DEPARTMENT OF THE ARMY
UNITED STATES ARMY ENGINEER SCHOOL
US ARMY MANEUVER SUPPORT CENTER OF EXCELLENCE
DIRECTORATE OF TRAINING AND LEADER DEVELOPMENT
14000 MSCOE LOOP, BUILDING 3200, SUITE 336
FORT LEONARD WOOD, MISSOURI 65473-8300

ATSE-DT 10 May 2021

MEMORANDUM FOR RECORD

SUBJECT: Becoming an Army Engineer Diver MOS 12D

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers, MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge. Refer to the latest MILPER Message for *Update to Reclassification IN/OUT Calls* for more information. Contact the undersigned (ref. encl. 1) for more details.

2. Our Dive Program offers:

a. Overseas and CONUS assignments
b. Monetary incentive (Dive pay/ HDIP)
c. Basic and Advanced training in underwater construction, repair, reconnaissance, demolition, salvage and hyperbaric treatment.
d. The opportunity to work with highly motivated and dedicated individuals in Units with extremely high levels of esprit de corps.

3. Prospective applicants must:

a. Complete a DA Form 4187 (Personnel Action), DA Form 5030 (Engineer Diver Training Application) and in some instances, a reenlistment contract.

b. Be in the rank of PVT, PFC, or SPC/CPL. SPC and CPL must be in a NON- PROMOTABLE status when reporting for initial MOS 12D training and duty. Please note that all Soldiers in the ranks of SPC and CPL will remain in a NON-PROMOTABLE status until evaluation by their leadership at their first diving duty assignment.

NOTE: Soldiers will be dis-enrolled from the Diver Phase 1 and 2 courses if they arrive in and E-4 (promotable) status.

c. Meet the 24 months service-remaining requirements IAW AR 614-200, Ch. 4 upon graduation from the Diver Phase 2 course.

d. Understand that if on a current term of enlistment in which an enlistment bonus (EB) or selective reenlistment bonus (SRB) has been received, the Soldier should be advised that the bonus MAY be prorated and the Soldier MAY be responsible to pay the unearned portion back to the government. Contact your career counselor to discuss your situation.

e. Have attained a minimum score of 107 in aptitude area General Technical (GT) or a minimum score of 106 in aptitude area Skilled Technical (ST) and attained a minimum score of 98 in aptitude area General Mechanical (GM).

f. Have attained a minimum score of 360 or higher on the ACFT or a minimum score of 180 on the APFT (60 points in each event). **(Keep in mind that these are the minimum standards. It is highly recommended that Diver candidates score a minimum of 540 or above on the ACFT or 270 or above on the APFT with at least 90 points in each event).**

g. Have successfully completed the Diver Physical Fitness Test (DPFT) according to MILPERSMAN 1220-410, dated 06 January 2013.

h. Have undergone a Diving Medical Examination as prescribed in AR 40-501 within 9 months of attending Phase I.

i. Have a physical profile of 111111 (PULHES) and meet the height and weight standards prescribed in AR 600-9.

j. Understand that Soldier must successfully complete a 3 week Diver Phase I course conducted at Ft. Leonard Wood, Missouri prior to attending Phase II at the Naval Diving and Salvage Training Center at Panama City, Florida.

4. POC for this memorandum is the Army 12D Reclassification Manager at (573) 563-3051 or DSN 676-3051.

///original signed///
BRITTON L. HALL
SSG, USA
Phase I Reclassification Manager

10 ENCLS

1. Dive Candidate Application Process
2. Requests for Waiver Info
3. Dive Physical SOP
4. Medical Screening Requirements
5. Medical Check sheet
6. Dive Physical Check Sheet
7. DD Form 2807-1
8. DD Form 2808 (Plus example)
9. DA 4187 Example
10. Waiver Example

Encl. 1 DIVE CANDIDATE APPLICATION PROCESS

1. Contact the 12D Reclassification Manager SSG Hall. He will guide and advise you through the process. Use this memorandum as a checklist to make sure you don't miss anything. Work with your Career Counselor/Retention NCO throughout this process.

2. Contact your installation medical facility and schedule a physical examination.

3. Review Enclosure 3 - Dive Physical SOP.

4. **Provide the medical provider with the DD forms 2808-1 and 2807 from:**

https://www.public.navy.mil/netc/centers/ceneoddive/ndstc/Default.aspx

Or

Print and use DD 2807-1 and DD 2808 at the bottom of this packet (Recommended)

NOTE: DO NOT USE THE DD 2807-1 or 2808 FROM APD.

