

APPENDIX C

ACTIVE RESERVE PROGRAM  
ACCESSIONS PACKAGE CHECKLIST

NOTE: Submission requirements must be in compliance with MCO 1001.52J (Active Reserve (AR) Support to the Reserve Component (RC)). Prior Service Recruiter's are encouraged to familiarize themselves with the criteria set forth in the AR Order.

Application package (all applicants) must include the following enclosures:

- Command/PSR OIC endorsement  
(SMCR obligors must have unit endorsement)
- Application letter acknowledging willingness to be assigned anywhere based on the needs of the Marine Corps.
- Current photograph with HT/WT/BF composition (certified) within 12 months. HT/WT/BF% on photograph needs to match medical documentation.
- HT/WT/BF% certification (must be within 90 days of date received by HQMC, RAM-3).
- Financial Worksheet (NAVMC 11753).
- Commanding Officer/PSR OIC AR Application Interview/Screening Guide (NAVMC 11754).
- Date of Rank Statement of Understanding (SOU), per MARADMIN 362/11.
- Copy of DD Form 2807/1 (Report of Medical History) current within 3 months.
- Current Physical Health Assessment (NAVMED 6120/4) within 1 year or copy of DD Form 2808 (Report of Medical Examination) current within 2 years.
- Tattoo Screening Form with Waiver Approval if required.
- SRB pages 3, and 11. Pages 12 and NAVMC 10132 (Unit Punishment Book) are also required, if applicable.

✓ PSR Interview Screening Checklist

NIA If requesting an MOS retrain, additional documentation required for the specific MOS per the most current edition of MCO 1200.17.

Provide additional information, where applicable:

NIA Waivers (legal, professional, financial, tattoos) Refer to the most current edition of MCO 1040R.35 Reserve Career Planning and Retention Manual (Chapter 5) for waiver guidelines.

✓ Reenlistment/extension request in TFRS; when the Marine does not have sufficient obligated service time for initial accession.

NIA Active duty spouse information (MCTFS DEPN or equivalent of different branch of service). This may delay the accession process.

NIA Information regarding Exceptional Family Member Program (EFMP) status (application letter EFMP enrollment form). This may delay the accession process.

✓ Letter(s) of recommendation (optional).

NIA AR Affiliation Bonus Statement of Understanding (refer to current MCBUL to determine bonus eligibility).



UNITED STATES MARINE CORPS  
PRIOR SERVICE RECRUITING STATION, 9th MCD  
2205 DEPOT DRIVE  
GREAT LAKES, IL 60088

IN REPLY REFER TO:  
1040  
Ops  
5 Aug 11

SECOND ENDORSEMENT on Sergeant Alvin R. Applicant's ltr dtd  
25 Jul 11

From: Officer In Charge, Prior Service Recruiting Station,  
9th Marine Corps District  
To: Headquarters, U.S. Marine Corps (RAM)  
3280 Russell Road, Quantico, VA 22134-5103  
Via: Commanding General, Marine Corps Recruiting Command

SUBJ: REQUEST FOR ACCESSION ON THE ACTIVE RESERVE (AR) PROGRAM

1. Forwarded, recommended with enthusiasm.
2. Sergeant Applicant requires a waiver for the number of dependents. He has a wife and two children, exceeding the stated guidelines by one dependent. Based on the statement and letter of recommendation of his OIC, his family is stable and has no history of financial hardship. His wife has a solid history of employment in a transferrable occupation. Although the net available funds on the financial worksheet are not within the guidelines for a Marine with three dependents, his spouse's income potential substantially mitigates any concern of financial hardship.
3. The information contained in Sergeant Applicant's application for the Active Reserve Program has been reviewed and verified true.

  
O. I. CHARGE



UNITED STATES MARINE CORPS  
24TH MARINE REGIMENT  
3805 155TH STREET  
KANSAS CITY, MISSOURI 64147-1309

IN REPLY REFER TO:  
1040  
G-1  
1 Aug 11

FIRST ENDORSEMENT on Sgt Alvin R. Applicant's ltr dtd 25 Jul 11

From: Commanding Officer, 24th Marine Regiment  
To: Headquarters, U.S. Marine Corps (RAM), 3280 Russell Road,  
Quantico, VA 22134-5103  
Via: (1) Officer In Charge, Prior Service Recruiting Station,  
9th Marine Corps District  
(2) Commanding General, Marine Corps Recruiting Command

SUBJ: REQUEST FOR ACCESSION ON THE ACTIVE RESERVE PROGRAM

1. Forwarded, recommended with enthusiasm.
2. Sergeant Applicant has performed superbly in all of his responsibilities as a Maintenance Administration clerk. He has been given many difficult tasks and has excelled in each one. Sergeant Applicant has consistently shown overwhelming initiative and great dedication. Sergeant Applicant takes pride in his work, uniform, and in being a Marine. He was placed in the position of "acting" Staff Noncommissioned Officer In Charge (SNCOIC) in the absence of his SNCOIC after a month with the unit and did an outstanding job. Sergeant Applicant has also taken great pride in increasing shop readiness through organization and encouraging teamwork throughout the shop. Sergeant Applicant would be an exceptional addition to the Marine Corps Active Reserve Program.
3. The information contained in Sergeant Applicant's application for the Active Reserve Program has been reviewed and verified true.

  
C. O. SIGNATURE

25 Jul 11

From: Sergeant Alvin R. Applicant XXX XX 1234/0111 USMCR  
To: Headquarters, U.S. Marine Corps (RAM)  
3280 Russell Road, Quantico, VA 22134-5103  
Via: (1) Commanding Officer, 24th Marine Regiment  
(2) Officer In Charge, Prior Service Recruiting Station,  
9th Marine Corps District  
(3) Commanding General, Marine Corps Recruiting Command

SUBJ: REQUEST FOR ACCESSION ON THE ACTIVE RESERVE (AR) PROGRAM

Ref: (a) MCO 1001.52J

Encl: (1) Current Photograph with Height/Weight  
(2) Commanding Officer's Financial Worksheet  
(3) Commanding Officer's Interview/Screening Guide  
(4) Rank/Date of Rank Adjustment Statement of Understanding  
(5) Medical Documentation (DD 2807, DD 2808, PHA)  
(6) Tattoo Screening Form  
(7) Certified Copies of SRB pages 3, 11, and 12 (or UPB)  
(8) Prior Service Recruiter Initial Screening Checklist  
(9) Letter of Recommendation

1. Per the reference, I request consideration for assignment on the AR program. Additionally, I request a waiver for being a sergeant with three dependents and offer the following comments regarding my ability to financially support three dependents:

a. While I have three dependents, I have established a track record of financial responsibility that I will continue to maintain on active duty. I use a monthly budget and have no record of late payments on credit cards, cars, or my mortgage.

b. My spouse has been continuously employed as a nurse's aide for the past four years, which provides additional income for the family. She should be able to find employment wherever I am assigned.

c. I cannot sell my house because I owe a little more than it is worth. However, I have researched the rental market and I am confident that I will be able to rent it for at least \$1,100 per month, which is more than my mortgage payment.

