of urinalysis with abnormal results may need consultation and testing from an urologist

Conditions Generally Precluding Deployment

The conditions listed on the following pages will disqualify civilian personnel from deploying. The CENTCOM Surgeon's office will entertain waiver requests for any condition, and the request will be either approved or denied. The CA Medical Staff can submit waivers on behalf of deployees. If deploying personnel come to Camp Atterbury with conditions precluding deployment but without the required approved waiver, they may be delayed in deploying. It is always best to have the waiver submitted and approved before coming to Camp Atterbury.

General Conditions/Restrictions

- Conditions that prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments
- Conditions that prohibit required theater immunizations or medications
- Any medical condition that requires frequent clinical visits or ancillary tests, that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury or infection
- Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment
- Any medical condition that requires durable medical equipment or appliances or that requires periodic evaluation/treatment by medical specialists not readily available in theater

Conditions Affecting Force Health Protection

- Physical or psychological conditions causing inability to effectively wear PPE
- Conditions that prohibit immunizations or the use of FHPPPs required for deployment

Unresolved Health Conditions Requiring Care or Affecting Performance

- Absence of dental exam in past 12 months
- Pregnancy
- Heat stroke - history of heat stroke, no multiple episodes, no persistent sequelae or organ damage and no episode within past 24 months
- Meniere's disease or other vertiginous/motion sickness disorders, unless well controlled using medication available in theater
- Unresolved acute or chronic illness or injury that would impair duty performance
- Cancer requiring continuing treatment or evaluations
- Precancerous lesions requiring treatment and/or evaluation, but not treated or evaluated
- Any medical condition requiring surgery or for which surgery has been performed and requires rehab or additional surgery to remove devices

- Recent surgery which requires follow up during deployment, or which a surgeon has not cleared/released
- Surgery (open or laparoscopic) within 6 weeks of deployment
- Renolithiasis - recurrent or currently symptomatic
- Any musculoskeletal condition that significantly impairs performance
- Obstructive Sleep Apnea (OSA) of any severity, if symptomatic despite treatment
 - OSA with AHI and/or RDI \geq 30/hour post treatment
 - OSA with AHI and/or RDI $<$ 30/hour post treatment does not require waiver except to Afghanistan or Yemen
 - OSA, Mild (AHI and/or RDI $<$ 15/hour with or without CPAP treatment is deployable
- Acute exacerbation of a physical or mental health condition that could significantly affect duty performance

Conditions That Could Cause Sudden Incapacitation

- Recurrent loss of conscience for any reason
- Any medical condition that could result in sudden incapacitation
- Stroke within past 24 months
- Seizure disorders - either within past year or on anticonvulsants, if stable must be seizure free for 6 months
- Diabetes mellitus type I or II on pharmacotherapy with A1C less than 7.0
 - o Type 1 diabetes or insulin requiring type 2 diabetes
 - o Type 2 diabetes, on oral agents only, with no change in meds in past 90 days, A1C $<$ 7.0
 - § Framingham 10 year $>$ 15% WAIVER REQUIRED
 - § Framingham 10 year $<$ 15% NO WAIVER REQUIRED

Pulmonary Disorders

- Asthma with forced expiratory volume-1 (FEV-1) of less than or equal to 50 percent of predicted FEV-1 despite appropriate therapy and that has required hospitalization at least 2 times in the last 12 months, or requires daily systemic (not inhaled) steroids

Infectious Disease

- Active TB (Tuberculosis)
- Latent TB - negative chest X-ray within 90 days of deployment, documentation of counseling
- Active known transmittable blood-borne disease - include full test panel including all antigens, antibodies and viral load
- HIV positive with presence of progressive clinical illness or immunological deficiency

Sensory Disorders

- Hearing loss - individual must have sufficient unaided hearing to perform duties safely. Hearing aids do not preclude deployment
 - Hearing level no greater than 30dB for either ear with no individual level greater than 35dB at these frequencies and no greater than 55dB at 4000 Hz

- Hearing level no greater than 30dB at 500 Hz; 25dB at 1000 and 2000 Hz; and 35dB at 4000 Hz in the better ear
- Vision loss - Best corrected visual acuity must meet job requirements to safely perform duties
- Refractive eye surgery - determination by ophthalmologist or optometrist that treatment is complete
- Ophthalmic steroid drops post procedure
- Photorefractive Keratectomy - non deployable for 90 days post-PRK, 30 days post-LASIK
- Tracheostomy or aphonia

Cardiovascular Disorders

- Hypertension, unless it is controlled and stable 90 days (Single episode hypertension found on pre-deployment physical should be accompanied by serial blood pressure checks to ensure hypertension is not persistent)
- Symptomatic coronary artery disease
- Myocardial infarction (MI) within last year
- Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control
- Coronary artery bypass graft in last year
- Coronary artery angioplasty in last year
- Carotid endarterectomy in last year
- Other arterial stenting in last year
- Aneurysm repair in last year
- Heart failure
- Hyperlipidemia, unless it is controlled with meds regimen, stable for 90 days (TC < 260, LDL < 190, Trig < 500)
- Morbid obesity
- BMI > 40
- BMI > 35 with serious comorbidities like diabetes, OSA, cardiomyopathy, joint disease

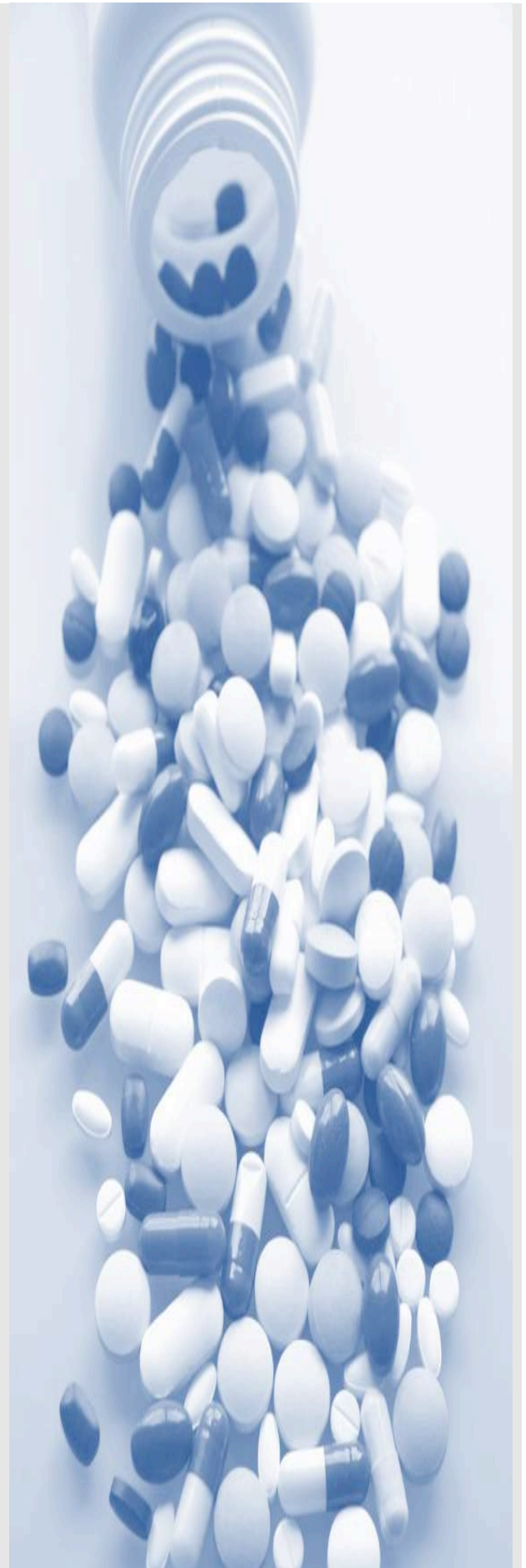
Mental Health Disorders

- Psychotic or bipolar disorders
- Psychiatric disorders under treatment with fewer than 3 months of demonstrated stability
- Clinical psychiatric disorders with residual symptoms that impair duty performance
- Mental health conditions that pose a substantial risk for deterioration or recurrence of impairing symptoms in the deployed environment
- Substance abuse disorders not in remission
- Chronic medical conditions requiring ongoing treatment with antipsychotics, lithium, or anticonvulsants

Prescription

- Therapeutic anticoagulants:
 - Warfarin
- Platelet aggregation inhibitors or reducing agents
 - Clopidogrel

- Anagrelide
- Dabigatran
- Hematopoietics
 - Filgrastim
 - Sagramostim
 - Erythropoietin
- Antihemophilics
 - Factor VIII
 - Factor IX
- Antineoplastics
 - Antimetabolites
 - Methotrexate
 - Hydroxyurea
 - Mercaptopurine
 - Alkylators
 - Cyclophosphamide
 - Melphalan
 - Chlorambucil
 - Antiestrogens
 - Tamoxifen, etc.
 - Aromatase inhibitors
 - Anastrozole
 - Examestane, etc.
 - Medroxyprogesteron (Except as contraception)
 - Interferons
 - Etoposide
 - Bicalutamide
 - Bexarotene
 - Oral tretinoin (Vesanoid)
- Immunosuppressants
- Biologic response modifiers (immunomodulators):
 - Abatacept
 - Adalimumab
 - Anakinra
 - Etanercept
 - Infliximab
 - Leflunomide
- Anti-psychotics (Except quetiapine “Seroquel” 25mg at bedtime for sleep):
 - Antimanic (bipolar) agents:
 - Lithium, etc.
 - Anticonvulsants: (Except those listed below) NO WAIVER REQUIRED
 - Valproic acid:
 - Depakote, Depakote ER, Depacon, etc.



- Carbamazepine:
 - Tegretol
 - Tegretol XR, etc.
- Verenicline:
 - Chantix
- Opioids, opioid combination drugs, or tramadol, chronic use
- Insulin and exenatide (Byetta)

MEDICAL AND DENTAL REQUIREMENTS FOR DEPLOYMENT

CAMP ATTERBURY MEDICAL PREREQUISITES – UPDATED 22 JANUARY 2013

In order to expedite mobilization, it is required that the Camp Atterbury (CA) Medical Staff receive all your completed medical forms and documentation at least 14 days in advance of your arrival at Camp Atterbury. You can scan/e- mail these documents to the following staff member: carla.j.sharp.ctr@mail.mil