5. Tell them you need a "Dive Physical" for your application to become an Engineer Diver.

6. Make several copies of the completed DD Form 2807-1 (Report of Medical History), DD Form 2808, and Medical Screening form. This will prevent having to complete another physical exam if the originals become lost.

7. Complete a Personnel Action, DA Form 4187, indicating that you want to reclassify **(if greater than one year left in service)** as an Engineer Diver, MOS 12D.

8. If the Soldier has less than one year left in service before ETS, he or she must reenlist for MOS 12D. **NOTE: For Soldiers in a critical shortage MOS, this is your only way out of your MOS. (Do not re-up; option 1 (reg. Army) if you are in a critical MOS. This will lock you back into your old MOS. You must only re-up under option 3 (retraining) for MOS 12D.** To qualify for this you must be a first term Soldier and meet all other prerequisites outlined for entry into 12D, Engineer Diver MOS (ref. DA 5030, Part III and IV). Make sure you are using your Retention NCO as regulations change.

9. Complete the Engineer Diver Training Application, DA Form 5030 (**https://armypubs.army.mil**).

10. Complete Waiver Request(s) if applicable. See Enclosure 2.

11. Provide a current SRB.

12. Provide your most recent ACFT Score card, DA Form 705; within 6 months.

13. Provide separate copies of labs report, vaccine report, and radiology report from chest x-ray. See Enclosure 3.

14. Scan and e-mail the application packet to britton.L.hall.mil@mail.mil.

- **Ensure all scanned documents are clear and legible. If you can't read it, we can't read it.**
- **Do not submit your packet directly from a digital sender. Send it to yourself then submit it to the above email.**

15. While waiting for approval of your packet, begin increasing the intensity of your physical fitness level. It is imperative that you report to the Diver Phase I Course in the best physical condition of your life.

16. If approved, you will receive a signed memorandum from the 12D Reclassification Manager stating that you are a qualified candidate for dive training. Take this memorandum to your Retention NCO for processing.

NOTES:

- For purposes of assignment orders, 12D training is a PCS move to Panama City, FL, with Phase I training conducted in Fort Leonard Wood, MO. Phase 1 is done as a "TDY and return." You will return to your original duty station followed by a PCS to Florida upon successful completion of Phase I. If your orders do not bring you to Fort Leonard Wood prior to arrival in Panama City, contact your retention NCO and also the 12D Reclassification Manager at 573-563-3051 immediately to correct the issue.

- Ensure you are consulting your chain of command. See ALARACT 114-2017 regarding mandatory promotions. One of the biggest problems for re-class candidates is promotions. You need to make sure your timeline isn't going to be an issue. You cannot arrive to your duty assignment after dive school in a SPC (P) status. Dive school Phase I is 3 weeks, Phases II and III are a combined 6 months. Use these numbers for planning purposes.

- Read the packet thoroughly and come up with questions for the re-classification manager.

Encl. 2 - REQUEST FOR WAIVERS AND MOU

1. The following guidelines outline requests for waivers if prospective candidates do not meet certain criteria or prerequisites. Waiver requests are approved on a case by case basis and based on MOS strength. A waiver request is a request for an exception to the current policy. A waiver may be necessary if the candidate does not meet requirements outline in Part III of DA Form 5030 or Para. 5.11of AR 40-501. Waiver requests must be submitted with the original application. Call the 12D Training Development Office at 573-563-3051 or DSN 676-3051 before submitting to ensure that specific conditions may be waivered. An example may be found in enclosure 8.

2. **Age (DA Form 5030, part III, item 8.b):** Currently processing age waivers.

3. **Current term of enlistment for which an enlistment or selective reenlistment bonus has been received (DA Form 5030, part III, item 8.e):** Submission of a waiver is not necessary for this prerequisite; however, Soldiers falling into this category must contact their Retention NCO to determine responsibility for repayment of bonuses.

4. **Medical issues (DA Form 5030, part III, item 9.g):** We are currently not processing waivers for medical issues which are considered disqualifying conditions.

NOTE: We need Soldiers for this MOS. However, due to the extreme environmental conditions and risks associated with this MOS and the expense of training, we must recruit only qualified and able personnel.