2. My current personal information is as follows:

SUBJ: REQUEST FOR ACCESSION ON THE ACTIVE RESERVE (AR) PROGRAM

- a. HT: 69 WT: 170.
- b. Marital Status: Married. Service Spouse: No.
- c. Active Duty Spouse Location: N/A.
- d. Date Current Tour Began: 20050829.
- e. Number of Dependents: 3.
- f. PEBD: 20050305 RECC/EOS: 20120712 EAS: N/A.
- g. Date of Rank: 20091001.
- h. Current Mailing Address: 123 Easy St, Kansas City, MO 64147.
- i. Home Phone: (573) 632-1213.
- j. Work Phone: (573) 432-1421.
- k. Email Address: devildogyutyut@hotmail.com.
- l. Current Unit: 24th Marine Regiment, Kansas City, MO 64147.
- m. Forecasted Address after EAS: N/A.
- n. Forecasted Phone Number after EAS: N/A.

3. I am willing to accept any assignment to active duty with the AR program based on the needs of the Marine Corps. The following duty stations are provided for consideration:

- a. 0111 East Coast
- b. 0111 West Coast
- c. 0111 3dBn, 24th Marine Regiment, Bridgeton, MO

4. If selected, I will be available on: 1 October 2011.

5. I was assisted in the preparation of this package by SSgt Recruiter, PSR, Kansas City, MO at Coml: (816) 843-3371.

  
A. R. APPLICANT

PHOTO HERE

PHOTO SENT ELECTRONICALLY TO MMSB

VERIFIED ON COMMAND SCREENING CHECKLIST

Ht: 69 in

Wt: 170 lbs

Neck: \_\_\_\_\_ in

Waist: \_\_\_\_\_ in

Body Fat Percentage: \_\_\_\_\_ %

Max Wt: 186 lbs

Per MCO P6100.12, SNM is \_\_\_\_\_ pounds over his/her max wt, but meets body fat percentage standard.

Certified by: [Signature] I+I 1stSgt Date: 7-25-2011

(Certification by CO, SiteCmdr, SgtMaj or 1stSgt's only)

ENCLOSURE (1)

**COMMANDING OFFICER/PSR OIC'S AR APPLICANT FINANCIAL SCREENING WORKSHEET**

**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations, 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters Marine Corps.

**PRINCIPAL PURPOSE:** This System of Records is governed by Privacy Act System of Records Notice MM00034 which can be downloaded at <http://privacy.defense.gov/notices/usmc/MM00034.shtml>. Information collected by this System will be used to provide a record on individuals for use in the execution of duties with regard to personnel procurement.

**RETENTION AND SAFEGUARDS:** Records maintained two years from application, then they are destroyed. Access is limited to reserve unit command, recruiting, and Headquarters Marine Corps administrative personnel. After working hours, records are retained in buildings that are locked or secured by guard.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The 'Blanket Routine Uses' set forth at the beginning of the Marine Corps' compilation of systems of records notices apply to this system.

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RANK	NAME	MOS
Sgt	Alvin R. Applicant	0111

UNIT  
24th Marine Regiment, Kansas City, MO

**1. GENERAL INFORMATION**

Married <input checked="" type="checkbox"/>	Number of Children/Dependents: (excluding spouse) 2
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**2. MONTHLY INCOME (Note 1)**

a. Base pay, active pay scale	\$2620.00
b. Basic Allowance for Subsistence (BAS) +	\$325.00
c. Investment income + Describe:	
d. TOTAL Monthly Income =	\$2,945

**3. MANDATORY MONTHLY DEDUCTIONS (Note 2)**

a. FITW (Federal Tax)	\$283.00
b. Social Security +	\$206.00
c. Medicare +	\$48.00
d. SITW (State Tax) +	
e. Dental Insurance +	\$31.00
f. Medical Insurance +	
g. SGLI +	\$31.00
h. Child Support/Alimony +	
i. Other + Explain:	
j. TOTAL Mandatory Monthly Deductions =	\$599

ENCLOSURE (2)

4. MONTHLY CREDIT PAYMENTS/RECURRING BILLS & OBLIGATED DEBTS (Note 3)		
a. Car #1: Yr/Miles:	2010/30K	\$320.00
b. Car #2: Yr/Miles: +	2007/90K	\$200.00
c. Car Insurance +		\$135.00
d. Personal Life Insurance +		
e. Credit Cards +:	Capital One (\$1,200 balance)	\$100.00
f. If homeowner, monthly mortgage payment: +	N/A	\$975.00
Mortgage Balance	\$120,900.00	
Estimated Equity	\$2,000.00	
Date Purchased	2009-04-15	
Intend to sell or rent if PCS'd?	Rent	
g. Loans: +		
h. Other +	Cell Phones	\$120.00
i. TOTAL Monthly Credit Payments: =		\$ 1,850
5. ANTICIPATED MONTHLY FUNDS AVAILABLE ON ACTIVE DUTY		
a. Total Monthly Income (Block 2d)		\$ 2,945
b. Total Monthly Deductions (Block 3j) -		\$ 599
c. Total Monthly Credit Payments (Block 4i) -		\$ 1,850
d. NET AVAILABLE FUNDS (Note 4) =		\$ 496
6. CURRENT FINANCIAL ASSETS (Note 5)		
a. Savings Account(s) +		\$2,300.00
b. Checking Account(s) +		\$1,200.00
c. Investment(s) +		
d. TOTAL AMOUNT =		\$ 3,500
7. SPOUSE INCOME IF APPLICABLE		
If spouse intends to continue working:		
Spouse Occupation: Nurse's Aide		
Spouse Net Monthly Income:		\$1,300.00

**CERTIFICATION**

I CERTIFY THE INFORMATION PROVIDED IS TRUE AND CORRECT.

<i>Alvin B Applicant</i>	7-25-2011
Signature of Marine	Date

Based on my assessment, I find this Marine financially **QUALIFIED** / UNQUALIFIED. The finding of UNQUALIFIED is amplified in the remarks below:  
 SNM is not qualified according to Note 4 of this form due to not having the recommended NET monthly funds available, however, spouses income mitigates this downfall as well as the applicants record of financial stability, \$3,500 in saving, and the fact that home ownership is counting against these numbers even though SNM will be able to rent his property for additional income if needed.

John Smith / LtCol / Inspector-Instructor  
 Commanding Officer's or PSR OIC's Printed Name/Rank/Billet

<i>John Smith</i>	2011-07-25
Commanding Officer's or PSR OIC's Signature	Date

**COMMANDING OFFICER/PSR OIC'S RECERTIFICATION**  
 (to be completed 30 days prior to the Marine's accession/assignment date)

This Marine's financial status for accession to the AR Program HAS / HAS NOT changed since my initial interview and screening of his / her records. The Marine DOES / DOES NOT meet the financial requirements listed herein. (If the Marine no longer meets the requirements, contact CMC, RAM-3 via e-mail (JoinAR@USMC.mil)).