Quick Reference Checklist

| HISTORY AND PHYSICAL (WITHIN 1 YEAR) | |
|--|--|
| | <ul style="list-style-type: none"> · If pre-deployment physical performed at a Military Treatment Facility (MTF), use form OF 178 & 2807-1(certification of medical examination) form. · If pre-deployment physical performed by private (civilian) physician, use forms DD 2808 (report of medical examination) and DD 2807-1 (report of medical history). |
| Labs: Abnormal Results May Require Repeat of Lab Test | |
| | UA: Urinalysis. <ul style="list-style-type: none"> · Test must be typed (not handwritten). · Must show color, specific gravity, glucose, pH, SP, CR (not drug screen) |
| | CMP <ul style="list-style-type: none"> · Complete metabolic panel. · Fasting blood glucose over 100 or Medical History of Diabetes requires Hemoglobin A1C |
| | HEMOGLOBIN A1C <ul style="list-style-type: none"> · If applicable: must be <7.0. · If non-diabetic and is over 6.4,further testing, treatments, and deployability issues should be addressed by primary care physician. · Glucose test results greater than 110 will require hemoglobin A1c. |
| | CBC <ul style="list-style-type: none"> · Complete blood count. |
| | HIV <ul style="list-style-type: none"> · Within 120 days of reporting to Camp Atterbury. |
| | DNA <ul style="list-style-type: none"> · May be taken at CAJMTC. |
| | G6PD <ul style="list-style-type: none"> · Must have formal documentation of results. |
| | Blood type <ul style="list-style-type: none"> · Require formal documentation of blood type. |
| | Lipid Panel <ul style="list-style-type: none"> · Must be completed if 35 or older OR if an individual of any age has had problems identified in these areas. · Results cannot exceed the following: total cholesterol < 240; LDL<190; triglycerides<500. |
| | EKG <ul style="list-style-type: none"> · Must be completed if 40 or older OR if an individual of any age has had problems identified in these areas. · Must be done at time of physical. · Abnormal results must have explanatory note from examining physician. |
| | PSA <ul style="list-style-type: none"> · Must be completed if males are 50 or older OR if an individual of any age has had problems identified in these areas. |
| | Vision <ul style="list-style-type: none"> · Submit completed DD Form 771 OR · Submit prescription from Doctor (Optometrist) and two pairs of glasses · Do not wear contact lenses while going through medical processing. |

| | |
|---|---|
| | <p>Hearing</p> <ul style="list-style-type: none"> · Having hearing test within a year of reporting to Camp Atterbury. · Submit completed DD form 2215 OR form 2216. · If H3 a Speech Recognition In Noise Test (SPRINT) (MTF) or Hearing In Noise Test (HINT) (Civilian facility), is needed for waiver. |
| IMMUNIZATIONS | |
| | <p>Immunizations must all be completed before arrival. Immunizations must be current; those consisting of a series must be current but do not have to be completed before deployment. However it is the responsibility of the individual to complete the series while on leave or overseas.</p> |
| | <p>Hepatitis A: current on series, or positive titer, test of immunity.</p> |
| | <p>Hepatitis B: current on series, or positive titer, test of immunity.</p> |
| | <p>MMR (Measles, mumps, and rubella)</p> <ul style="list-style-type: none"> · Childhood vaccine · Must have 2 adult boosters, or positive titer, test of immunity |
| | <p>Seasonal Influenza: within a season, 1 September through 31 May.</p> |
| | <p>Typhoid: within 2 years of reporting to Camp Atterbury.</p> <ul style="list-style-type: none"> · Oral Typhoid is good for 5 years |
| | <p>Tetanus, Diphtheria and Pertussis (TDAP)</p> <ul style="list-style-type: none"> · TDAP is good for 10 years · Need a new TDAP |
| | <p>Varicella or Titer</p> <ul style="list-style-type: none"> · Chicken pox. · current on series, or positive titer, test of immunity |
| | <p>Tuberculosis Skin Test (PPD)</p> <ul style="list-style-type: none"> · Often referred to as PPD, to TB tine. · Bring actual lab result completed within 90 days of arrival. · If past positive, radiology report from a bi- lateral chest x-ray is needed within the last 90 days. |
| | <p>Smallpox: done at CAJMTC (good for 10 years)</p> <ul style="list-style-type: none"> · <u>Optional</u> for non-EE and non-CE |
| | <p>Polio (IPV)</p> <ul style="list-style-type: none"> · Childhood vaccine · Adult booster needed, or positive titer, test of immunity |
| | <p>Antrax (done AT CAJMTC) (must be current on series)</p> <ul style="list-style-type: none"> · <u>Required</u> if employee is Emergency Essential or Combat Essential (DD2365) · <u>Optional</u> for those not EE or CE |
| SPECIFIC CONDITIONS <i>If needed</i> | |
| | <p>History of Respiratory Problems (Asthma, COPD, etc.): Pulmonary function test may be required.</p> |
| | <p>Sleep Apnea</p> <ul style="list-style-type: none"> · Split sleep study, 30 day compliance, CPAP and battery back-up. · Waiver required |
| | <p>Abnormal EKG or Framingham over 15% - Stress test recommended</p> |



Online

Advisor Training

MoDA deployees must complete online training courses prior to arrival at Camp Atterbury. Your MoDA Processor will help you guide you through the process of completing the online training and preparing for the residential training program.

You will receive information on how to access and complete online training modules required by the DoD and CENTCOM for your deployment (known as TSIRTS – Theater Specific Individual Requirements Training). You must also complete a MoDA-specific USIP course on advising skills.

This course will prepare you with some of the advising principles, knowledge, and skills that we will apply in the classroom and in the final field exercise. Use the link below to register for the course. It takes approximately four hours total to complete, with the option to save your progress and finish over several sittings. To access the course, you will need a username and password issued by USIP. Once you submit your personal information requested by MoDA representative, you should be receiving these credentials shortly after your submission.

Registration

Your online curriculum is presented and accessed through the AKO (Army Knowledge Online), JKO (Joint Knowledge Online) and other knowledge management website. A few courses are on sites open to the public. DoD employees should use their CAC-s to log on to the AKO and JKO courses. However, sponsor is needed for an AKO account, and it is usually asked one of the students to assist with sponsoring their classmates. You must complete your online training prior to the day of class at the Camp Atterbury facility.

AKO/JKO Access

You must have the latest security certificate installed on your computer. At this time AKO/JKO will not run correctly on Apple's Safari browser.

The sites were optimized for Internet Explorer. (You may find it helpful to try other browsers, such as Firefox or Chrome.) The following site will take you through the process of loading the latest certificates on your Windows.

1. Go to <http://militarycac.com>
2. Click on the Software & Install Button at top of page; option buttons will load below it.



3. Select Option 3: **DoD Certificates**
4. Click on the **Download InstallRoot 3.16a from MilitaryCAC** link and follow instructions.
5. After you **RUN** this program, click **This program installed correctly**
6. Close, then re-open Explorer
7. Select **ALT+Tools+Internet Options**, than choose **SSL 2.0** and **TLS 1.0** from the Advanced Menu and click **OK**
8. You may need to further adjust your internet settings; go to <http://militarycac.com/ako.htm> and review the instructions for help.

AKO/JKO Registration

AKO (www.us.army.mil)

1. Click on "I Accept" on the home page and follow the instructions to register on the next page
2. If you encounter problems registering (system freezes, error messages), contact the AKO Help Desk at 1-866-335-2769. Problems with registration are common.

JKO (<http://jko.jfcom.mil>)

Follow the Instructions for registration. The JKO website will walk you through the registration.



Non-AKO Training Website

[Theater-Specific Individual Readiness Training Course](#) *(This site is for sister service members and civilians without an AKO account. Not all pre-certification is available at this unsecured site. Remaining tasks are completed at Camp Atterbury.)*

These lessons are designed as self-paced instruction and should all be completed before you arrive at Camp Atterbury. Some are packaged instruction and some are PowerPoint slide presentations. The slide presentations have the instructor notes imbedded with the slides. You must save the briefings to another drive or storage device to access the note material, as they will not appear when viewed within a browser. Open the saved briefing file in PowerPoint and on the Menu Bar select View and then Note Pages to see the notes for each slide.

When you finish each module, you will get access to a certificate of completion. Some of the certificates are generated by that course while others are linked from the end of the course. You must print out the certificate associated with each course to receive credit, as it is confirmation that you had taken that module. Sign and keep all of the certificates and present them once you arrive at IRDO. If you cannot get certificates to print, utilize the "Print Screen" button or "Alt+Print Screen" and paste into PowerPoint to print.

You should begin by reviewing the system requirements lesson on the following page. Ensure that you have all the required programs loaded and active on your computer before you begin. You must allow blocked content (i.e., turn off Pop-Up Blockers within your browser) to take these lessons.

| | | |
|---|---|--|
| <p>Title: TARP Host: Army Learning Management Center Link: http://www.lms.army.mil Notes: Search for "Threat Awareness and Reporting Program (TARP)"</p> | <p>Title: Antiterrorism Level 1 Training Host: Defense Technical Information Center Link: https://atlevel1.dtic.mil/at/ Notes: "Security Certificate Error" encountered when trying to reach the site can be bypassed using Firefox web browser.</p> | <p>Title: General Orders Host: Army Training Support Center Link: http://www.atsc.army.mil/crc/General%20Orders%20grn.pdf Notes: Just look at the slide and sign the certificate. The content is not specially tailored to civilians.</p> |
|---|---|--|

Pre-Deployment TSIRT Online Courses (Links)

| | | |
|---|--|--|
| <p>Title: Force Protection Host: Central Army Registry (CAR) Link: https://atiam.train.army.mil/catalog/go/100.ATSC/55461741-6D37-40AB-AB86-75EE040C9DBC-1276599241877 Notes: If the program fails to load at any point, you may have to reload the page, which will restart the training. When you see your completion certificate take a screenshot using print screen and print that instead of using the print certificate link.</p> | <p>Title: Army Accidence Avoidance Course Host: Army Learning Management System Link: https://safety.army.mil/training/ARMYACCIDENTAVOIDANCECOURSE/tabid/982/Default.aspx Notes: Make sure pop-up blocker is off. If you complete the course and it prints a blank certificate you may need to retake the course on a different browser. Internet Explorer and Firefox are recommended.</p> | <p>Title: Equal Opportunity (EO/POSH) Host: Central Army Registry (CAR) Link: https://atiam.train.army.mil/catalog/go/100.ATSC/699b6f09-D37A-4E0E-9983-1D78280BD5BC-1275687005741 Notes: If the program fails to load at any point, you may have to reload the page, which will restart the training. When you see your completion certificate take a screenshot using print screen and print that instead of using the print certificate link.</p> |
| <p>Title: Operational Security (OPSEC) Host: Army Learning Management Center Link: https://atiam.train.army.mil/catalog/go/100.ATSC/989A1558-0697-4DC2-8D81-02F2A901B6F1-1276763368725 Notes: If the program fails to load you may have to reload the page, which will restart the training. When you see your completion certificate take a screenshot using print screen and print that instead of using the print certificate link.</p> | <p>ISOPREP All personnel are required to provide evidence that they have successfully completed the Personnel Recovery Training. All personnel traveling OCONUS must complete a Pre-OCONUS Travel File Program Survey (PRO-file) also known as a DD Form 1833 ISOPREP. This link is only accessible on a .mil or .gov web domain. Notes: If you do not have an ISOPREP profile already established, we recommend fulfilling this requirement at Camp Atterbury where it is quick and easy to do.</p> | <p>Title: Combat Trafficking in Person Host: Army Training Support Center Link: http://www.atsc.army.mil/catalog/go/100.ATSC/58557EEA-CAEE-4677-9928-9453854DB47D-1276587940207 Notes: If the program fails to load at any point, you may have to reload the page, which will restart the training. When you see your completion certificate take a screenshot using print screen and print that instead of using the print certificate link.</p> |

| | | |
|--|--|--|
| <p>Title: Suicide Prevention Host: Army Training Support Center Link: http://www.atsc.army.mil/crc/T240_TSP_WCS_12.pdf Notes: Look carefully at the last slide of the Suicide Prevention PDF and you should see blue tab in the center. Double-click that tab and it will open up your certificate</p> | <p>Title: Discharge of Classified Information (DCI) Host: FORSCOM Link: https://fce.forscom.army.mil/sites/raep/Pages/Default.aspx Notes: This course requires a CAC or .mil/ .gov computer access. There is no certificate for this course but it is mandatory. Once you have read through the brief, initial and date next to this course on the check list.</p> | <p>Title: SERE 100 (LEVEL A) 8 hours Host: Joint Knowledge Online Link: https://jkodirect.jten.mil Notes: This system can be accessed with CAC reader or with a JKO username and password account. Instructions for applying for a username and password are found on the JKO site. Unfortunately, an AKO account does not suffice for</p> |
| <p>Title: Report Intelligence Information Host: Central Army Registry (CAR) Link: https://atiam.train.army.mil/catalog/go/100.ATSC/58557EEA-CAEE-4677-9928-9453854DB47D-1276587940207 Notes: When you see your completion certificate take a screenshot using print screen and print that instead of using the print certificate link.</p> | <p>Title: Intro to Biometrics Collection System Host: Army Learning Management System Link: https://www.lms.army.mil/ Notes: ALMS log in required (CAC/PIV or username and password). Use the "Course Search" tab and search for "biometric". If problems occur, closeout the web browser and clear the cache and internet history then try again. You can call AKO Help desk if you can't print the certificate, so they can send it to you.</p> | <p>Title: Cyber Awareness Training (aka "Information Assurance Awareness") Host: Defense Information Systems Agency Link: http://iase.disa.mil/eta/cyberchallenge/launchPage.htm Notes: If you encounter problems printing the certificate or experience long loading times, try of the solutions listed here: http://iase.disa.mil/eta/troubleshoot-guide.html</p> |
| <p>Title: Cross Domain Violation (CDV) Host: FORSCOM Link: https://fce.forscom.army.mil/site/raep/Pages/Default.aspx Notes: This course requires a CAC or .mil/ .gov computer access. There is no certificate for this course but it is mandatory. Once you have read through the brief, initial and date next to this course on the check list.</p> | <p>Title: USCENTCOM Medium Risk of Isolation Host: Joint Knowledge Online Link: https://jko.jfcom.mil Notes: Click the "Courses" button on left hand side. Under Course Catalog Tab, type "isolation" in the title field and click apply filters button. Click on CEN-2012-001 USCENTCOM Moderate Risk of Isolation Theater Preparation Brief link to launch the course. When you complete the training return to the main JKO menu and look for your certificate under the "certificates" tab.</p> | <p>Title: COIN Host: Joint Knowledge Online Link: http://jko.jfcom.mil/ Notes: Click the "Courses" button on left hand side. Under Course Catalog Tab, type "Counterinsurgency" in the title field and click Apply Filters button. Click on J3OP-US624 Counterinsurgency link to launch the course. You will receive a certificate when completing the course.</p> |
| <p>Title: Fraternalization Policy Host: Army Training Support Center Link: http://www.atsc.army.mil/crc/DAFrat_Policy.ppt Notes: Go through the slides and print the last slide as your certificate.</p> | <p>Title: Cultural Awareness Title: Country Orientation Brief Notes: Both trainings will be fulfilled by variety of courses, so the online instructions is unnecessary.</p> | <p>Title: Hot/Cold Weather Injury Prevention Host: Central Army Registry (CAR) Link: https://atiam.train.army.mil/catalog/go/100.ATSC/CFCFA238-E618-48E9-8168-E8EAB83D2ABB-1275684340657/vmp/553G-ng0012-a.htm Notes: Print screen your certificate and print instead of using the print certificate link.</p> |