Dive Physical SOP

PURPOSE: This guide will provide clear, step by step instructions for completing the dive physical portion of your application.

OVERVIEW: The physical is made of 3 parts; the attached labs, 2807-1, and 2808. Each section must have all relevant portions completed. Failure to do so will result in your physical being kicked back and will cause significant processing delays.

NOTE: Any provider can perform and sign the dive physical.

1. Schedule/attain Labs and attached documents:
Before beginning your examination, ensure you complete all of the following labs. Keep documentation of each lab completed.
Note: once you complete your first lab you only have 90 days to have the 2808 signed by a physician!

a. Lateral chest x-ray
b. EKG – Signed by a Provider or Nurse
c. Audiogram
d. Hearing
e. Vision
f. Complete blood count (WBC/PLT/HGB/HCT)
g. Urinalysis results
h. Fasting blood glucose
i. G6PD- any time prior to dive training
j. Sickle cell- any time prior to dive training
k. Hep A- 2 doses
l. Hep B- 2 doses
m. Hep C screening
n. PPD/Tuberculosis test (must be done within the last 6 months)
o. Immunization record (IMR)- All green with blood type and DNA documented

2. Complete Medical history form (2807-1):

Note: 2807-1 and 2808 must be signed within 30 days of each other. It is recommended that they are completed simultaneously.

a. Obtain from the following website:
https://www.public.navy.mil/netc/centers/ceneoddive/ndstc/Default.aspx
b. Under the "Training Resources" tab select "DD 2807-1" and print out blank form or you can print the form from enclosure 6 (Recommended).
c. Fill out the form in its entirety, making sure to document any allergy or medication information in blocks 9 and 10.

Dive Physical SOP Cont'd

d. Any questions answered "Yes" must have a full explanation in block 29 and be reviewed by a physician in block 30.

3. Complete Medical examination form (2808):

Note: Hearing, vision, and dental exams must be completed and signed off on the 2808 prior to physician exam date.

a. Obtain from the following website:
https://www.public.navy.mil/netc/centers/ceneoddive/ndstc/Default.aspx

b. Under the "Training Resources" tab select "DD 2808 Dive and Special OPS Assist" and print out a blank form or you can print the form from enclosure 8 (Recommended).

c. Have your examining physician use the printed form so no necessary tests are missed.

d. Ensure all portions of block 44 are filled out as directed and includes the stick figure.

e. Ensure all necessary notes are recorded in block 73.

f. Leave block 85a blank. It is not signed by the physician unless they are an undersea/diving medical officer.

REVIEW: Go over required lab documentation and medical forms to verify all fields are appropriately filled out. Once completed, include all associated medical documentation in your application packet.

REFERENCES:

Army regulation 40-501- Standards of medical fitness. Chapter 5 paragraphs 11 and 12. US Navy

NAVMED P-117 Article 15-102: Diving duty.

https://www.public.navy.mil/netc/centers/ceneoddive/ndstc/Default.aspx

Encl. 4 - MEDICAL SCREENING REQUIREMENTS

ENSURE THAT THE DOCTOR CONDUCTING YOUR PHYSICAL GETS THIS INFORMATION!

In order to facilitate faster processing of medical requests, please format all forms according to the examples in this packet. Any disease or condition that causes chronic or recurrent disability shall be disqualifying at the discretion of the cognizant medical officer. **Detailed medical fitness standards for MOS 12D can be found in AR 40-501, Chapter 5-11 Medical fitness standards for initial selection for divers (military occupational specialty 12D).** Particular attention shall be directed to the following items:

1. **Weight** – IAW AR 600-9

2. **Vision** – All divers shall have visual acuity of 20/200 or better that is correctable to 20/20 in each eye. All divers shall have near visual acuity of 20/50 or better that is correctable to 20/20 in each eye.

3. **Color Vision** – Diving candidates must pass the Pseudo Isochromatic Plate (P.I.P) Test, unless the applicant is able to identify vivid red and vivid green as projected by the Ophthalmological Projector or the SVT, and have results documented on DD 2808. The Farnsworth Lantern Test is no longer required.