Commanding Officer's or PSR OIC's Signature	Date

- NOTE 1:** DO NOT INCLUDE BASIC ALLOWANCE FOR HOUSING (BAH) in computing monthly income. BAH payments are considered to adequately cover housing expenses. This section is intended to capture total income, if assessed onto the AR Program.
- NOTE 2:** If unknown, use an approximation provided by the PSR.
- NOTE 3:** DO NOT include RENT, or UTILITIES, because BAH is intended to adequately cover those expenses. However, those applicants who own a home are required to include mortgage information because it can remain a financial obligation while on active duty. Recurring bills paid by the spouse must also be included.
- NOTE 4:** It is recommended that the Marine have at least \$500 for them plus \$200 for each dependent in NET monthly funds available (Block 5d).  
 Ex: a married Marine with one child would need block 5d to equal or exceed \$900 [\$500 (self) + \$200 (spouse) + \$200 (child)] to be considered financially qualified.
- NOTE 5:** The items listed in this section are intended to provide amplification of the applicant's current financial status. Include mutual funds, IRA's, etc., under investments. Travel advances are not authorized for initial tour assignments, therefore, the applicant should have ample funds to execute a PCS to the initial duty station.

ENCLOSURE (2)

**NAVMC 11754 (12-10) (EF)**

FOUO - Privacy sensitive when filled in.

**COMMANDING OFFICER/PSR OIC'S  
AR APPLICATION SCREENING/INTERVIEW GUIDE**

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1. Background. Initial assignment to the AR Program often encompasses reporting to areas considered to be independent duty locations. This screening mechanism is designed to assess the applicant's suitability for service in an independent duty environment.
2. Action. The command must contact CMC (RAM-3) via naval message or e-mail when there is a change in the Marine's status. Upon request, certain criteria may be waived by CMC (RAM).

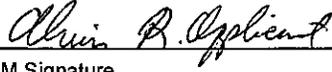
RANK	Sgt	Alvin R. Applicant	0111
		NAME	MOS
PREREQUISITE	REMARKS		INITIAL SCREENING
MINIMUM AGE OF 21	Although age is not the single indicator of maturity, it is a reliable measure of experience. In this respect, the more experienced the independent duty Marine, the more capable they are to cope with associated duties (burial and color guard details).		<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
MINIMUM PRO/CON MARKS IN SERVICE (Cpl and LCpl) 4.4 / 4.4	Does member possess the MINIMUM required proficiency/ conduct marks in service? (MCFTS TROS screen)		<input type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL <i>MIA</i>
MAXIMUM DEPENDENTS (SGT AND BELOW - 2)  NUMBER OF FAMILY MEMBERS: <u>3</u>	This is a precaution to avoid potential financial hardships. This Marine will not be authorized special duty assignment pay or cost of living allowance. (If financially stable, may be waived by RAM).		<input type="checkbox"/> QUAL <input checked="" type="checkbox"/> NOT QUAL
STABLE FAMILY	The Marine is not currently enrolled in a command directed stress/anger management course or undergoing marital counseling. Special attention must be given to Marines legally separated or pending divorce as he/she may be disqualified. Verify any legal proceedings and comment on completion.		<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
SINGLE PARENTHOOD	A single parent may request to be assigned to the AR Program. Requests and qualification MUST include a copy of their Family Care Plan IAW MCO 1740.13A. Final approval and assignment of eligible single parents resides with CMC, RAM.		<input type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL <i>MIA</i>

PREREQUISITE	REMARKS	INITIAL SCREENING
<b>ACTIVE DUTY SPOUSE</b>	Is the applicant currently married to an Active Duty spouse?  Spouse Name: _____ Rank: _____  Branch of Service: _____ Current Duty Station: _____  Date Current Tour Began: _____ EAS/ECC: _____ MOS: _____	<input type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL  N/A
<b>JOINT HOUSEHOLD</b>  Does SNM have an active duty spouse?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Due to the limited size and location opportunities of the AR Program, joint households cannot often be accommodated.  Active duty spouse service _____  Spouse SSN/MOS _____	N/A <input type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
<b>FINANCIALLY RESPONSIBLE</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The Marine has demonstrated an ability to manage personal financial affairs with maturity and judgement. Does not exhibit a pattern of indebtedness or frequently write checks without sufficient funds. Marines on independent duty face additional expenses due to the non-availability of military support facilities. Marines should have at least net available funds after completing the Commanding Officer's Financial Worksheet (NAVMC 11753).	<input type="checkbox"/> QUAL <input checked="" type="checkbox"/> NOT QUAL
<b>DISCIPLINARY RECORD AND DRUG OR ALCOHOL RELATED INCIDENTS</b>		
<b>COURTS-MARTIAL</b>	A Court-Martial conviction in the last 5 years or since last enlistment? (If yes, waiver required)	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
<b>NJP</b>	2 or more NJP's in the past 5 years or since the last enlistment? More than 1 NJP in the 12 months preceding assignment date? (If yes, waiver required)	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
<b>DRUG/ALCOHOL RELATED INCIDENT(S)</b>	No alcohol related incidents within the last 2 years. (Prior waiver granted for reenlistment is NOT valid for assignment to the AR Program. A separate waiver must be requested).	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
<b>ADVERSE PG. 11 COUNSELING ENTRY</b>	Has no more than 2 adverse Pg. 11 counseling entries on current contract and has no Pg. 11 counseling entries within the last 180 days of assignment concerning bad checks, letters of indebtedness or financial irresponsibility.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
<b>CIVILIAN CONVICTIONS</b>	Civilian convictions are subject to moral waivers in accordance with MCO P1100/72, the Marine Corps Personnel Procurement Manual, Part H. Has no civilian convictions for anything more than a single minor traffic offense, in the past 12 months.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL

ENCLOSURE (3)



ADDITIONAL ELIGIBILITY REQUIREMENTS		
PREREQUISITE	REMARKS	INITIAL SCREENING
VALID STATE DRIVER'S LICENSE	The potential AR Marine MUST possess a valid driver's license.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
FITNESS REPORT(S) (Sgts)	No fitness report data gap exist in Official Military Personnel file (OMPF)?	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL <input type="checkbox"/> N/A
PROFESSIONAL MILITARY EDUCATION	Has applicant completed required PME in grade? (As applicable) (Ref MCO 1553.4) PME must be complete prior to accession on the AR Program.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
TATTOOS	The Marine does not have: Excessive or offensive tattoos (visible in uniform or PT Gear) or any other markings that could be construed as inconsistent with Marine Corps Uniform Regulations.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
SECURITY CLEARANCE	Some assignments or MOS's on the AR Program require possession of or eligibility for a security clearance. Does the Marine currently possess a security clearance or is a copy of evidence of a satisfactory Entrance National Agency Check (ENTNAC) or National Security Check (NCAC) provided in the application? (i.e., PMOS 7041 requires a security clearance. Pkg must contain proof of current security clearance.)	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
PRIMARY MOS PROFICIENCY (SMCR & AC only)	Applicant's proficiency is acceptable for an independent duty environment where they may be the only Marine providing support in a critical functional area such as admin, supply, or armory staff.	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL
(SMCR OBLIGOR'S ONLY) SATISFACTORY DRILL STATUS	Does applicant have any unresolved unexcused drill periods within the last 12 months? (Verify by MCTFS Screen D981). Applicant will not be considered if not resolved (MCO 1001R.K applies).	<input checked="" type="checkbox"/> QUAL <input type="checkbox"/> NOT QUAL