Course Completion Certificates

YOU MUST PRINT, SIGN, AND SAVE A COMPLETION CERTIFICATE FOR ALL THE REQUIRED ON-LINE COURSES.

Every course has a way to print a completion certificate. Some print them automatically and others require that you go to a specific page to view and print the certificate. (Courses taken through the JKO website also have a certificate-printing tool through the **My Atlas** tab.)

Make sure you save soft copy for yourself, email the soft copy to MoDA official and print two hard copies of completion certificate for every course and **HAND CARRY EVERY CERTIFICATE WITH YOU TO CAMP ATTERBURY**. You will not receive credit for taking these courses if you cannot present a printed and signed certificate to the Camp Atterbury personnel.

Keep a separate copy of all certificates to carry with you to Kabul.



IMPORTANT: All TSIRTs due on day specified by MoDA program Office. You won't be able to deploy without having all TSIRTs completed.

NOTE: If you cannot print the certificate as instructed, use the Print Screen function on your computer (Ctrl + Alt + Print Screen) to take a screenshot of the certificate and then paste the image into a Word or PowerPoint document.



Online Training Pre-Requisites Checklist

As of 21 July 2014

| | | |
|------------|------------|-------|
| LAST NAME: | FIRST NAME | DATE: |
|------------|------------|-------|

| Date of Completion | Student's Initials | FORSCOM TSIRTS REQUIREMENT |
|--|--------------------|--|
| | | TARP (Threat Awareness and Reporting Program, Formerly SAEDA) |
| | | ANTI-TERRORISM |
| | | OPSEC |
| | | FORCE PROTECTION |
| | | COLD/HOT WEATHER INJURY PREVENTION |
| | | EQUAL OPPORTUNITY / PREVENTION OF SEXUAL HARASSMENT (EO/POSH) |
| | | GENERAL ORDERS |
| | | SUICIDE PREVENTION |
| | | COMBAT TRAFFICKING IN PERSONS |
| | | REPORT INTELLIGENCE INFORMATION |
| | | FRATERNIZATION POLICY - EXTRACT 600-20 |
| | | CYBER AWARENESS TRAINING (Formerly Information Assurance Training) |
| | | ARMY ACCIDENT AVOIDANCE COURSE |
| | | ISOPREP CERTIFICATE |
| | | SERE 100.1 Level A Code of Conduct Training Course (JKO) (8h) |
| N/A | N/A | CULTURAL AWARENESS TRAINING (COUNTRY SPECIFIC) |
| | | INTRO TO BIOMETRICS COLLECTION SYSTEM (BAT) |
| N/A | N/A | ** COUNTRY ORIENTATION BRIEF |
| CENTCOM THEATER ENTRY REQUIREMENT | | |
| | | USCENTCOM MODERATE RISK OF ISOLATION TRAINING |
| | | COIN |
| | | **CROS DOMAIN VIOLATION (CDV) |
| | | ** DISCHARGE OF CLASSIFIED INFORMATION (DCI) |
| SOUTH THEATER ENTRY REQUIREMENT | | |
| N/A | N/A | ** HUMAN RIGHTS AWARENESS |
| N/A | N/A | ** GENERAL ORDER NUMBER 1 |

** No certificate is needed. Individual's initials certify that course material was reviewed and content was understood. Falsification of information on this form may be grounds for removal from the course.

Team Leader Name: _____

Student's Signature: _____

Team Leader Signature: _____

Date signed: _____

Date signed: _____



Processing & Admin

Requirements

All deployment processing will be done at Camp Atterbury, Indiana. Camp Atterbury is responsible for validating your readiness to deploy in accordance with DoD and CENTCOM requirements. Therefore, all completed medical forms and online courses certificates need to be brought for processing at Camp Atterbury, along with completed processing forms (more information about mandatory processing forms in this section). Camp Atterbury staff will help you complete paperwork related to medical, dental, and other pre-deployment requirements in order to be ready for deployment.

IMPORTANT: Please bring **TEN PRINTED COPIES** of your deployment travel orders in an easily accessible location. In your luggage also, bring copies of all your online training certificates, medical records, and other pre-deployment paperwork. Atterbury officials will identify any gaps in your required online training. Having hard copies of these documents readily available will greatly facilitate your completion of the pre-deployment requirements at Camp Atterbury.

Essential Deployment In-processing Forms

To be able to deploy, all MoDA Advisors must complete and sign the following forms:

- **DOD Civilian Employee Overseas Emergency- Essential Position Agreement (DD Form 2365)**, (<http://www.dtic.mil/whs/directive/infomgt/forms/eforms/dd2365.pdf>).
- **Emergency Contact Information (DD Form 93)** (must be update and/or input into MyBiz),
- **Rule of force (RUF)** template
- **Securities check form** through JPAS (Joint Personnel Adjudication System)

All these forms can be found on the end of this guide for your review. Once these documents are needed, MoDA official will be sending you a package that includes all the forms along with directions how to fill out each of them.

Other In-processing Requirements

* **DOD Geneva Conventions Accompanying Forces Common Access Card (CAC)** Are mandatory required for deployment if you parent organization is able to provide you with one, please have them to do so. They must ask for specific documents IE orders. If so, all orders will be completed by date listed in travel documents. You can apply for your CAC then. If your parent organization is not able to produce a Geneva CAC for you, you will be able to have one made during in-processing at Camp Atterbury.

* **Qualification to Possess Firearms or Ammunition (DD Form 2760)**(www.pdfFiller.com/en/project/14407469.htm?form_id=100076154) . You must complete the form to be able to participate in weapon's training, even if your position won't require you to carry weapons.

* **Defense Finance and Accounting Service (DFAS)** representatives will provide briefing during a first week of training at Atterbury. All potential questions that you might have about Bi-Weekly Premium, Foreign Allowance etc. will be answered during this time.

Miscellaneous

1. Introductions

On the morning of your first day of training at Atterbury, you will be asked to formally introduce yourself to your classmates. Please be prepared to give a brief professional presentation (no longer than five minutes) that describes your background, your functional expertise, and your home DoD office/agency. You are required to support your brief with a Power Point presentation. These should be submitted to Andrew Kostrub at (akostrub@mckellarcorporation.com) the latest by day prior your presentation, so that he may have them loaded and ready for the following morning.

2. Bios

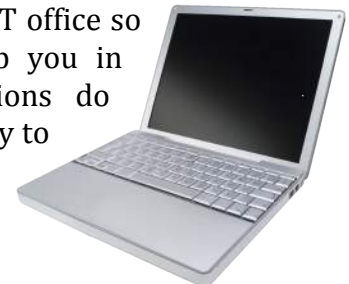
On following page there is a sample bio template you should use to complete and return your MoDA personal biography. Please use this format; a photo/headshot will be added later in the training. It is important that you do NOT just copy and paste your resume or use bullet points. Please keep it in paragraph form and limited to one-page in length. Send your completed bios to Kirstie Lincoln at klincoln@mckellarcorporation.com. Your bio will be used by your classmates, instructors, facilitators, and colleagues in Afghanistan, so please take the time to make sure it represents you well.

3. GlobalNET

GlobalNET will be the primary online platform, where you can access training materials, classroom presentations, communicate with MoDAs in theater, and address additional administrative issues. GlobalNET is a resource that you will have access to during training and throughout your deployment. For questions regarding GlobalNET, please contact Marypat Moller (Marypat.Moller.ctr@dscamilitary.com) or Kirstie Lincoln (klincoln@mckellarcorporation.com).

4. Computers

We encourage you to bring/use a personal laptop for the duration of training. You will need to use a computer frequently throughout the training program and utilizing your personal computer, which you are already familiar with, will help. For those who neither own nor have access to a personal computer, the training program can provide you with a Dell Netbook. These are compact computers that are installed with Windows XP and Microsoft Office Suite. The netbooks are also preloaded with many of the online training links and are set up to print at most of the training sites. If you bring a CAC-activated government computer please bring the contact info for your home agency IT office so that they may help you in case the certifications do not transfer properly to your new international CAC.





DAVE BEEKSMA

Mr. Beeksma is a career civil servant with more than 28 years of experience in fields ranging from Military Intelligence, Strategic Communication, and Socio-Economic Development to Engineering, Information Technology management, and Strategic Planning. He has over 19 years of service in overseas locations, including extended periods in Afghanistan, Korea, Italy and Turkey.

Prior to entering the MoDA program, Mr. Beeksma served as the Special Assistant to the Commander General, Army Network Enterprise Technology Command (NETCOM), and as the Director of NETCOM's Strategic Initiatives Group, providing dedicated strategic planning and communication support to a 16,000-person worldwide command.

Mr. Beeksma has completed two deployments in Afghanistan. The first was in 2010-11, when he was the Deputy Director of Communication for NATO Training Mission/Combined Security Transition Command-Afghanistan (NTM-A/CSTC-A), Director of NTM-A's Public Affairs Development and Training Directorate (PADT), and the senior Public Affairs advisor to the Afghan Ministries of Defense and Interior. As PADT director he oversaw the transition of MoI Public Affairs to full Afghan control – the first major ministerial office in the Afghan National Security Forces to achieve that milestone. He returned to Afghanistan via the AFPAK Hands program in late 2011, serving at ISAF HQ as the Deputy Director of Development for Ministerial Affairs and later as the command's Chief of Civil Society Outreach. As Deputy for Ministerial Affairs, Mr. Beeksma oversaw the advising mission for 17 of Afghanistan's national ministries, including the Ministries of Finance, Mines, Public Works, Rural Rehabilitation and Development, Energy and Water, Education and others.

In addition to his recent work as an advisor, Mr. Beeksma has extensive experience in Military Intelligence, Information Operations, and Strategic Planning. Earlier positions have included Director of Communication (Army NETCOM), Brigade S7 (501st MI Brigade), Senior Intelligence Planner (501st MI Brigade), Requirements Manager (J6, US Forces Korea), and Combatant Command Liaison Officer (Joint Interoperability Test Command).

His education includes a Master's degree in U.S History and a Bachelor's degree in History, both with Honors. He has also attended the National Defense University, studying Counterinsurgency principles, and is an Advanced-Intermediate Dari/Farsi speaker and an Advanced Korean speaker. He has a reading knowledge of several other languages.