4. **Dental** – A dental officer shall conduct a complete dental exam. If a dental officer is not available, a medical officer shall conduct the exam. Acute infectious diseases of the soft tissue of the oral cavity are disqualifying until remedial treatment is completed. Advanced oral diseases and generally unserviceable teeth shall be cause for rejection. Applicants with moderate malocclusion, or extensive restorations and replacements by bridges or dentures, may be accepted, if such do not interfere with effective use of self-contained underwater breathing apparatus. If student meets this criteria and does not require any dental work (i.e. fillings, etc., then document on DD 2808 type of exam and dental class. **(Note: Must indicate Type of Exam (annual, physical, etc.), and must read "Acceptable" (class 1 or 2 only) to be considered).**

5. **Ears, Nose, and Throat** – The following conditions are disqualifying: acute disease, chronic serous otitis or otitis media, perforation of the tympanic membrane, any nasal or pharyngeal respiratory obstruction, chronic sinusitis if not readily controlled, speech impediments due to organic defects, or inability to equalize pressure due to any cause.

6. **Pulmonary** – Congenial and acquired defects, which may restrict pulmonary function, cause air-trapping, or affect the ventilation-perfusion balance shall disqualify for both initial training and continuation. In general, chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying.

7. **Hematology** – Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying. All applicants for diving duty shall have a sickle cell test in their health record. The minimum requirement for such test is the dithionite solubility test, for which a hemoglobin electrophoresis may be substituted. Sickle trait is disqualifying in applicants.

8. **Skin** – Acute or chronic diseases that are exacerbated by the hyperbaric environment are disqualifying.

9. **Neurological** – Organic brain disease seizure disorders of any sort, and head injuries with sequelae shall be disqualifying.

Encl. 4 - MEDICAL SCREENING REQUIREMENTS Cont'd

10. **Musculoskeletal** – Saturation divers shall have triennial long bone roentgenogram surveys with diving medical examinations.

11. **Psychiatric** – The special nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, neuroses, immaturity, instability, asocial traits, and stammering or stuttering shall be disqualifying.

12. **Ability to equalize Pressure** – All candidates shall be subjected in a recompression chamber to a pressure of 41.4 pounds per square inch absolute (60 feet of seawater [FSW]) to determine their ability to withstand the effects of pressure. This test should not be performed in the presence of a respiratory infection that may temporarily hinder the ability to equalize or ventilate. **(For Army this test should be attempted prior to attending Diver Phase I Course. However, inability to perform this test due to inadequate facility will not be disqualifying).**

Documentation of the following items on DD Form 2808 (Report of Medical Examination) is important during execution of the medical examination. Failure to document these items correctly may lead to delayed processing of the application packet.

1. **Dental Class** (block 43)

2. **Comment on TM's and Valsalva SAT** (block 44 or 72b)

3. **Complete Neurological Exam** in detail (block 44, Cranial Nerves, Strength, Sensation, Deep Tendon Reflexes, Motor Sensory, Mental Status)

4. **Complete list of scars and/or tattoos** (block 44)

5. **Urinalysis** (copy of report required, Block 45, **within 30 days of physical**)

6. **Complete Blood Count (CBC) with differential** (copy of report required, H/H block 47, WBC/PLT, **within 30 days of physical**)

7. **Blood type** recorded (block 48)

8. **HIV** (copy of report required, block 49, results and date, **within one year of training**)

9. **G6PD** (copy of report required, any time prior to physical)

10. **Sickle Cell** (copy of report required, any time prior to physical)

11. **Blood Pressure** lower than 140/90 (block 58)

12. **Vision** (block 61)

13. **Audiogram** (copy of report required, no results greater than 55db, **within one year of training**)

14. **Electrocardiogram** (copy of report required, **within one year of training**)

Encl. 4 - MEDICAL SCREENING REQUIREMENTS Cont'd

15. **Chest X-ray** (copy of report required, **within one year of training**)

16. **Fasting Lipid Panel** (copy of report required, **within 30 days of physical**)

17. **Fasting Glucose (FBS) Panel** (**copy of report required**, **within 30 days of physical**)

18. **PPD** (copy of report required, **within one year of training**)

19. **Two Doses of both Hepatitis A and B** documented (copy of report required)

20. **Immunizations** up to date (copy of report required)

21. **Hepatitis C Screening** (copy of report required, **within one year of training**)

- **Please ensure that section 6 of DD 2807-1 is filled out according to the example.**

- **Have the medical officer review AHLTA records and initial on page 3 if candidate is fit for dive duty.**