MARINE'S SCREENING/ACKNOWLEDGEMENT AND STATEMENT OF UNDERSTANDING	
I understand that I have been screened for accession on the AR Program and that all information contained in this checklist is accurate to the best of my knowledge.	
Upon initial certification:	2011-07-25
 SNM Signature	DATE
Sgt	Alvin R. Applicant
Rank:	NAME

ENCLOSURE (3)

List necessary/requested HQMC Waivers

1.	Number of Dependents
2.	Financial Qualification
3.	
4.	

**\* Commanding Officer's Recommendation.** Due to the nature of independent duty, Marines on the AR Program must be of high moral character and possess a high degree of maturity, leadership, judgment, and professionalism.

I have personally screened and recommend SNM for accession on the AR Program.

Sergeant	Alvin	R.	Applicant	0111
Grade	First Name	MI	Last Name	MOS

This Marine does/does not meet the requirements listed in this checklist. (If the Marines does not meet the requirements, explain below.)

SNM has 3 dependents, which is one more than the maximum for a Sgt on the AR Program. Waiver is requested based on financial responsibility, and family stability.

SNM does not appear financially qualified due to NET monthly available income, however, this is mitigated by spouse income and potential rental income in case SNM is PCS'd.

SNM does not have 3 years obligated service however, has been screened and found fully qualified for 3year Re-Enlistment request and SNM will re-enlist for orders to the AR Program.

SgtMaj Dan Dailey, 24th Marine Regiment

Battalion/Squadron SgtMaj or PSR Area SNCOIC Printed Name/Unit

Battalion/Squadron SgtMaj or PSR Area SNCOIC Signature		2011-07-25
		Date

LtCol John Smith, 24th Marine Regiment

Commanding Officer's or PSR OIC's Printed Name/Unit

Commanding Officer's or PSR OIC's Signature		2011-07-25
		Date

ENCLOSURE (3)

**ACTIVE RESERVE PROGRAM  
RANK/DATE OF RANK ADJUSTMENT  
STATEMENT OF UNDERSTANDING**

In accordance with MCO 1001.52J, I understand that a date of rank (DOR) adjustment is required for enlisted Marines affiliated to the Active Reserve (AR) Program. I have read, understand and acknowledge that the following rules apply:

Marines requiring MOS retraining (except Sgts reduced to Cpl, refer to below):

\_\_\_ I understand that my date of rank will be adjusted to reflect my date of accession.

Corporals and Lance Corporals accessed within 90 days of release from active component:

\_\_\_ I understand that I will retain my date of rank.

Corporals and Lance Corporals accessed over 90 days after release from active component:

\_\_\_ I understand that my date of rank will be adjusted to reflect my date of accession.

Sergeants

*OR* I understand that selection to staff sergeant in any competitive category other than AR is not applicable as a member of the AR Program. Once assessed to the AR Program, selection status from a previous board will be voided. Selections from boards that are in session or those for which results have not been released on the date of accession are also not applicable to promotion in the AR Program.

*OR* I understand that if I have less than 4 years of active service on the date of accession, I will be assessed at the rank of corporal with a date of rank to be determined by HQMC (RAP). The specific date of rank will be relayed with the notification of acceptance on the AR Program.

*OR* I understand that if I have 4 or more years of active service on the date of accession, I will be assessed at the rank of sergeant with the date of rank determined by the below applicable factors.

*OR* I understand that if I do not possess the MOS for which I am assessed to the AR Program, necessitating a lateral move, my date of rank will be adjusted to reflect my date of accession. This adjustment will take place upon accession.

*OR* I understand that if I possess the MOS for which I am assessed to the AR Program, my date of rank will be adjusted to reflect one day added to my existing date of rank for each day of inactive service in grade. For example, a sergeant whose date of rank is February 1 2010, separated from the active component on 1 October 2010, drilled with the SMCR from 2 October 2010 through 31 August 2011 and assessed to the AR Program on 1 September 2011 will have a date of rank adjusted to 17 December 2010, calculated as follows:

Total days in grade when assessed (1 Sep 11 - 1 Feb 10)	570 Days
- AcDu points paid in grade (240 active + 14 SMCR AT)	-254 Days
= Days of inactive service in grade (570-254)	=316 Days
<b>Adjusted DOR = Current DOR (1 Feb 10) + 316 Days</b> ←	<b>17 Dec 2010</b>

All

*OR* Reversion of status. I understand that if I am accessed to the AR with an adjusted date of rank and am subsequently released from the AR program, without being promoted or reduced in rank, I will have my original date of rank restored upon such release.

*Oliver R. Applicant* Sgt Applicant 7-25-11  
Signature of Applicant Date  
Rank/Name

*Annex* SSgt Recruiter 7-25-11  
Witness Signature Date  
Rank/Name

ENCLOSURE (4)

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

OMB No. 0704-0413  
 OMB approval expires  
 Mar 31, 2010

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, Executive Services Directorate (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 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).  
**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.  
**ROUTINE USE(S):** None.  
**DISCLOSURE:** Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

**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) Applicant, Alvin R.	2. SOCIAL SECURITY NUMBER 123-45-6789	3. TODAY'S DATE (YYYYMMDD) 20110712
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4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 123 Easy St Kansas City, MO 64147	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Branch Medical Clinic Naval Reserve Center Kansas City, MO 64147
b. HOME TELEPHONE (Include Area Code) (573) 632-1213	

<b>X ALL APPLICABLE BOXES:</b>			7.a. POSITION (Title, Grade, Component) Admin Clerk, Sgt, USMCR								
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation	b. USUAL OCCUPATION Admin								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Medical Board</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Other (Specify)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Retirement</td> <td style="padding: 2px;">AR Package</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> U.S. Service Academy</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> ROTC Scholarship Program</td> <td></td> </tr> </table>			<input type="checkbox"/> Medical Board	<input checked="" type="checkbox"/> Other (Specify)	<input type="checkbox"/> Retirement	AR Package	<input type="checkbox"/> U.S. Service Academy		<input type="checkbox"/> ROTC Scholarship Program		
<input type="checkbox"/> Medical Board	<input checked="" type="checkbox"/> Other (Specify)										
<input type="checkbox"/> Retirement	AR Package										
<input type="checkbox"/> U.S. Service Academy											
<input type="checkbox"/> ROTC Scholarship Program											