Travel

Procedures

Your training begins at Camp Atterbury/ MUTC (Indiana), moves to Washington, D.C. for several weeks, then returns to Camp Atterbury. After the completion of the final phase of training, you have approximately one week of leave prior to deployment. Therefore, you should pay an immediate attention to obtaining your travel orders and valid official passport on time, early in your pre-deployment process.

You will be responsible for making travel arrangements for all travel prior to actual deployment flights. Travel orders provide the authority for all travel from your initial trip to

Camp Atterbury through your deployment into theater. All travel orders will be arranged through Defense Travel System (DTS). If you have any questions related to booking travel through DTS, contact your DSCA MoDA Travel point of contact (POC).

DSCA MoDA Travel POC

Arnold Pascucci

(703) 607 - 5187

arnold.pascucci.ctr@dscamilitary.com

Marypat Moller

(703) 607 - 5219

marypat.moller.ctr@dscamilitary.com



DTS Travel Orders



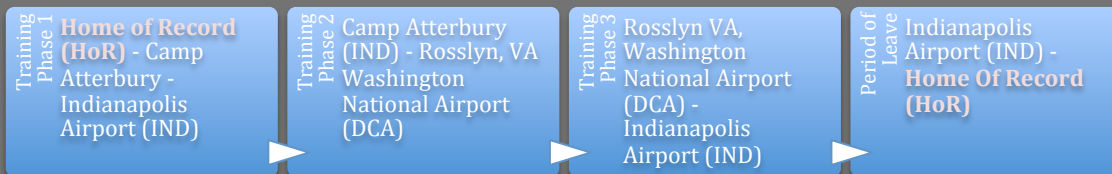
All your travel orders will be arranged through DSCA/MoDA DTS Profile. Therefore, you will need to clear all travel vouchers from your parent organization and be **released** from their DTS Profile by the date instructed by your MoDA travel official. Make sure to inform your MoDA travel POC via email once notified of your release.

Creating DTS Travel Orders

As the date of your training approaches, MoDA Official will email with an overview of Training, Leave and Deployment schedule with exact dates, so you can start creating your orders. You need to only book a flight, don't enter per diem rates or lodging on your orders, since you will be

staying at the BOQ at Camp Atterbury and in a contracted block of rooms in a hotel in Rosslyn, VA. Depending on the location of your home of record there are two ways of creating travel orders. If yours **Permanent Duty Station is OUTSIDE the D.C. metro area**, you will create only one set of orders.

Sample: Set of Orders for Personnel residing outside the D.C. metro area



If yours **Permanent Duty Station is WITHIN D.C metro area**, you will have to create two sets of orders for 1st and 3rd phase of training, because you will not be on travel orders for the D.C. based training.

Sample: Set 1 of Orders for Personnel residing within the D.C. metro area



Sample Set 2 of Orders for Personnel residing outside the D.C. metro area



Once you've created your travel orders, leave it unsigned and inform MoDA travel POCs so they can review it, adjust it if needed, sign it for you and send for authorization. Deployment orders to Baltimore (BWI) proceeding to Afghanistan will be crated DSCA during training.

Once you have your official authorized travel orders and have confirmed your flight to IND, send your flight information (airline, flight number, and arrival time) to Kirstie Lincoln at klincoln@mckellarcorporation.com so that we may track your arrival.

Lodging During D.C. Training

Please note lodging during D.C. training will be arranged and included as part of the training through the McKellar Corporation and training team. Lodging is reserved for those outside the D.C. area and will be offered to those local in the D.C. area

under training regulations at no cost to the student. MoDA training is considered an in-residence course to allow all candidates to fully participate in all aspects of training and have ample opportunity for collaborative study.

Government Credit Cards

IMPORTANT: Please confirm your credit card is not cancelled prior to booking your flights for training.

All MoDA advisors are required to have an unrestricted Government Credit Card (GOVCC). Make sure your card is not expired, and your personal bank information is updated in your DTS profile prior to being released from your parent organizations DTS profile. You will need an active unrestricted GOVCC in the DTS

system. If you do not have a GOVCC or your GOVCC is expired or ready to expire please contact your MoDA Travel POC. When notified we will need you to send your CC information to Arnold Pascucci via GOVCC transfer form (will be sent to you), so DSCA/MoDA will have control of your card while in training and deployed (This is not to be confused with you being released from your parent organizations DTS profile). When the transfer is happening please make sure your parent organization does NOT turn off your card.

Official Passport



You will need an official brown passport that needs to be valid 6 months after your redeployment date. Ex: if redeployment date is on

June 10th 2016, then your passport needs to be valid until December 10th of same year. All passport info will be given to you by your passport agent.

Training Phase 1: Trip to Camp Atterbury/MUTC

For the first phase of training, you should arrive at Indianapolis Int'l Airport (IND) between 1200 and 1500 on a scheduled day (MoDA official will give you all details before the trip). If you are unable to book a flight that will get you to IND by then, you are authorized to fly into IND the night before and stay overnight at the hotel near the airport.

Upon arrival please proceed directly to the baggage claim area and pick up

your bags. Once you have your bags in hand, please proceed Carousal #6, where the class will gather before departing for Camp Atterbury. A MoDA representative will meet you there. If you are delayed for any reason you have to notify your MoDA POC with a message that will contain your name and contact information. Ground transportation from the airport to Camp Atterbury will be arranged on your behalf. Loading and meals will be provided.

Clothing and Activities at MUTC

The dress code at Camp Atterbury and MUTC is comfortable/casual. For the first three days at Camp Atterbury, With the exception of walking around post, you will be mostly indoors). However, the following seven days of training at MUTC dictate a considerable amount of time outside, so pack appropriately. The weather can change quickly in southern Indiana, so you should always be prepared for sudden cold and wet weather. If you wish to check the forecast closer to the training date, use Edinburgh, IN, as your reference for Camp Atterbury and Butlerville, IN, as your reference for MUTC.

On a 4th day of your arrival, class will move to Muscatatuck Urban Training Center (MUTC) and remain there until flying to Washington, D.C. During this phase of training you will learn situational awareness and personal security skills, as well as general advising fundamentals. Time will also

be dedicated to teaching you how to operate the M9 pistol, and you will have opportunities for live-fire practice before your qualification attempt.



During your stay at MUTC, your billets will be supplied with linens and blankets (but not with towels, so make sure to bring bath towel and shower shoes with you for this portion of the training.

List of Mandatory Items To Be Brought For This Trip

Please bring **hard copies** of the following:

| | |
|---|---|
| <p>Training and Afghan orders in DD1610 format</p> | <p>Log into DTS, go to Official travel drop box, your list of orders should appear. Go to the training and Afghan orders in the lineup (they should be the top orders). Click on print a PDF should open up as a DD1610. If it does not let your MoDA POC know.</p> |
| <p>Forms DD2365, DD93, DD2760 and RUF form</p> | <p>They are needed for in processing</p> |
| <p>Medical Records</p> | <p>Please bring hard copies of ALL medical documentation that you have started, completed, and sent to processing medical staff.</p> |
| <p>TSIRTS</p> | <p>Please bring hard copy of all certificates you have from completed courses.</p> |
| <p>Passports</p> | <p>If you have your updated Official Passport - bring with you. We will be collecting them to receive visas. If you still didn't received further direction from your passport agent, contact him/her and confirm that he/she has received what you have sent. If you have a personal passport that passport agent did not ask you to mail to him, please bring it with you in case it is needed.</p> |
| <p>Blank check</p> | <p>This is for your eagle Cash Card. If you do not have a blank check bring copy of statement (hardcopy or electronic) with visible account and routing number.</p> |
| <p>CAC</p> | <p>Remember to bring your current CAC as you will need to hand it in to receive a Geneva CAC, along with contact info of your IT and security POC from your parent org as at times some certificates do not transfer over to the new CAC. You will need to contact them to have those certificates that did not transfer over get transferred.</p> |

Training Phase 2: Travel to Washington, D.C.

For a second part of the trip you will be asked to arrange your travel from IND to Washington, D.C., on certain date with certain departure time. If you are not local to the DC area, we suggest that you fly into Reagan National Airport (DCA). You will be responsible for transportation from DCA to the hotel (taxi or metro are both options; hotel information will be given closer to your training date). The academic phase of training takes place in the Rosslyn neighborhood of Arlington, VA.

In accordance with direction from the MoDA Program Office at DSCA, all MoDA deployees will share double-occupancy rooms during a stay in Arlington. Rooming assignments are predetermined and will be distributed prior to your departure from Indiana. Unless they choose to opt out, students who are local to the DC area will also be assigned rooms at the hotel to use at their discretion. **If you**

are local and choose to opt out of a hotel room, please notify Parker Lacoste (placoste@mckellarcorporation.com). Hotel will be within walking distance of the training center.



Breakfast will be provided at the hotel and lunch will be provided at the training facility, as well as afternoon snack for most days. Tea, coffee, and water will be available in the classroom.

IMPORTANT: Generally, the dress code during the academic phase of training is business casual. However, we ask that you bring business attire for visits to the Pentagon/DSCA offices and days with distinguished visitors. There are typically five to six days during the three-week academic period that require business attire. You will be notified in advance of these days.

Training Phase 3: Final Exercise at MUTC

IMPORTANT: During your final exercise, the training schedule will be very intense with 12-14 hour workdays. There will be no days off between from the moment of your second arrival at Camp Atterbury.

After the academic phase of training in Washington D.C. you will have your second trip to Indiana. Group will gather again next to Carousal #6 in the baggage claim area of IND airport and proceed Camp Atterbury via group ground transportation. Lodging and meals will again be provided. You will be at Camp Atterbury first three days, during which time you will be issued your deployment gear and complete all outstanding pre-deployment requirements.

On fourth day you will travel from Camp Atterbury to Muscatatuck Urban Training Center (MUTC) for the final field exercises. Lodging, meals, and transportation will be provided over there as well. Final exercises will last nine days and as part of the final exercises, you will engage in a four-day immersive scenario in which you will conduct multiple meetings with Afghan counterpart role player.



Period of Leave and Deployment

After your training is over, you will have about two and a half weeks of leave period until your deployment date. Details regarding the timing and logistics of signing for weapons and the deployment flight will be discussed closer to the deployment date.

IMPORTANT: In order to deploy you must complete ALL of the pre-deployment requirements.

Tips for traveling to Afghanistan

* Only bring the gear that you **MUST** have to travel (Kevlar, IBA, medications, weapon), a backpack with necessities and a one or two changes of clothes, and mail the rest ahead. The best is to travel as light as possible. The trip over can be long, dusty, and you will lug your gear back and forth many times. The less you bring, the more mobile you are.

* If you're able to mail clothing, etc. a week before you leave Camp Atterbury, it should be in Afghanistan by the time you get there. Plan on about 2 weeks for your package to be

delivered. It's better to have it waiting for you over there, than to try to carry much with you. You can start shipping once you are given and have gotten in touch with your sponsor.

* If you haven't deployed before, the best is to stay calm, move with others, rest when you can, take a shower if it's available, and sleep in a bed at Arif Jan, Bagram, or even NKIA if you can.

* **DO NOT** sway from the pick up plans that your MoDA colleagues in Afghanistan planned for you when you arrive in Bagram or NKIA. Stay with your group.