Encls. 5, 6, 7 & 8- Medical Check Sheet, Dive Physical Check Sheet, DD Form 2807-1 (Report of Medical History) and 2808 (Report of Medical Examination)

Please print and use the following forms for your medical examination:

Patient's Name: _____ **DOD ID:** _____
Cell Phone # _____

Diving Special Duty - (MANMED article 15-102)
SO Special Duty (SEAL/SWCC/RECON/MARSOC/EOD) - (MANMED article 15-105)
Parachuting (aka "Jump" for Basic/MFF/HAPS/HALO) - (AR 40-501)

MEDICAL DEPARTMENT SPECIAL DUTY EXAM CHECK LIST

☐ *DD 2807-1* (Medical History) ☐ *DD 2808* (Physical) ☐ *NAVMED 6150/2* (Special Duty Abstract) ☐ *OPNAV 8020/6* (Explosive Handler/Driver)

Note: Include a NAVPERS 1200/6 (the U.S. Military Diver Medical Questionnaire) only for those who will be attending the Dive School. It is an interval history review to be completed within 30 days of transfer/arrival to NDSTC for training.

Note for medical representative:
All study results must be TRANSCRIBED with date of lab on DD 2808, and then printed and filed in service member's hard copy chart.
All studies must be within 3 months of exam unless otherwise stated in MANMED
Medical to Check or initial blocks below only after transcribed on DD 2808

- ☐ CXR (PA/LAT – candidates only or as indicated)
- ☐ 12 lead EKG
- ☐ Audiogram (current w/in 12 mo of exam)
- ☐ Visual Acuity (Refraction for >20/20)
- ☐ Field of Vision
- ☐ Color Vision (candidates only)
- ☐ Depth Perception (candidates only in SO/Parachuting)
- ☐ PPD (or TB screener on NAVMED 6224/8)
- ☐ CBC (WBC, PLT, HGB, HCT)
- ☐ Fasting Blood Glucose
- ☐ HEP C
- ☐ UA dipstick (w/ Micro for SO/Parachuting)
- ☐ Lipid (Only parachuting or screening for PHA age over 40)
- ☐ PSA (Male over 40) (Only Parachuting)
- ☐ IOP (If over 40)
- ☐ Blood Type (only once in career)
- ☐ Sickle Cell (only once in career)
- ☐ G6PD (only once in career)
- ☐ 2 Doses HEP A Documented
- ☐ 2 of 3 Doses HEP B Documented
- ☐ All Immunizations up to date
- ☐ HIV (As Per DoD Inst. 6485.01)
- ☐ Dental T-2 w/in 12 mo AND dental sig.
- ☐ Stool GUIAC (Only Parachuting)
- ☐ RPR (Only Parachuting)
- ☐ Current PHA (w/in 12 months of exam)

All *FEMALES* to complete the following *IN ADDITION* to the above:

- ☐ Urine HCG (optional, as indicated. Does not need to be documented)
- ☐ Document **"counseled on fetal hazards of diving while pregnant"** in block 73 of DD 2808 per BUMEDINST 6200.15A: ***"Medical and scientific evidence demonstrate that the hyperbaric environment may be hazardous to a fetus, potentially resulting in developmental anomalies or fetal death. These untoward fetal events may occur despite the absence of discernible maternal effects. Safe diving profiles that protect the fetus have not been developed. Factors related to the normal maternal-fetal circulation place the fetus at increased risk of injury, even if exposed to routine, "low risk" dive profiles performed by the mother. Therefore, pregnant divers should not dive or be occupationally exposed to a hyperbaric environment".*** (To also be read and document on every PHA)
- ☐ Normal PAP Smear when indicated per ASCCP guidelines.
- ☐ Mammogram within the last 12 months starting at age 40 or if at high risk.
- ☐ Women's health exam may be transcribed if current for the Breast/Pelvic exam and Genital/Anal visual exam.