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)  NONE	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)  NONE KNOWN
--	--

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

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

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Applicant, Alvin R.	SOCIAL SECURITY NUMBER 123-45-6789
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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 checked="" 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 checked="" type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" 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.)  12c. Treated for back spasms in 2006 by a civilian Dr. Recurring minor pain since. Uses ibuprofen 1-2 x per month for this.		
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>			
e. Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input checked="" type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input checked="" type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input checked="" type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input checked="" type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)					
e. Date of last PAP smear (YYYYMMDD)					

ENCLOSURE (5)

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) Applicant, Alvin R.	SOCIAL SECURITY NUMBER 123-45-6789
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30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

ENCLOSURE (5)

b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial) Beckner, Richard L.	c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD) 20110712
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REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD) 20110712		2. SOCIAL SECURITY NUMBER 123 45 6789	
<b>PRIVACY ACT STATEMENT</b>							
<p><b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p><b>PRINCIPAL PURPOSE(S):</b> 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><b>ROUTINE USE(S):</b> None.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. 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)  Applicant, Alvin R.			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 123 Easy St Kansas City, MO 64147			5. HOME TELEPHONE NUMBER (Include Area Code) 573-632-1213	
6. GRADE E-5	7. DATE OF BIRTH (YYYYMMDD) 19841115	8. AGE 26	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White		10.b. ETHNIC CATEGORY <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Respond	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 6 b. CIVILIAN 0		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE 24th Marine Regiment, 14132			
14.a. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS			
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) Branch Medical Clinic Kansas City, MO 64147	
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Normal	Ab-norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)  38 R. leg spider veins
17. Head, face, neck, and scalp				<input checked="" type="checkbox"/>			
18. Nose				<input checked="" type="checkbox"/>			
19. Sinuses				<input checked="" type="checkbox"/>			
20. Mouth and throat				<input checked="" type="checkbox"/>			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				<input checked="" type="checkbox"/>			
22. Drums (Perforation)				<input checked="" type="checkbox"/>			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				<input checked="" type="checkbox"/>			
24. Ophthalmoscopic				<input checked="" type="checkbox"/>			
25. Pupils (Equality and reaction)				<input checked="" type="checkbox"/>			
26. Ocular motility (Associated parallel movements, nystagmus)				<input checked="" type="checkbox"/>			
27. Heart (Thrust, size, rhythm, sounds)				<input checked="" type="checkbox"/>			
28. Lungs and chest (Include breasts)				<input checked="" type="checkbox"/>			
29. Vascular system (Varicosities, etc.)				<input checked="" type="checkbox"/>			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				<input checked="" type="checkbox"/>			
31. Abdomen and viscera (Include hernia)				<input checked="" type="checkbox"/>			
32. External genitalia (Genitourinary)				<input checked="" type="checkbox"/>			
33. Upper extremities				<input checked="" type="checkbox"/>			
34. Lower extremities (Except feet)				<input checked="" type="checkbox"/>			
35. Feet (See Item 35 Continued)				<input checked="" type="checkbox"/>			
36. Spine, other musculoskeletal				<input checked="" type="checkbox"/>			
37. Identifying body marks, scars, tattoos				<input checked="" type="checkbox"/>			
38. Skin, lymphatics					<input checked="" type="checkbox"/>		
39. Neurologic				<input checked="" type="checkbox"/>			
40. Psychiatric (Specify any personality deviation)				<input checked="" type="checkbox"/>			
41. Pelvic (Females only)						<input checked="" type="checkbox"/>	
42. Endocrine				<input checked="" type="checkbox"/>			
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class <u>1</u>				35. FEET-(Continued) (Circle category) Normal Arch Pes Cavus Pes Planus		Mild Moderate Severe	Asymptomatic Symptomatic

ENCLOSURE (5)

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) Applicant, Alvin R.	SOCIAL SECURITY NUMBER 123 45 6789
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<b>LABORATORY FINDINGS</b>				
45. URINALYSIS	a. Albumin Neg	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar Neg	N/A	14.5/43.2	A Pos
<b>TESTS</b>	<b>RESULTS</b>	<b>HIV SPECIMEN ID LABEL</b>		<b>DRUG TEST SPECIMEN ID LABEL</b>
49. HIV	Neg			
50. DRUGS	Neg			
51. ALCOHOL	Neg			
52. OTHER				
a. PAP SMEAR				
b.				
c.				

<b>MEASUREMENTS AND OTHER FINDINGS</b>															
53. HEIGHT	54. WEIGHT	55. MIN WGT - MAX WGT			MAX BF %	56. TEMPERATURE	57. PULSE								
69	170 lbs.					97.6	68								
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/ 200 <sup>+</sup> Corr. to 20/ 15 <sup>-0</sup>			By S. -1.75CX 0-00			Right 20/ 12 <sup>-0</sup> Corr. to 20/ by									
Left 20/ 200 <sup>+</sup> Corr. to 20/ 20.0			By S. -1.75X 0-00			Left 20/ 15 <sup>0</sup> Corr. to 20/ by									
64. HETEROPHORIA (Specify distance)															
ES°	EX°	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	① PASS 14/14			Uncorrected Pass 8/8		Corrected VER-E							
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)			70. INTRAOCULAR TENSION								
FULL 00				NFBH			O.D. 66		O.S. 17						
71a. AUDIOMETER		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	SAT	UNSAT
Right	05	10	00	00	10	00	Right								
Left	00	05	05	05	10	05	Left							SAT	UNSAT
72b. VALSALVA															
SAT															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

GLUC: 85  
 HDL: 40  
 LDL: 146  
 CHOL: 209  
 TRIG: 115

SSE 02807

ENCLOSURE (5)



**PERIODIC HEALTH ASSESSMENT (PHA)**

DATE: 12 Jul 11

**S: SUBJECTIVE**

\_\_\_\_ year old ( ) male ( ) female reports for an annual PHA which includes record review/verification, assessment and counseling of health risk factors, clinical preventive services, deployment health history, and individual medical readiness (IMR) assessment.

**SCREENING:**

Height: (inches)

69

Weight (pounds)

170

BMI:

Temperature:

deferred

Pulse:

71

Respirations:

deferred

Blood Pressure:

140/71

**Allergies** (Medication and other): See Block 1 on DD 2766

**Chronic Illnesses:** See Block 2 on DD 2766

**Medications** (Rx / OTC / herbals / supplements / performance enhancers): See Block 3 on DD 2766

**Hospitalizations/Surgeries since last PHA:** See Block 4 on DD 2766

**Family History:** See Block 6 on DD 2766

**Occupational History:** See Block 8 on DD 2766

**O: OBJECTIVE**

Vital Signs noted. Remarkable for:  None  Other: \_\_\_\_\_

Visual Acuity: OD: \_\_\_\_\_ OS: \_\_\_\_\_ (Consult if worse than 20/40, no contacts)

Physical examination is otherwise deferred.