Official Forms

Medical Forms

- DD FORM 2795
- DD FORM 771
- DD FORM 2215
- DD FORM 2807-1
- DD FORM 2808
- DD FORM 2813
- FORM 178
- STANDARD FORM 600

In-Processing Forms

- DD FORM 93
- DD FORM 2760
- SECURITY FORM JPAS
- RUF



33823

PRE-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health before possible deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: **(Military personnel and DoD civilian Employees Only)** Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name

MI

Deploying Unit

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Gender

- Male
- Female

Service Branch

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Other

Component

- Active Duty
- National Guard
- Reserves
- Civilian Government Employee

Pay Grade

- E1
- E2
- E3
- E4
- E5
- E6
- E7
- E8
- E9
- O1
- O2
- O3
- O4
- O5
- O6
- O7
- O8
- O9
- O10
- W1
- W2
- W3
- W4
- W5
- Other

Location of Operation

- Europe
- SW Asia
- SE Asia
- Asia (Other)
- South America
- Australia
- Africa
- Central America
- Unknown

Deployment Location (IF KNOWN) (CITY, TOWN, or BASE):

List country (IF KNOWN):

Name of Operation:

Administrator Use Only

Indicate the status of each of the following:

- | Yes | No | N/A | |
|-----------------------|-----------------------|-----------------------|---------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical threat briefing completed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical information sheet distributed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Serum for HIV drawn within 12 months |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Immunizations current |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PPD screening within 24 months |

33823





33823

PLEASE FILL IN SOCIAL SECURITY #

SSN input boxes: [][][] - [][] - [][][][][]

Health Assessment

- 1. Would you say your health in general is: Excellent Very Good Good Fair Poor
- 2. Do you have any medical or dental problems? Yes No
- 3. Are you currently on a profile, or light duty, or are you undergoing a medical board? Yes No
- 4. Are you pregnant? (FEMALES ONLY) Don't Know Yes No
- 5. Do you have a 90-day supply of your prescription medication or birth control pills? N/A Yes No
- 6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment? N/A Yes No
- 7. During the past year, have you sought counseling or care for your mental health? Yes No
- 8. Do you currently have any questions or concerns about your health? Yes No

Please list your concerns:

Service Member Signature

I certify that responses on this form are true.

[Signature Box]

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- None
- Cardiac
- Combat / Operational Stress Reaction
- Dental
- Dermatologic
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multisystem complaint
- GI
- GU
- GYN
- Mental Health
- Neurologic
- Orthopedic
- Pregnancy
- Pulmonary
- Other _____

FINAL MEDICAL DISPOSITION:

- Deployable
- Not Deployable

Comments: (If not deployable, explain)

I certify that this review process has been completed.

Provider's signature and stamp:

[Signature Box]

Date (dd/mm/yyyy)

[Date Boxes:][][] / [][] / [][][][]

End of Health Review

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(THIS FORM IS SUBJECT TO THE
 PRIVACY ACT OF 1974 -
 Use DD Form 2005.)

| EYEWEAR PRESCRIPTION | | DATE | ACCOUNT NUMBER | ORDER NUMBER | | | | | | | |
|--|----------|----------|--|--------------|-----------|--------|----------|---------------|------|------|--------|
| TO: (Lab) | | FROM: | | | | | | | | | |
| NAME (Last, First) | | SSN | GRADE | | | | | | | | |
| ADDRESS/UNIT | | | PHONE | | | | | | | | |
| ADDRESS CONTINUED | | | SHIP TO: <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT | | | | | | | | |
| CITY, STATE, ZIP | | | | | | | | | | | |
| AD | RES | NG | RET | OTHER* | A | N | AF | MC | CG | PHS | OTHER* |
| | | | | | | | | | | | |
| FRAME | | EYE | | BRIDGE | | TEMPLE | | COLOR | | | |
| PD | DIST | NEAR | LENS | | TINT | | MATERIAL | | PAIR | CASE | |
| | SPHERE | CYLINDER | AXIS | DECENTER | H PRISM | H BASE | V PRISM | V BASE | | | |
| R | | | | | | | | | | | |
| L | | | | | | | | | | | |
| MULTIVISION | | | | | LAB USE | | | | | | |
| | NEAR ADD | SEG HT | TOTAL DECENTER | | | | | | | | |
| R | | | | | | | | | | | |
| L | | | | | PRIORITY | | | TECH INITIALS | | | |
| SPECIAL COMMENTS/JUSTIFICATION (*Use this space to specify blocks marked "Other.") | | | | | | | | | | | |
| PRESCRIBING OFFICER/AUTHORITY | | | | | SIGNATURE | | | | | | |

DISTRIBUTION: ORIGINAL - Retained by Lab. COPY 1 - Returned with eyewear. COPY 2 - Entered in health record.

| | | | | | | | | | | | | | |
|--|--|--|---------------------------------------|---|-------------------------------------|--|--|--|----------------------------------|--|------------------|------|------|
| REFERENCE AUDIOGRAM (This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005) | | | | | | | | | | 1. ZIP CODE/APO/FPO/PAS | | | |
| 2. DOD COMPONENT A - ARMY F - AIR FORCE 1 - OTHER N - NAVY M - MARINE CORPS | | | | | | 3. SERVICE COMPONENT R - REGULAR G - NATIONAL GUARD V - RESERVE 1 - OTHER | | | | | | | |
| 4. SOCIAL SECURITY NUMBER | | | 5. NAME (Last, First, Middle Initial) | | | | 6. DATE OF BIRTH (YYYYMMDD) | | 7. SEX M - MALE F - FEMALE | | | | |
| 8. PAY GRADE, UNIFORMED SERVICES | | 9. PAY GRADE, CIVILIAN | | 10. SERVICE DUTY OCCUPATION CODE | | 11. MAILING ADDRESS OF ASSIGNMENT | | | | | | | |
| 12. LOCATION - PLACE OF WORK | | | | 13. MAJOR COMMAND | | | 14. DUTY TELEPHONE (Include area code) | | | | | | |
| AUDIOMETRY | | | | | | | | | | | | | |
| 15. REASON FOR CONDUCTING AUDIOGRAM <input type="checkbox"/> 1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS <input type="checkbox"/> 2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES <input type="checkbox"/> 3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM | | | | | | | | | | | | | |
| 16. AUDIOMETRIC DATA RE: ANSI S3.6 - 1989 | | LEFT | | | | | | RIGHT | | | | | |
| | | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 |
| 17. DATE OF AUDIOGRAM (YYYYMMDD) | | | | | | | | | | | | | |
| 18. MEETS REFERRAL CRITERIA <input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES | | | 19. MILITARY TIME OF DAY (Optional) | | 20. HOURS SINCE LAST NOISE EXPOSURE | | | 21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST <input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES <input type="checkbox"/> 3 - UNKNOWN | | | | | |
| 22. EXAMINER | | | | | | | | | | | | | |
| a. NAME (Last, First, Middle Initial) | | | | | b. TRAINING CERTIFICATION NUMBER | | | c. SERVICE DUTY OCCUPATION CODE | | | d. OFFICE SYMBOL | | |
| 23. AUDIOMETER | | | | | | | | | | | | | |
| a. TYPE 1 - MANUAL 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR | | b. MODEL | | c. MANUFACTURER | | | d. SERIAL NUMBER | | | e. LAST ELECTROACOUSTIC CALIBRATION DATE (YYYYMMDD) | | | |
| 24. PERSONAL HEARING PROTECTION | | | | | | | | | | | | | |
| a. TYPE ISSUED 1 - SINGLE FLANGE (VS1R) 2 - TRIPLE FLANGE 3 - HAND FORMED EARPLUG | | 4 - EAR CANAL CAPS 5 - NOISE MUFFS 6 - OTHER 7 - NONE | | b. SIZE EARPLUGS L R 1 - XS 4 - L 2 - S 5 - XL 3 - M | | c. DOUBLE PROTECTION USED <input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES | | d. GLASSES WORN (Including goggles) <input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES | | e. FREQUENCY GLASSES WORN 1 - ALWAYS 2 - SELDOM 3 - N/A | | | |
| 25. REMARKS (Include exposure data) | | | | | | | | | | | | | |

INSTRUCTIONS

(Refer to DoD Component Instructions for additional guidance)

PURPOSE: This form is used to record initial audiometric test results with which later audiometric test results can be compared (see DD Form 2216, "Hearing Conservation Data," to record periodic test results).

1. **ZIP CODE/APO/FPO/PAS.** Enter nine digit ZIP Code/APO/FPO/ PAS of where audiometric test is conducted.
2. **DOD COMPONENT.** Enter letter in box of major organizational subdivision of DoD to which military or civilian individual is assigned. Enter "1" if DoD component is not listed.
3. **SERVICE COMPONENT.** Enter letter in box corresponding to primary subdivision of separate military service in which military is assigned (e.g., Regular (R) - standing military component of armed forces in peace and war; Reserve (V) - component of ready trained personnel for military service when needed, etc.; National Guard (G) - component of National Guard personnel in full-time or part-time status). Enter "1" for all others, including civilians.

PERSONAL DATA OF INDIVIDUAL BEING TESTED:

4. **SOCIAL SECURITY NUMBER.** Enter nine digit social security number. If foreign national, enter "FN" in middle two blocks.
5. **NAME.** Enter surname, given name and middle initial.
6. **DATE OF BIRTH.** Enter year, month, day.
7. **SEX.** Enter "M" if male, "F" if female.
8. **PAY GRADE, UNIFORMED SERVICES.** For military personnel only, enter military personnel class and pay level serial number as follows:
 - O11 - General of the Army/General of the Air Force/Fleet Admiral
 - O10 - General/Admiral
 - O09 - Lieutenant General/Vice Admiral
 - O08 - Major General/Rear Admiral (Upper Half)
 - O07 - Brigadier General/Rear Admiral (Lower Half)/Commodore
 - O06 - Colonel (A,F,M)/Captain (N)
 - O05 - Lieutenant Colonel/Commander
 - O04 - Major/Lieutenant Commander
 - O03 - Captain (A,F,M)/Lieutenant (N)
 - O02 - First Lieutenant/Lieutenant Junior Grade
 - O01 - Second Lieutenant/Ensign
 - W05 - Chief Warrant Officer, W-5
 - W04 - Chief Warrant Officer, W-4
 - W03 - Chief Warrant Officer, W-3
 - W02 - Chief Warrant Officer, W-2
 - W01 - Warrant Officer, W-1
 - C00 - Cadet/Midshipman
 - E09 - Sergeant Major/Chief Master Sergeant/Master Chief Petty Officer
 - E08 - Master Sergeant (A,M)/Senior Chief Petty Officer/Senior Master Sergeant/First Sergeant(A)
 - E07 - Sergeant First Class/Gunnery Sergeant/Chief Petty Officer/ Master Sergeant (F)/Platoon Sergeant (A)/Specialist-7
 - E06 - Staff Sergeant/Technical Sergeant/Petty Officer First Class/ Specialist-6
 - E05 - Sergeant (A,M)/Staff Sergeant/Petty Officer Second Class/ Specialist-5
 - E04 - Corporal/Sergeant (F)/Petty Officer Third Class/Specialist-4
 - E03 - Private First Class (A)/Airman First Class/Lance Corporal/Seaman
 - E02 - Private (PV1)/Airman/Private First Class (M)/Seaman Apprentice
 - E01 - Private (PV2)/Private (M)/Airman Basic/Seaman Recruit

9. **GRADE, CIVILIAN.** Enter two letters and two numbers of Federal civilian employee rank (e.g., WG05, GS11, etc.). Letter entries will be WG, WL, WS, WN, WD or GS. Number entries will be 01 to 18. Enter "1111" if other (e.g., foreign national, contractor, etc.).
10. **SERVICE DUTY OCCUPATION CODE.** Enter code to which military member's duty occupation is assigned (e.g., MOS, SSI, NEC/Rating, NOBC or AFSC in which individual is actually working). Enter number code of civilian job series in which civilian member is actually working (e.g., for a carpenter enter "4607").
11. **MAILING ADDRESS OF ASSIGNMENT.** Enter installation name (and street address for Navy and Marines), unit, office symbol, and ZIP Code/APO/FPO/PAS of individual's current duty assignment.
12. **LOCATION - PLACE OF WORK.** Enter specific location where individual is routinely exposed to hazardous noise including building number (e.g., Corpus Christi, NAS, Building 1571, Carpenter Shop). For Air Force personnel, enter 12-digit Workplace Identifier Code per AFOSH Std. 161-17.