Note for Medical Representative: This checklist was created and intended to be a quick reference guide for special duty physicals. This should not replace reviewing and familiarizing yourself with instructions. Last updated 25FEB2019

SCREENING FOR INITIAL DIVING TRAINING		
Service Member Name	Grade/Rate	SSN

Qualifications: ( ) Dive ( ) Special Operations

Medical Screening: Reviewer must review DD2807-1, DD2808, NAVPERS 6150/2, OPNAV 8020/6 (as applicable) in the hard copy AND electronic medical record (i.e. ALHTA/HAIMS/Genesis), and MRRS

YES	NO	N/A	Form/Item
			DD 2807
			Block 8 is complete and any medication(s) use is described by the interviewing provider
			Any allergy listed in block 9 (to include drug, environmental, or food) is described by the interviewing provider and is NOT considered to have severe, anaphylactic, or life-threatening manifestations IAW 15-102 or 15-105 (SO candidate)
			The interviewing provider marked "CD" or "NCD" for all conditions
			A condition listed is considered disqualifying applicable standards
			Any "CD" condition(s) has a completed waiver from NAVPERS in the medical record
			Signed by a medical provider. Date is within 30 days of examination.
			DD 2808
			Date of examination is within two years of anticipated dive training *convene* date.
			Blocks 17-42 are marked "normal" or "abnormal" except for block 41 for males. Any "abnormal" findings are explained in block 44
			(Block 43) Dental Class I (one) or II (two)
			Block 44 describes the tympanic membranes as mobile
			Block 44 contains detailed neurological examination including cranial nerves, sensation, motor strength, mental status, coordination, and reflexes. Reflexes are listed on stick figure with description of Babinski.
			Block 35 complete (feet)
			Blood type record in block 48
			Block 58. Blood pressure is less than 140/90
			Blocks 61, and 63. Uncorrected and corrected (if applicable) are recorded and within the appropriated standard listed in MANMED.
			Block 62 is completed if uncorrected visual acuity (near or far) is NOT 20/20 in either eye.
			Block 66. PIP is recorded with "pass". If "fail" a waiver must be granted. *Note: Use of FALANT has restrictions. See MANMED 15-36(1)(d).*
			Block 67. Depth perception results recorded (SO candidates and PARACHUTE)
			Block 68. Field of Vision recorded
			Block 70. IOP recorded (if service member is 40 years old or older.)
			Block 71a. Audiogram performed within 12 months of physical, recorded, and within standards.
			Block 72b. Valsalva marked "SAT"
			(Female candidates only) Counseling recorded in block 73 IAW BUMEDINST 6200.15 series
			Block 74a. "Is Qualified for Service" box is checked and appropriate special duties are recorded. *Note: If "Is Not Qualified for Service" box is checked, then a waiver needs to be granted from an appropriate authority, and recorded in block 76.*
			Signed by an Undersea Medical Officer (UMO)
			Ancillary Studies: The following are transcribed on the DD 2808 with dates and within 90 days of examination unless otherwise specified. ANY ABNORMAL study result has been commented on by provider in block 77

All waivers must be completed and attached to packet

Date must be annotated on 2808 and copy of audiogram attached to packet

All highlighted objects must be printed and attached to packet. All documents can be retrieved from the local Medical Treatment Facilities Medical Records Office or from their primary care provider.

			PA and Lateral Chest Radiograph for candidates (then as clinically indicated)
			Electrocardiogram for candidates (then as clinically indicated)
			Latent tuberculosis infection (LTBI) screen within 6 months of exam (per BUMEDINST 6224.8) *Note: Most candidates will require a TST or IGRA IAW BUMEDINST 6224.8 series*
			Complete blood count (at minimum document WBC/PLT/HGB/HCT) with date
			Urinalysis dipstick -ALL Fields documented with date (i.e. do NOT write "UA WNL")
			Micro Urinalysis (SO) -All fields documented with date
			Fasting Blood Glucose with date
			Hep C screen (IAW SECNAVINST 5300.30) with date. *Note: for screening only; every 61 mo)*
			Glucose-6-Phosphate-Dehydrogenase (any time prior to dive training) with date
			Sickle Cell (any time prior to dive training) with date
			Hepatitis A: two doses recorded with dates or positive titers with date
			Hepatitis B: two doses recorded with dates or positive titers with date
			Immunizations complete and up-to-date IAW BUMEDINST 6230.15 series From SM's MEDPROS
			NAVPERS 6150/2
			Signed by UMO and service member physically qualified for diving duty
			Medical Record
			Are there any medical conditions found in the service member's medical record that are not listed in the DD2807 that are considered disqualifying?
			The service member's medical record has been reviewed and organized appropriately IAW MANMED (e.g. examination labs, EKG, and imaging are organized in section 4.)
			Electronic Health Record
			Are there any medical conditions found in the service member's electronic health record, including care provided by civilian providers, that are not listed in the DD2807 that are considered disqualifying?
			Individual Medical Readiness
			G6PD, Sickle Cell trait test, blood type, and DNA completed and documented in Medical Readiness Reporting System (MRRS)
			HIV screen within 25 months (IAW SECNAVINST 5300.30) and documented in MRRS
			DD2215 (completed and documented in MRRS
			Current PHA (if length of service is greater than 12 months) documented in MRRS
			Current Dental Class is I (one) or II (two) documented in MRRS
			Immunization record up to date in MRRS and service member has had complete hepatitis A series and 2 hepatitis B vaccinations