Health Record	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> Remarkable for: _____
Dental Readiness	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> See Plan
Dental Classification	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Immunization Record	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> See Plan
Lab/Path Results	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> See Plan
Clinical Prev. Services	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> See Plan
Occupational Health	<input type="checkbox"/> Reviewed	<input checked="" type="checkbox"/> Not Available	<input type="checkbox"/> See Plan
Hearing Assessment	<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Not Available	<input type="checkbox"/> See Plan

**Deployment Health:** See DD 2766

Deployed since previous PHA?  Yes  No

Post-Deployment Health Assessment (DD 2796) in record?  Yes  No

Post-Deployment Health Reassessment (DD 2900) in record?  Yes  No

Any unresolved deployment-related issues or health concerns?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL EQUIPMENT:**

Prescription Lenses (two pairs)

Y  N  NA

Ballistic Eyewear

Y  N  NA

Gas Mask Inserts

Y  N  NA

Medical Alert Tags

Y  N  NA

**A: ASSESSMENT**

Health Risk Assessment: Completed and reviewed?  Yes  No

Health Risk Assessment Level:  High  Med  Low

Cardiovascular Screening (Framingham 10-year risk for Event/Death): \_\_\_\_\_

Pain Assessment (zero pain to severe): 0 1 2 3 4 5 6 7 8 9 10

Location: \_\_\_\_\_

Any other current health concerns? NONE

**PATIENT'S IDENTIFICATION**  
 (Use this space for mechanical imprint, telephone number, and e-mail address for follow-up):

PATIENT'S NAME (Last, First, Middle Initial)		SEX
<u>Applicant, Alvin R.</u>		<u>Male</u>
SSN/IDENTIFICATION NO.	STATUS	RANK/GRADE
<u>123 45 678</u>	<u>Reserve</u>	<u>Sgt</u>
RECORDS MAINTAINED AT		DATE OF BIRTH
<u>Kansas City, MO</u>		<u>19841115</u>

**PERIODIC HEALTH ASSESSMENT (PHA) (Continued)**

**Duty Status Assessment**

On Limited Duty (LIMDU)  Yes  No  NA  Comments: \_\_\_\_\_  
 Medical Board  Yes  No  NA  Comments: \_\_\_\_\_  
 TNPQ  TNDQ  NPQ  LOD  NA  Comments: \_\_\_\_\_

**P: PLAN / P: PREVENTION**

1. Updated DD 2766 Sections:  1  2  3  4  5  6  7  8  9  10  11

2. Health counseling performed and documented on the DD 2766:  Yes  No

*N/A* 3. Labs ordered for the following:  Blood Type and RH  G6PD  HIV  DNA  Lipids  
 Others as required by geographic, occupation, or ISIC \_\_\_\_\_  
 Electronic verification complete:  Yes  No

*N/A* Immunizations ordered for the following:  MMR  Tdap (1 time booster) or  Td  IPV  Influenza  
 Hep A #1 #2  Hep B #1 #2 #3 (required for all new recruits) TWINRIX® may be used (3 shots required)  
 Other immunizations:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Electronic verification complete:  Yes  No

*N/A* 5. Tuberculosis Screening:  PPD Placement: \_\_\_\_\_ Results: \_\_\_\_\_

*N/A* 6. Clinical Preventive Services recommended:  Pap  Chlamydia  Mammogram  Colorectal  
 Clinical Breast Exam  Testicular Exam  Prostate  Cholesterol  
 Other: \_\_\_\_\_

*N/A* 7. Referred to Dental for:  Annual T-2 Dental Exam  Dental Class 3  Dental Class 4  Bitewings  Panograph

*N/A* 8. Referred to PCM for:  Physical Fitness Clearance  Deployment-Related Condition  
 Current Medications / Supplements  Chronic Medical Conditions  Current Illness / Injury  
 Other: \_\_\_\_\_

*N/A* 9. Referred for Preventive / Healthy Lifestyle Counseling:  
 Tobacco Use  Physical Activity  Safety  Alcohol Use  Dental Care  Nutrition  Mental Health  
 Sexuality  Other: \_\_\_\_\_

*N/A* 10. Other indicated referrals:  
 Audiology  Optometry  Behavioral Health  OB / GYN  Dietician  OCC Health  
 Chaplain  DAPA  FFSC  Semper Fit  Weight Management  
 Other: \_\_\_\_\_

*N/A* 11. Member readiness reviewed  Yes  No and updated in approved electronic data system  Yes  No  
 Member is fully medically ready and requires no follow-up at this time:  Yes  No

*N/A* 12. Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Member informed that completion of recommended tests / immunizations / screenings is to be performed within the next 30 days, and he/she is personally responsible for maintaining IMR. Service Member received health risk prevention / healthy lifestyle counseling and voiced understanding.

Member Signature: *Alvin Appert* Date: 7-12-2011  
 HM / MDR Signature: *Daniel R...* Date: 7-12-2011  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MCRC PRIOR SERVICE RECRUITING TATTOO SCREENING FORM

NAME: Alvin R. Applicant L4 SSN: 6789 DATE: 25 Jul 11

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

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

Y JC N \_\_\_\_\_

If answer to Question 1 is NO; the applicant will move to Part II Certification Block of this Screening Form. Questions 2 through 9 are not required.

2. Does applicant have more than 4 body markings of any type that are exposed or partially exposed while wearing the standard PT uniform (shorts & shirt)?

Y \_\_\_\_\_ N JC

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

- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with no undershirt) or inside the mouth?

- On hands, fingers, or wrists ?

Y \_\_\_\_\_ N JC

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

- Larger than wearers hand with fingers extended and joined?
- Band Tattoos, (max width less than 1/4 of the body part, i.e. leg)?
- Excessive Tattoos (combined coverage more than 1/4 of the body part?
- Sleeve Tattoos (large tattoos or collection of smaller tattoos that covers or almost covers a person's arm[s] or leg[s])?

Y \_\_\_\_\_ N JC

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

Y \_\_\_\_\_ N JC

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

Y \_\_\_\_\_ N JC

Explain: \_\_\_\_\_

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

Y \_\_\_\_\_ N \_\_\_\_\_

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

Y \_\_\_\_\_ N \_\_\_\_\_

ENCLOSURE (6)

**MCRC PRIOR SERVICE RECRUITING TATTOO SCREENING FORM**

NAME: Alvin R. Applicant L4 SSN: 6789 DATE: 25 Jul 11

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

9. Have any tattoos, brands, markings or body ornamentation been removed, concealed, covered or altered?

Y \_\_\_\_\_ N IC

10. Have ALL of the applicant's tattoos, brands, markings or body ornamentations been previously grandfathered by an SRB/OQR page 11?