13. **MAJOR COMMAND.** Enter authorized abbreviation of military major command to which individual is assigned.
 14. **DUTY TELEPHONE.** Enter individual's duty telephone number.
- AUDIOMETRY:**

15. **REASON FOR CONDUCTING AUDIOGRAM.** Enter number in box for reason to complete reference audiogram.
 - 1 - Individual has not yet worked in hazardous noise duty areas and no reference audiogram has been accomplished.
 - 2 - Individual has worked in hazardous noise duty areas but reference audiogram has been lost or was never accomplished.
 - 3 - Individual has worked in hazardous noise duty areas and requires revised reference audiogram following completion of hearing conservation follow-up program.
16. **AUDIOMETRIC DATA RE: ANSI S3.6 - 1989.** Enter threshold levels determined for this individual at six frequencies in each ear. Results are entered in 5dB increments (e.g., 0, 5, 10, 15, etc). If responses exceed maximum limits of audiometer, enter that limit with plus sign (e.g., 110+).
17. **DATE OF AUDIOGRAM.** Enter year, month, and day the audiometric test is given. (If January 14, 1999, enter 19990114.)
18. **MEETS REFERRAL CRITERIA.** Based on the audiometric test results, each DoD component should apply its own criteria.
19. **MILITARY TIME OF DAY.** Enter four digits for hour of day (24-hour clock) this audiogram is completed (e.g., "0830," "1400," etc.). This field is optional.
20. **HOURS SINCE LAST NOISE EXPOSURE.** Enter appropriate number of hours prior to this audiogram that individual was last exposed to hazardous noise (e.g., steady noise 85 dBA or greater and/or impulse noise above 140 dBp).
21. **EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST.** Enter "1" (NO) if individual has no ear, nose or throat problems at time of test that could be causing a temporary (conductive) hearing loss (e.g., ear canal blocked with ear wax, ear infection, head cold, etc.). Enter "2" (YES) if problem was present and "3" (UNKNOWN) if no way to determine presence of problem.
22. **EXAMINER.**
 - a. Name. Enter surname, given name and middle initial of individual operating audiometer.
 - b. Training Certification Number. Enter audiometric technician training certification number.
 - c. Service Duty Occupation Code. Enter examiner's service duty occupation code (see Item 10).
 - d. Office Symbol. Enter complete office symbol where examiner is performing the test.
23. **AUDIOMETER.**
 - a. Type. Enter number for type of audiometer used (e.g., "1" for manual type).
 - b. Model. Enter manufacturer's designation.
 - c. Manufacturer. Enter name of company that produced audiometer.
 - d. Serial Number. Enter manufacturer's serial number.
 - e. Last Electroacoustic Calibration Date. Enter year, month and day (see Item 16) of last electroacoustic determination of this audiometer's performance specifications.
24. **PERSONAL HEARING PROTECTION.**
 - a. Type Issued. Enter number for type of hearing protector that the individual was issued (e.g., "2" for triple flange, etc.; if "6 - OTHER," explain in Item 25, "Remarks").
 - b. Size Earplugs. Enter number for size of earplugs (single or triple flange) used for each ear (e.g., "4" for Large in right ear (R) and "3" for Medium or Regular in left ear (L)).
 - c. Double Protection Used. Enter "1" in box if earplugs are not routinely worn in combination with noise muffs or a noise-attenuating helmet. Enter "2" if they are routinely worn together.
 - d. Glasses Worn. Enter "1" in box if eye glasses or goggles are not routinely worn with noise muffs or noise-attenuating helmet.
 - e. Frequency Glasses Worn. Indicate frequency of use if "2" was entered in Item 24.d. If "1" was entered in 24.d., enter "3" - N/A.
25. **REMARKS.** Print explanations for any of above items marked "OTHER" and any information considered pertinent. Include the individual's 8-hour TWA noise exposure, when available.

REPORT OF MEDICAL HISTORY

OMB No. 0704-0413
OMB approval expires

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

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, 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 control number.

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

PRIVACY ACT STATEMENT

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

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

ROUTINE USE(S): The Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.

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

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

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

| | | | |
|---|--|---|--|
| X ALL APPLICABLE BOXES: | | | 7.a. POSITION (Title, Grade, Component) |
| 6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force | 6.b. COMPONENT <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard | 6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program | b. USUAL OCCUPATION |

| | |
|---|---|
| 8. CURRENT MEDICATIONS (Prescription and Over-the-counter) | 9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance) |
|---|---|

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

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

| | |
|---|------------------------|
| LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER |
|---|------------------------|

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

| HAVE YOU EVER HAD OR DO YOU NOW HAVE: | YES | NO | | YES | NO |
|--|-----------------------|-----------------------|--|-----------------------|-----------------------|
| 15.a. Dizziness or fainting spells | <input type="radio"/> | <input type="radio"/> | 19. Have you been refused employment or been unable to hold a job or stay in school because of: | | |
| b. Frequent or severe headache | <input type="radio"/> | <input type="radio"/> | a. Sensitivity to chemicals, dust, sunlight, etc. | <input type="radio"/> | <input type="radio"/> |
| c. A head injury, memory loss or amnesia | <input type="radio"/> | <input type="radio"/> | b. Inability to perform certain motions | <input type="radio"/> | <input type="radio"/> |
| d. Paralysis | <input type="radio"/> | <input type="radio"/> | c. Inability to stand, sit, kneel, lie down, etc. | <input type="radio"/> | <input type="radio"/> |
| e. Seizures, convulsions, epilepsy or fits | <input type="radio"/> | <input type="radio"/> | d. Other medical reasons (If yes, give reasons.) | <input type="radio"/> | <input type="radio"/> |
| f. Car, train, sea, or air sickness | <input type="radio"/> | <input type="radio"/> | 20. Have you ever been treated in an Emergency Room? (If yes, for what?) | <input type="radio"/> | <input type="radio"/> |
| g. A period of unconsciousness or concussion | <input type="radio"/> | <input type="radio"/> | 21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) | <input type="radio"/> | <input type="radio"/> |
| h. Meningitis, encephalitis, or other neurological problems | <input type="radio"/> | <input type="radio"/> | 22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) | <input type="radio"/> | <input type="radio"/> |
| 16.a. Rheumatic fever | <input type="radio"/> | <input type="radio"/> | 23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) | <input type="radio"/> | <input type="radio"/> |
| b. Prolonged bleeding (as after an injury or tooth extraction, etc.) | <input type="radio"/> | <input type="radio"/> | 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) | <input type="radio"/> | <input type="radio"/> |
| c. Pain or pressure in the chest | <input type="radio"/> | <input type="radio"/> | 25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) | <input type="radio"/> | <input type="radio"/> |
| d. Palpitation, pounding heart or abnormal heartbeat | <input type="radio"/> | <input type="radio"/> | 26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) | <input type="radio"/> | <input type="radio"/> |
| e. Heart trouble or murmur | <input type="radio"/> | <input type="radio"/> | 27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) | <input type="radio"/> | <input type="radio"/> |
| f. High or low blood pressure | <input type="radio"/> | <input type="radio"/> | 28. Have you ever been denied life insurance? | <input type="radio"/> | <input type="radio"/> |
| 17.a. Nervous trouble of any sort (anxiety or panic attacks) | <input type="radio"/> | <input type="radio"/> | 29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.) | | |
| b. Habitual stammering or stuttering | <input type="radio"/> | <input type="radio"/> | | | |
| c. Loss of memory or amnesia, or neurological symptoms | <input type="radio"/> | <input type="radio"/> | | | |
| d. Frequent trouble sleeping | <input type="radio"/> | <input type="radio"/> | | | |
| e. Received counseling of any type | <input type="radio"/> | <input type="radio"/> | | | |
| f. Depression or excessive worry | <input type="radio"/> | <input type="radio"/> | | | |
| g. Been evaluated or treated for a mental condition | <input type="radio"/> | <input type="radio"/> | | | |
| h. Attempted suicide | <input type="radio"/> | <input type="radio"/> | | | |
| i. Used illegal drugs or abused prescription drugs | <input type="radio"/> | <input type="radio"/> | | | |
| 18. FEMALES ONLY. Have you ever had or do you now have: | <input type="radio"/> | <input type="radio"/> | | | |
| a. Treatment for a gynecological (female) disorder | <input type="radio"/> | <input type="radio"/> | | | |
| b. A change of menstrual pattern | <input type="radio"/> | <input type="radio"/> | | | |
| c. Any abnormal PAP smears | <input type="radio"/> | <input type="radio"/> | | | |
| d. First day of last menstrual period (YYYYMMDD) | <input type="radio"/> | <input type="radio"/> | | | |
| e. Date of last PAP smear (YYYYMMDD) | <input type="radio"/> | <input type="radio"/> | | | |

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

| | | |
|--|------------------------|-------------------------------------|
| LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER | |
| 30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i> | | |
| a. COMMENTS | | |
| b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i> | c. SIGNATURE | d. DATE SIGNED (YYYYMMDD) |

| | | | | | | |
|---|--------------------------------|--|--|---|--|---|
| REPORT OF MEDICAL EXAMINATION | | | | 1. DATE OF EXAMINATION (YYYYMMDD) | 2. SOCIAL SECURITY NUMBER | |
| PRIVACY ACT STATEMENT | | | | | | |
| <p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p> | | | | | | |
| 3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | | | 4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) | | 5. HOME TELEPHONE NUMBER (Include Area Code) | |
| 6. GRADE | 7. DATE OF BIRTH (YYYYMMDD) | 8. AGE | 9. SEX <input type="radio"/> Female <input type="radio"/> Male | 10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | b. ETHNIC CATEGORY <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino | |
| 11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN | | 12. AGENCY (Non-Service Members Only) | | 13. ORGANIZATION UNIT AND UIC/CODE | | |
| 14.a. RATING OR SPECIALTY (Aviators Only) | | b. TOTAL FLYING TIME | | c. LAST SIX MONTHS | | |
| 15.a. SERVICE <input type="radio"/> Army <input type="radio"/> Coast Guard <input type="radio"/> Navy <input type="radio"/> Marine Corps <input type="radio"/> Air Force | | b. COMPONENT <input type="radio"/> Active Duty <input type="radio"/> Reserve <input type="radio"/> National Guard | | c. PURPOSE OF EXAMINATION <input type="radio"/> Enlistment <input type="radio"/> Medical Board <input type="radio"/> Other <input type="radio"/> Commission <input type="radio"/> Retirement <input type="radio"/> Retention <input type="radio"/> U.S. Service Academy <input type="radio"/> Separation <input type="radio"/> ROTC Scholarship Program | | 16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) |
| CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.) | | | | | | |
| | | | | Nor- mal | Ab- norm | NE |
| 17. Head, face, neck, and scalp | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 18. Nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 19. Sinuses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 20. Mouth and throat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 22. Drums (Perforation) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 23. Eyes - General (Visual acuity and refraction under items 61 - 63) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 24. Ophthalmoscopic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 25. Pupils (Equality and reaction) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 26. Ocular motility (Associated parallel movements, nystagmus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 27. Heart (Thrust, size, rhythm, sounds) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 28. Lungs and chest (Include breasts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 29. Vascular system (Varicosities, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 31. Abdomen and viscera (Include hernia) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 32. External genitalia (Genitourinary) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 33. Upper extremities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 34. Lower extremities (Except feet) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 35. Feet (See Item 35 Continued) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 36. Spine, other musculoskeletal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 37. Identifying body marks, scars, tattoos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 38. Skin, lymphatics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 39. Neurologic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 40. Psychiatric (Specify any personality deviation) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 41. Pelvic (Females only) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 42. Endocrine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.) | | | | 44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) | | |
| <input type="radio"/> Acceptable <input type="radio"/> Not Acceptable Class _____ | | | | 35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic | | |

| | | | | | | | | | | | | | | | |
|---|-----|----------------------------|----------------|--|--|---------------------------|----------|---|------------------------------|-------------------------|------|------------------------------------|-----------|---------------------------|-----------------------------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | | | | | | | | | | SOCIAL SECURITY NUMBER | | | | | |
| 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 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 ^o | | EX ^o | | R.H. | | L.H. | | Prism div. | | Prism Conv 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. AUOIOMETER | | Unit Serial Number | | | | | | 71b. Unit Serial Number | | 72a. READING ALOUD TEST | | | | | |
| | | Date Calibrated (YYYYMMDD) | | | | | | Date Calibrated (YYYYMMDD) | | | | | | | |
| HZ | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | HZ | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | <input type="radio"/> SAT | <input type="radio"/> UNSAT |
| Right | | | | | | | Right | | | | | | | | |
| Left | | | | | | | Left | | | | | | | | |
| 72b. VALSALVA | | | | | | | | | | | | | | | |
| <input type="radio"/> SAT <input type="radio"/> UNSAT | | | | | | | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.) | | | | | | | | | | | | | | | |

| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | | | | | | SOCIAL SECURITY NUMBER | | | |
|--|-----------------------------|-----------------|----------------|---------------------|--|------------------------|-----------------------|-------------------------------|-----------------------|
| 74.a. EXAMINEE/APPLICANT <i>(check one)</i> | | | | | 75. I have been advised of my disqualifying condition. | | | | |
| <input type="radio"/> IS QUALIFIED FOR SERVICE <input type="radio"/> IS NOT QUALIFIED FOR SERVICE | | | | | a. SIGNATURE OF EXAMINEE | | | b. DATE (YYYYMMDD) | |
| b. PHYSICAL PROFILE | | | | | | | | | |
| P | U | L | H | E | S | X | PROFILER INITIALS | DATE (YYYYMMDD) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 76. SIGNIFICANT OR DISQUALIFYING DEFECTS | | | | | | | | | |
| ITEM NO. | MEDICAL CONDITION/DIAGNOSIS | ICD CODE | PROFILE SERIAL | RBJ DATE (YYYYMMDD) | QUALIFIED | DIS-QUALIFIED | EXAMINER INITIALS | WAIVER RECEIVED | |
| | | | | | | | | SERVICE | DATE (YYYYMMDD) |
| | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| 77. SUMMARY OF DEFECTS AND DIAGNOSES <i>(List diagnoses with item numbers) (Use additional sheets if necessary.)</i> | | | | | | | | | |
| 78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED <i>(Specify) (Use additional sheets if necessary.)</i> | | | | | | | | | |
| 79. MEPS WORKLOAD <i>(For MEPS use only)</i> | | | | | | | | | |
| WKID | ST | DATE (YYYYMMDD) | INITIAL | WKID | ST | DATE (YYYYMMDD) | INITIAL | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 80. MEDICAL INSPECTION DATE | | HT | WT | %BF | MAX WT | HCG | QUAL | DISQ | PHYSICIAN'S SIGNATURE |
| | | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | | | | | | | <input type="radio"/> | <input type="radio"/> | |
| 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 <i>(Indicate which)</i> | | | | | 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 <i>(If yes, date and by whom)</i> | | | | | | | | 87. NUMBER OF ATTACHEO SHEETS | |
| <input type="radio"/> YES <input type="radio"/> NO | | | | | | | | | |

**DEPARTMENT OF DEFENSE
ACTIVE DUTY/RESERVE/GUARD/CIVILIAN FORCES DENTAL EXAMINATION**

OMB No. 0720-0022
OMB approval expires
Aug 31, 2016

The public reporting burden for this collection of information is estimated to average 3 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, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0720-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 10 U.S.C. 1074f; DoD Directives 1404.10, 5101.1, 5136.01, and 6490.02E; DoD Instruction 6025.19; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information in order to record an assessment of an individual's dental health.

ROUTINE USE(S): Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as Implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Information may also be used and disclosed in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Routine Uses" published at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. Information from this system may be shared with other Federal and State agencies and civilian health care providers, as necessary, to provide medical care and treatment and to guide possible referrals.

DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service and/or for possible deployment outside the United States and its territories and possessions.

| | | |
|--|---------------------------|----------------------|
| 1. SERVICE MEMBER'S NAME (Last, First, Middle Initial) | 2. SOCIAL SECURITY NUMBER | 3. BRANCH OF SERVICE |
| 4. UNIT OF ASSIGNMENT | 5. UNIT ADDRESS | |

6. EXAMINATION RESULTS

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve/Civilian member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.**

| | |
|--------------------------|--|
| <input type="checkbox"/> | (1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months. |
| <input type="checkbox"/> | (2) Patient has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment). |
| <input type="checkbox"/> | (3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: <i>(X the applicable block or specify in the space provided)</i> |
| <input type="checkbox"/> | (a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report. |
| <input type="checkbox"/> | (b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months. |
| <input type="checkbox"/> | (c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics. |
| <input type="checkbox"/> | (d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances. |
| <input type="checkbox"/> | (e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal. |
| <input type="checkbox"/> | (f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment. |

(4) If you selected Block (3) above, please indicate the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

| | | | |
|---|------------------------------|--|---|
| (5) Were X-rays consulted? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD) |
| 7. DENTIST'S NAME (Last, First, Middle Initial) | | 8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code) | |
| 9. DENTIST'S TELEPHONE NUMBER (Include Area Code) | | | |
| 10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER | | | 11. DATE OF EXAMINATION (YYYYMMDD) |

To be given to the individual
examined with a pre-addressed
envelope marked
"Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

Privacy Act Statement

Solicitation of this information is authorized by Section 552a of Title 5, United States Code, regarding records maintained on individuals; Section 3301 of Title 5, United States Code, regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 United States Code, regarding waiver of physical qualifications for preference eligibles. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligibles, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

Public Burden Statement

We estimate an average of two to three hours per response to complete, including the time for reviewing instructions, getting needed information, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Strategic Human Resources Policy, Medical Policy and Programs Division, Attn: OMB Number (3206-0250), 1900 E Street, NW, Washington, D.C. 20415. The OMB number, 3206-0250, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Instructions

There are five parts in this form:

- Part A** - To be completed by applicant or employee. Signature of the applicant or employee certifies that the information provided is complete and accurate; and that the applicant or employee consents to the release of the examination results to the employing agency.
- Part B** - To be completed by the appointing officer before the medical examination: identifies the purpose of the examination; the position title, series and grade; generally describes the position; and shows the specific functional requirements and environmental factors that the work requires.
- Part C** - To be completed and signed by the examining physician, and returned to the employing agency in the pre-paid/pre-addressed "Confidential-Medical" envelope provided.
- Part D** - To be completed by the agency medical officer who reviews the examination results and recommends action.
- Part E** - To be completed by the agency human resources officer in order to document the personnel action that is rendered.

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

| Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE | | |
|--|---|----------------------------------|
| 1. Name (Last, First, Middle Initial) | | |
| 2. Federal Employee Number | 3. Sex <input type="radio"/> Male <input type="checkbox"/> Female | 4. Birth Date (month, day, year) |
| 5. Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties shown in Part B, No. 3? <input type="radio"/> Yes <input type="checkbox"/> No (If your answer is YES, explain fully to the physician performing the examination) | | |
| 6. Address (including City, State, Zip Code) | | |
| 7. E-mail Address | 8. Telephone Numbers (with Area Code) | |
| 9. Applicant or Employee Consent and Certification I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination. | | |
| 10. Signature (Do not print) | 11. Date (month, day, year) | |

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

| Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER | |
|--|--------------------------------------|
| 1. Purpose of examination <input type="radio"/> Pre-placement <input type="checkbox"/> Other (Specify) _____ | 2. Position Title, Series, and Grade |
| 3. Brief description of what the position requires the employee to do. | |

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
 OMB No. 3206 - 0250

Part B. CONTINUED - TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

4. Check the box for each functional requirement in section 4a and each environmental factor in section 4b essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.

4a. Functional Requirements

- | | | |
|---|---|--|
| <input type="checkbox"/> Heavy lifting, 45 pounds and over | <input type="checkbox"/> Repeated bending (_____ hours) | <input type="checkbox"/> Both eyes required |
| <input type="checkbox"/> Moderate lifting, 15-44 pounds | <input type="checkbox"/> Climbing, legs only (_____ hours) | <input type="checkbox"/> Depth perception |
| <input type="checkbox"/> Light lifting, under 15 pounds | <input type="checkbox"/> Climbing, use of legs and arms | <input type="checkbox"/> Ability to distinguish basic colors |
| <input type="checkbox"/> Heavy carrying, 45 pounds and over | <input type="checkbox"/> Both legs required | <input type="checkbox"/> Ability to distinguish shades of colors |
| <input type="checkbox"/> Moderate carrying, 15-44 pounds | <input type="checkbox"/> Operation of crane, truck, tractor, or motor vehicle | <input type="checkbox"/> Hearing (aid permitted) |
| <input type="checkbox"/> Light carrying, under 15 pounds | <input type="checkbox"/> Ability for rapid mental and muscular coordination simultaneously | <input type="checkbox"/> Hearing without aid |
| <input type="checkbox"/> Straight pulling (_____ hours) | <input type="checkbox"/> Ability to use and desirability of using firearms | <input type="checkbox"/> Specific hearing requirements (specify) |
| <input type="checkbox"/> Pulling hand over hand (_____ hours) | <input type="checkbox"/> Near vision correctable at 13" to 16" to Jaeger 1 to 4 | Other (specify) |
| <input type="checkbox"/> Pushing (_____ hours) | <input type="checkbox"/> Far vision correctable in one eye to 20/20 and to 20/40 in the other | _____ |
| <input type="checkbox"/> Reaching above shoulder | <input type="checkbox"/> Specific visual requirement (specify) | _____ |
| <input type="checkbox"/> Use of fingers | _____ | _____ |
| <input type="checkbox"/> Both hands required | | _____ |
| <input type="checkbox"/> Walking (_____ hours) | | _____ |
| <input type="checkbox"/> Standing (_____ hours) | | _____ |
| <input type="checkbox"/> Crawling (_____ hours) | | _____ |
| <input type="checkbox"/> Kneeling (_____ hours) | | _____ |

4b. Environmental Factors

- | | | |
|---|---|--|
| <input type="checkbox"/> Outside | <input type="checkbox"/> Electrical energy | <input type="checkbox"/> Working alone |
| <input type="checkbox"/> Outside and inside | <input type="checkbox"/> Slippery or uneven walking surfaces | <input type="checkbox"/> Protracted or irregular hours of work |
| <input type="checkbox"/> Excessive heat | <input type="checkbox"/> Working around machinery with moving parts | Other (specify) |
| <input type="checkbox"/> Excessive cold | <input type="checkbox"/> Working around moving objects or vehicles | _____ |
| <input type="checkbox"/> Excessive humidity | <input type="checkbox"/> Working on ladders or scaffolding | _____ |
| <input type="checkbox"/> Excessive dampness or chilling | <input type="checkbox"/> Working below ground | _____ |
| <input type="checkbox"/> Dry atmospheric conditions | <input type="checkbox"/> Unusual fatigue factors (specify) | _____ |
| <input type="checkbox"/> Excessive noise, intermittent | _____ | _____ |
| <input type="checkbox"/> Constant noise | <input type="checkbox"/> Working with hands in water | _____ |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Explosives | _____ |
| <input type="checkbox"/> Silica, asbestos, etc. | <input type="checkbox"/> Vibration | _____ |
| <input type="checkbox"/> Fumes, smoke, or gases | <input type="checkbox"/> Working closely with others | _____ |
| <input type="checkbox"/> Solvents (degreasing agents) | | _____ |
| <input type="checkbox"/> Grease and oils | | |
| <input type="checkbox"/> Radiant energy | | |

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors checked in Part 4 of this form. Please take these, and the brief description of the job duties, into consideration as you make your examination and report your findings and conclusions.

1. Height _____ Feet, _____ Inches. Weight: _____ Pounds.

2. Eyes:

a. Distant vision (Snellen): without corrective lenses: right 20 left 20; with corrective lenses, if worn; right 20 left 20

b. Depth perception Type of test: _____
_____ Seconds of Arc

Number correct: _____ of _____ tested

Interpretation Normal Abnormal

c. Peripheral vision Right Nasal _____ degrees Temporal _____ degrees
Left Nasal _____ degrees Temporal _____ degrees

d. What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant?

Test each eye separately.