Y \_\_\_\_\_ N IC

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

Alvin R. Applicant  
(Signature of Applicant)

20110725  
(Date)

John Smith  
(Name of Commissioned Officer)

John Smith  
(Signature)

20110725  
(Date)

**Note:** IF APPLICANT RESPONDED "YES" TO QUESTION 1 AND "NO" TO QUESTION 2, THEN HE/SHE MUST BE INTERVIEWED BY COMMISSIONED OFFICER TO DETERMINE ELIGIBILITY AND PROPER LEVEL FOR REVIEW. IF THE APPLICANT ANSWERED "YES" TO QUESTIONS 2-9, MUST BE REVIEWED BY DEPUTY COMMANDANT, MANPOWER & RESERVE AFFAIRS. DIGITAL PHOTOS ARE REQUIRED FOR ALL REVIEWS. Photos not required of female applicants with torso tattoos or male applicants with lower torso (below waist) tattoos. Applicants may hand draw pictures of torso & lower torso tattoos indicating size and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency. Under no circumstances will a female applicant be photographed in less clothing than the standard PT uniform of shorts & shirt (with sleeves rolled to shoulder seam)/tank top (with spaghetti straps) and PT shorts or any male applicant be photographed in less clothing than standard PT uniform (shorts).

Commissioned Officer's Reviewing Comments: SAM's tattoo has been reviewed and is within Marine Corps regulations.

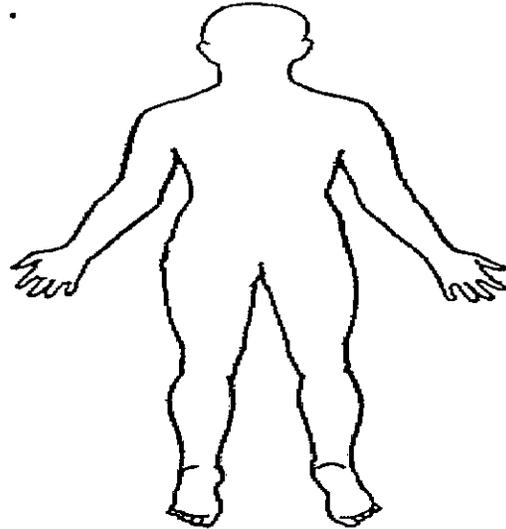
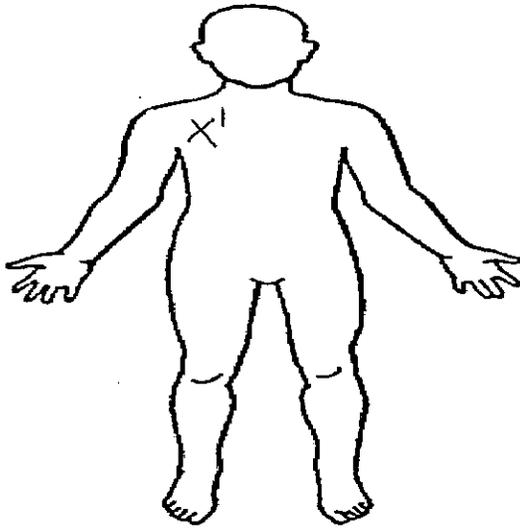
[ ] Deputy Commandant, Manpower and Reserve Affairs (DC, M&RA) Review

NAME/SIGNATURE OF COMMISSIONED OFFICER	RANK	BILLET
--	------	--------

ALL QUESTIONABLE BODY MARKINGS ON REGARDING CONTENT, SIZE, NUMBER OR LOCATION WILL BE FORWARDED FOR APPROVAL/REVIEW.

ENCLOSURE (2)

Part III. Documentation. The following depicts the location and description of the applicant's Body Markings. Place number on body location and describe in blocks below indicating content and size in inches:



FRONT VIEW

BACK VIEW

1. EGA. 3" x 3"
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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

Alvin R. Applicant  
(Name of Applicant)

Alvin R. Applicant  
(Signature of Applicant)

20110725  
(Date)

I certify body marking documentation is in accordance with MARADMIN 029/10.

SSgt Recruiter  
(Name of Recruiting Rep)

[Signature]  
(Signature of Recruiting Rep)

20110725  
(Date)

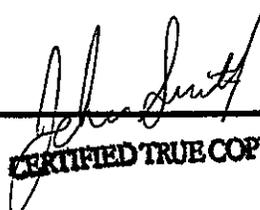
ENCLOSURE (6)

**G**

(1070)

**CHRONOLOGICAL RECORD**

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
1ST RTBN RTR MCRD PARRIS ISLAND RUC 32092 MCC 016	RECRUIT (9971) (03)	050305 JD FOR RCT TRAINING 050603 TR TO CG MCB CAMLEJ FOR DU
SOI TRNGCMD CAMLEJ MCC JA4 RUC 31407	STUD (9971) (01)	050608 JD FOR TEMINS W A CO 050621 TR TO MCCSS PASCOL CAMP JOHNSON NC
PASCOL CAMP JOHNSON NC RUC 44282 MCC KJT	STUD (0100) (02)	050625 JD FOR TEMINS 050828 TR TO 24THMAR KANSAS CITY MO MCC SKM
24THMAR KANSAS CITY MO RUC 14181 MCC SKM	PERS CLERK (0121) ( )	050829 JD FOR DU  090601 TO TAD EXCESS  090602 ATT TAD CAMP PENDLETON CA MCC SKU  091201 FR TAD

APPLICANT	ALVIN	R.	123456789	 <b>CERTIFIED TRUE COPY</b> Adobe 8.0
NAME (Last)	(First)	(Middle)	SSN	

NAVMC 118(3) (REV. 5-74) (EF)  
 SN: 0109-LF-062-6700  
 (Previous editions are obsolete)

(3)

ENCLOSURE (7)

G

050310

ADMINISTRATIVE REMARKS (1070)

DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ.	DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ.	
(Signature)	(Signature)	

050310. I HAVE BEEN COUNSELED THIS DATE CONCERNING MY ELIGIBILITY FOR THE RESERVE STATUS IN ACCORDANCE WITH TITLE 10 U.S.C. SECTIONS 2131-2135.

APPLICANT, ALVIN R.