Jaeger No. 2 Type

The President may -
(1) prescribe such regulations for the admission of individuals into the civil service in the executive branch as will best promote the efficiency of that service; (2) ascertain the fitness of applicants as to age, health, character, knowledge, and ability for the employment sought; and (3) appoint and prescribe the duties of individuals to make inquiries for the purpose of this section.
(Title 5 U.S. Code 3301)

without corrective lenses:

L _____ in. to _____ in.

R _____ in. to _____ in.

with corrective lenses, if used:

L _____ in. to _____ in.

R _____ in. to _____ in.

e. Color vision: Is color vision normal by Ishihara or other color plate test?

Yes No

If not, can applicant pass lantern test?

Yes No

Can see red/green/yellow?

Yes No

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
 OMB No. 3206 - 0250

Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN

3. Ears: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)

Ordinary conversation:

| Audiometer in dB (if given) for Right Ear: | | | | | | | | | |
|--|-----|------|------|------|------|------|------|------|------|
| | | | | | | | | | |
| 250 | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 7000 | 8000 |

Right Ear _____ ;
 20 ft.

Left Ear _____
 20 ft.

| Audiometer in dB (if given) for Left Ear: | | | | | | | | | |
|---|-----|------|------|------|------|------|------|------|------|
| | | | | | | | | | |
| 250 | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 7000 | 8000 |

4. Other Findings: Describe any abnormality (including diseases, scars, and disfigurements). Include brief pertinent history. If normal, so indicate.

- a. Eyes, ears, nose, and throat (including tooth and oral hygiene)
- b. Abdomen
- c. Head and back (including face, hair, and scalp)
- d. Peripheral blood vessels
- e. Speech (note any malfunction)
- f. Extremities (including strength, range of motion)
- g. Skin and lymph nodes (including thyroid gland)
- h. Urinalysis (if indicated)

SP. Gr. _____ Sugar _____ Blood _____

Albumen _____ Casts _____ Pus _____

- i. Respiratory tract (X-ray if indicated)
- j. Heart (size, rate, rhythm, function)

Blood pressure _____

Pulse _____

EKG (if indicated)

- k. Back (special consideration for positions involving heavy lifting and other strenuous duties)
- l. Neurological (including reflexes, sensation) and mental health

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN

5. Conclusions: Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.

No limiting conditions for this job

Limiting conditions as follows:

6. Examining Physician's Name

7. E-Mail Address

8. Address (Including Street, City, State and ZIP Code)

9. Telephone Number

10. Signature of Examining Physician

11. Date (Month, Day, Year)

IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
 OMB No. 3206 - 0250

| FOR AGENCY USE ONLY | |
|---|----------------------------|
| Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available) | |
| NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. | |
| 1. Recommendation: <input type="checkbox"/> Hire or retain; describe limitations, if any, here. <input type="checkbox"/> Take action to separate or do not hire; explain why. | |
| 2. Agency Medical Officer's Name | 3. E-Mail Address |
| 4. Address (Including Street, City, State and ZIP Code) | 5. Telephone Number |
| 6. Signature of Agency Medical Officer | 7. Date (Month, Day, Year) |

| FOR AGENCY USE ONLY | |
|---|----------------------------|
| Part E. TO BE COMPLETED BY AGENCY HUMAN RESOURCES OFFICER | |
| 1. Action Taken: <input type="radio"/> Hired or Retained <input type="checkbox"/> Non-Selected for Appointment, or Eligibility Objected To <input type="checkbox"/> Action Taken to Separate | |
| 2. Agency Human Resources Officer's Name | 3. E-Mail Address |
| 4. Address (Including Street, City, State and ZIP Code) | 5. Telephone Number |
| 6. Signature of Agency Human Resources Officer | 7. Date (Month, Day, Year) |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>) |
|------|--|
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|--|---------------------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPARTMENT/SERVICE | RECORDS MAINTAINED AT |
| SPONSOR'S NAME | SOCIAL SECURITY/ID NUMBER | RELATIONSHIP TO SPONSOR | |
| PATIENT'S IDENTIFICATION: (<i>For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.</i>) | | REGISTER NUMBER | WARD NUMBER |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 11/2010)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

| | | | |
|---|--|--|---|
| 1. NAME (Last, First, Middle Initial) | | 2. SSN | |
| 3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR | | | b. REPORTING UNIT CODE/DUTY STATION ISAF Head Quarters |
| 4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 5. CHILDREN a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH (YYYYMMDD) | d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
| | | | |
| | | | |
| | | | |
| | | | |
| 6a. FATHER NAME (Last, First, Middle Initial) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | | |
| 7a. MOTHER NAME (Last, First, Middle Initial) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | | |
| 8a. DO NOT NOTIFY DUE TO ILL HEALTH | b. NOTIFY INSTEAD | | |
| 9a. DESIGNATED PERSON(S) (Military only) | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) | | | |

SECTION 2 - BENEFITS RELATED INFORMATION

| | | | |
|---|------------------------|---|----------------------|
| 11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i> | b. RELATIONSHIP | c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | d. PERCENTAGE |
|---|------------------------|---|----------------------|

| | | |
|---|---|----------------------|
| 12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIDNSHIP | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | c. PERCENTAGE |
|---|---|----------------------|

| | |
|---|---|
| 13a. PERSON AUTHDRIZED TD DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIDNSHIP | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
|---|---|

| | | |
|---------------------------------|--|--|
| 14. CONTINUATION/REMARKS | | |
|---------------------------------|--|--|

| | | |
|---|--|---|
| 15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i> | 16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i> | 17. DATE SIGNED <i>(YYYYMMDD)</i> |
|---|--|---|

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle Initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
 - (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
 - (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
 - (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

| | | |
|-----|----|--|
| YES | NO | I DON'T KNOW <i>(Provide explanation on reverse)</i> |
|-----|----|--|

2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

| | |
|-----------------------|------------------------------|
| a. COURT/JURISDICTION | b. DOCKET/CASE NUMBER |
| c. STATUTE/CHARGE | d. DATE SENTENCED (YYYYMMDD) |

3. **CERTIFICATION.** I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

| | | |
|--|---------------|---------------------------|
| a. NAME <i>(Last, First, Middle Initial)</i> | b. RANK/GRADE | c. SOCIAL SECURITY NUMBER |
| d. ORGANIZATION | e. SIGNATURE | f. DATE SIGNED (YYYYMMDD) |

UNCLASSIFIED/FOUO

[COMMAND LETTERHEAD/ADDRESS]

[YOUR UNIT IDENTIFIER/OFFICE SYMBOL]

[DATE]

MEMORANDUM FOR THE RECORD

SUBJECT: Background Check Verification

1. References (please ensure most recent versions of 'a' and 'b' are used)
 - a. (U) USCENTCOM Message, 181607ZJAN11 Subject: USCENTCOM Policy and Delegation of Authority for Personal Protection and Contract Security Service Arming of DoD Civilian Personnel
 - b. (U) USFOR-A FRAGO 13-173, Directs the Arming Authorization Process, 070850Z SEP 13
2. The below individual has a current security clearance.

| Last Name ,First Name MI | Clearance | Agency Granted | Date Granted |
|--------------------------|-----------|----------------|--------------|
| | | | |

3. My point of contact for this memorandum is (List name, phone and e-mail address)

NAME
Rank and branch or civilian grade
Position

PLEASE SIGN USING CAC CARD DIGITAL SIGNATURE

RULES FOR THE USE OF FORCE TRAINING

1. **CIVILIANS:** Are noncombatants, you may not engage in offensive operations with Coalition Forces. You always retain your ability to exercise self-defense against hostile acts or demonstrated hostile intent.
2. **CONTRACTED SECURITY FORCES:** Cooperate with Coalition and Afghan Police/Security Forces and comply with theater force protection policies. Do not avoid or run Coalition or Afghan Police/Security Force checkpoints. If authorized to carry weapons, do not aim them at Coalition or Afghan Police/Security Forces.
3. **USE OF DEADLY FORCE:** Deadly force is that force, which one reasonably believes will cause death or serious bodily harm. You may use NECESSARY FORCE, up to and including deadly force (only when all lesser means have failed or cannot reasonably be employed), against persons in the following circumstances:
 - In self-defense
 - In defense of facilities and persons as specified in your contract
 - To prevent life threatening offenses against civilians
 - In defense of Coalition-approved property specified in your contract
4. **GRADUATED FORCE:** You will use the reasonable amount of force necessary. The following are some techniques you can use, if their use will not unnecessarily endanger you or others.
 - **SHOUT;** verbal warnings to HALT in native language
(PISH NAH-BE-AH, MAY-ZANAM = STOP OR I'LL SHOOT)
(SALAH PARTO = DROP YOUR WEAPON)
 - **SHOW;** your weapon and demonstrate intent to use it
 - **SHOOT;** to remove the threat only where necessary

RULES FOR THE USE OF FORCE TRAINING

5. **IF YOU MUST FIRE YOUR WEAPON:**
 - Fire only aimed shots
 - Fire with due regard for the safety of innocent bystanders
 - Warning shots are **prohibited**
 - Immediately report incident and request assistance
6. **CIVILIANS:** Treat Civilians with Dignity and Respect
 - Make every effort to avoid civilian casualties
 - You may stop, detain, search, and disarm civilian persons if required for your safety or if specified in your contract
 - Civilians will be treated humanely
 - Detained civilians will be turned over to the Afghan Police/Security or Coalition Forces as soon as possible
7. **WEAPONS POSSESSION AND USE:** Possession and use of weapons must be authorized by USFOR-A and must be specified in your contract
 - You must carry proof of weapons authorization
 - You will maintain a current weapons training record
 - You may possess and use only those weapons and ammunition for which you are qualified and approved
 - You may not join Coalition Forces in combat operations
 - You must follow Coalition weapons condition rules for loading and clearing

NOTHING IN THESE RULES LIMITS YOUR INHERENT RIGHT TO TAKE ACTION NECESSARY TO DEFEND YOURSELF

LAW OF ARMED CONFLICT TRAINING

1. **FIGHT ONLY COMBATANTS:**
 - Use force only when authorized under Rules for Use of Force
 - U.S., Coalition and ANSF operate under separate Rules of Engagement and do not operate under the Rules for Use of Force
 - Contractors and civilians do NOT use military Rules of Engagement for Use of Force decisions
2. **TREAT HUMANELY ALL WHO SURRENDER OR ARE CAPTURED:**
 - No torture or mistreatment
 - Immediately turn over to U.S., Coalition or ANSF Forces
3. **DO NOT KILL OR TORTURE DETAINED PERSONNEL:**
 - Once someone can no longer fight, they may not be harmed
 - Immediately turn over to U.S., Coalition or ANSF Forces
4. **COLLECT AND CARE FOR THE WOUNDED:**
 - Must treat All wounded equally
 - Most seriously injured are treated first
 - Proper treatment of the dead (i.e. no booby-trapping, burning or mutilation)
5. **DO NOT ATTACK PROTECTED PERSONS AND PROTECTED PLACES:**
 - You may not participate in offensive operations
 - Non-combatants may not be harmed
 - Mosques, hospitals, cemeteries and schools are protected

LAW OF ARMED CONFLICT TRAINING

6. **DESTROY NO MORE THAN THE MISSION REQUIRES:**
 - Return fire with aimed fire
 - You must limit/eliminate collateral damage to innocent civilians
7. **TREAT ALL CIVILIANS HUMANELY:**
 - Have respect for customs and culture
8. **RESPECT PRIVATE PROPERTY AND POSSESSIONS:**
 - You may not steal property
 - You may not destroy, or threaten to destroy property of others
9. **STOP LAW OF WAR VIOLATIONS:**
 - You have a DUTY to prevent these violations
10. **REPORT LAW OF WAR VIOLATIONS:**
 - You have a DUTY to report Law of War violations to U.S., Coalition or ANSF Forces, regardless of the party committing them

NOTHING IN THESE RULES LIMITS YOUR INHERENT RIGHT TO TAKE ACTION NECESSARY TO DEFEND YOURSELF

I understand the Law Of Armed Conflict and Rules for the Use of Force presented above. I acknowledge that I have received training on the same and have a duty to immediately report any violations to my first line military supervisor or civilian equivalent.

Signature: _____

Date: _____

Printed Name: _____