123 45 6789

NAME (last, first, middle)

SSN

NAMVC 118(11) (REV. 3-82) (EF) SN: 0109-LF-092-8400 U/I: SH  
 PREVIOUS EDITIONS WILL BE USED

*John Smith*  
**CERTIFIED TRUE COPY**

ENCLOSURE (7)

**INITIAL SCREENING CHECKLIST**

Prospect's Name: Alvin R. Applicant SSN: 123456789

PLEASE INITIAL THE FOLLOWING		
Part 1: Applicable to all Prospects	YES	NO
1. Have you been charged or convicted of DUI/DWI since joining the Marine Corps? (MCO P1040R.35C, Ch 5 para 5.b.2)		<i>OR</i>
2. Do you have an incident of substantiated level III or higher spouse/child abuse or neglect? (MCO P1040R.35C, Ch 5 para 5.b.2)		<i>OR</i>
3. Are you a conscientious objector? (MCO P1040R.35C, Ch 5 para 5.b.6)		<i>OR</i>
4. Are you a sole surviving son/daughter? (MCO P1040R.35C, Ch 5 para 5.b.7)		<i>OR</i>
5. Do you have a known dependency or hardship that is not temporary in nature that could cause you to be non-deployable? (MCO P1040R.35C, Ch 5 para 5.b.8)		<i>OR</i>
6. Do you have more than 45 days lost time (e.g., Brig, UA, Deserter)?		<i>OR</i>
7. Are you receiving disability compensation from the VA or were you discharged from any Armed Forces with severance pay for medical reasons?		<i>OR</i>
8. Do you have any convictions by courts-martial? (MCO P1040R.35C, Ch 5 para 5.b.10)		<i>OR</i>
9. Have you been arrested, charged, cited, or held by Federal, State, or other Law Enforcement agency regardless of whether the citation was dropped (or you were found not guilty, since joining the Marine Corps)? (MCO P1040R.35C, Ch 5 para 5.b.11)		<i>OR</i>
10. Are you insane or intoxicated?		<i>OR</i>
11. Have you ever been or are you now under sentence, parole, probation, or awaiting any action or charges against you?		<i>OR</i>
12. Have you been twice passed for promotion in the Reserve Component? (Sgt and Above ONLY)		<i>OR</i>
13. Do you have prior service with any Armed Force, other than the Marine Corps or Marine Corps Reserve, since your last contract with the Marine Corps?		<i>OR</i>
14. Do you have any physical problems that would prevent you from being qualified for full duty?		<i>OR</i>
15. Do you have more than two NJP's on current contract (if off contract, last contract)? (MCO P1040R.35C, Ch 5 para 5.b.12)		<i>OR</i>
16. Have you ever received retirement, retainer, or separation pay from any of the Armed Forces?		<i>OR</i>
17. Are you a member of a party or organization which advocates the overthrow of our constitutional form of government or advocates acts of violence to deny other persons their rights under the Constitution of the United States of America?		<i>OR</i>

**INITIAL SCREENING CHECKLIST (Continued)**

Prospect's Name: Alvin R. Applicant SSN: 12345 6789

PLEASE INITIAL THE FOLLOWING		
Part 1: Applicable to all Prospects (Continued)	YES	NO
18. Are you currently pending any administrative or punitive action within the Marine Corps Reserve?		CRD
19. Do you have a reentry code other than 1A, 3N, 3O, and 3V? (MCO P1040R.35C, Ch 5 para 5.b.9)		CRD
20. Have you been assigned to any alcohol treatment program, within last 12 months? (MCO P1040R.35C, Ch 5 para 5.b.16)		CRD
21. Are you a single parent with custody of dependents? (MCO P1040R.35C, Ch 5 para 5.b.17)		CRD
22. Have you ever been charged or convicted of domestic violence, since joining the Marine Corps? (MCO P1040R.35C, Ch 5 para 5.b.18)		CRD
23. Do you have 20 years or more of qualifying service? (MCO P1040R.35C, Ch 5 para 5.e.4)		CRD
24. Drug use and abuse: Have you tried, used, possessed, sold, or distributed any narcotic (to include heroin or cocaine), depressant (to include Quaaludes), stimulants, hallucinogens (to include LSD or PCP), or cannabis (to include marijuana or hashish), or used any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician, since joining the Marine Corps? (MCO P1040R.35C, Ch 5 para 5.b.5)		CRD
25. Do you have any Tattoos, Brands, Body Markings or Body Ornamentations and or any of the previously mentioned <u>removed</u> ? (MCO P1040R.35C, MCO P1020.34 G)		CRD

Part 2: Females Only	YES	NO
26. Are you currently pregnant?		

Part 3: Enlisted Reenlistments/Extensions	YES	NO
27. Pvt or PFC reenlisting or extending? (MCO P1040R.35C, Ch 5 para 5.e.6)		CRD
28. LCpl reenlisting or extending for more than 8 qualifying years? (MCO P1040R.35C, Ch 5 para 5.e.6)		CRD
29. Cpl reenlisting or extending for more than 8 qualifying years? (MCO P1040R.35C, Ch 5 para 5.e.6)		CRD
30. Sgt reenlisting or extending for more than 13 qualifying years? (MCO P1040R.35C, Ch 5 para 5.e.6)		CRD



INITIAL SCREENING CHECKLIST (Continued)

Prospect's Name: Alvin R. Applicant SSN: 123 45 6789

39. I certify that the information given by me on this form is true and complete to the best of my knowledge.

Date: 7-25-2011 Printed Name: Alvin R. Applicant

SSN: 123 45 6789 Signature: Alvin R Applicant

40. Recruiter: I certify that I have instructed the prospect to respond honestly to each of these questions. I understand my liability to trial by Courts Martial under the Uniform Code of Military Justice, should I effect or cause to be effected the reenlistment or affiliation of anyone known by me to be ineligible for assignment into the Ready Reserve.

Date: 7-25-2011 Printed Name: Peter S. Recruiter

SSN: 987 65 4321 Signature: Peter S Recruiter

41. SNCOIC: I certify that I have reviewed the information provided by the prospect and Recruiter on this form.

Date: 7-25-2011 Printed Name: Jason R. Schmale

SSN: 123 54 6879 Signature: Jason R Schmale

42. 90 day Recertification to include: Statement of Understanding and Tattoo Screening Form:

a. There have been no changes since my last screening on \_\_\_\_\_.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Signature: \_\_\_\_\_

b. The following changes have occurred since my last screening \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Signature: \_\_\_\_\_

25 Jul 11

From: Chief Warrant Officer 2, Upmt E. Fratz XXX XX 2345/0170  
USMCR

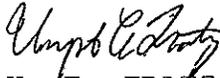
To: Headquarters, U.S. Marine Corps (RAM)  
3280 Russell Road, Quantico, VA 22134-5103

SUBJ: LETTER OF RECOMMENDATION ICO SERGEANT A. R. APPLICANT

1. I have worked with Sergeant Applicant for the past three years. He is a solid administrator who has a good understanding of total force personnel administration. During a recent activation, he augmented the Installation Personnel Administration Center (IPAC), Camp Pendleton, for a period of 9 months, and acquitted himself admirably. His experience, proven performance, and continued potential make him an ideal candidate for accession on the Active Reserve Program. I am hopeful that he will be assigned to fill Oll AR vacancies here within my section, which is a testament to the value I place on this Marine.

2. Sergeant Applicant is a mature NCO who takes care of himself personally and professionally. There has never been an indication of personal or professional impropriety, to include financial issues. Understanding the burdens a financially distraught family can place on a command, I would not recommend him for the AR program if I had any doubts about his ability to appropriately manage his finances.

3. I can be contacted at Coml: (816) 843-1340.

  
U. E. FRATZ

ENCLOSURE (9)