NOTE: U.S. Military Diving Medical Screening must be completed no later than 1 month prior to actual transfer to dive training at Naval Diving and Salvage Training Center (NDSTC) or Naval Special Warfare Training Center (NSWTC) and placed in the service member's hard copy medical record. Any waiver must have been written and approved by an appropriate waiver authority (e.g. Bureau of Medicine and Surgery for Navy personnel), and included in the service member's medical record.

If any of the above shaded blocks are checked, forward screener to gaining command's UMO

Medical Screener (Signature) Date	Printed Name, Rank or Grade
Duty Station	Telephone Number (included area code)

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 September, 30 2021

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

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.

ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/

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.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2.a. SOCIAL SECURITY NO.	b. DoD ID NO. *(If applicable)*	3. TODAY'S DATE *(YYYYMMDD)*

4.a. HOME ADDRESS *(Street, Apartment No., City, State, and ZIP Code)*

b. HOME TELEPHONE *(Include Area Code)*

c. EMAIL ADDRESS

5. EXAMINING LOCATION AND ADDRESS *(Include ZIP Code)*

LOCATION:
ADDRESS:

OFFICE:
FAX:

X ALL APPLICABLE BOXES:

6.a. SERVICE

- [ ] Army
- [ ] Coast Guard
- [ ] Navy
- [ ] Marine Corps
- [ ] Air Force

b. COMPONENT

- [ ] Regular
- [ ] Reserve
- [ ] National Guard

c. PURPOSE OF EXAMINATION

- [ ] Retention
- [ ] Separation
- [ ] Medical Board
- [ ] Retirement
- [X] Other *(Specify)*: See block 29

7.a. POSITION *(Title, Grade, Component)*

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
10.a. Tuberculosis	○	○
b. Lived with someone who had tuberculosis	○	○
c. Coughed up blood	○	○
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	○	○
e. Shortness of breath	○	○
f. Bronchitis	○	○
g. Wheezing or problems with wheezing	○	○
h. Been prescribed or used an inhaler	○	○
i. A chronic cough or cough at night	○	○
j. Sinusitis	○	○
k. Hay fever	○	○
l. Chronic or frequent colds	○	○
11.a. Severe tooth or gum trouble	○	○
b. Thyroid trouble or goiter	○	○
c. Eye disorder or trouble	○	○
d. Ear, nose, or throat trouble	○	○
e. Loss of vision in either eye	○	○
f. Worn contact lenses or glasses	○	○
g. A hearing loss or wear a hearing aid	○	○
h. Surgery to correct vision *(RK, PRK, LASIK, etc.)*	○	○
12.a. Painful shoulder, elbow or wrist *(e.g. pain, dislocation, etc.)*	○	○
b. Arthritis, rheumatism, or bursitis	○	○
c. Recurrent back pain or any back problem	○	○
d. Numbness or tingling	○	○
e. Loss of finger or toe	○	○

12. *(Continued)*	YES	NO
f. Foot trouble *(e.g., pain, corns, bunions, etc.)*	○	○
g. Impaired use of arms, legs, hands, or feet	○	○
h. Swollen or painful joint(s)	○	○
i. Knee trouble *(e.g., locking, giving out, pain or ligament injury, etc.)*	○	○
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	○	○
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	○	○
l. Bone, joint, or other deformity	○	○
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	○	○
n. Broken bone(s) *(cracked or fractured)*	○	○
13.a. Frequent indigestion or heartburn	○	○
b. Stomach, liver, intestinal trouble, or ulcer	○	○
c. Gall bladder trouble or gallstones	○	○
d. Jaundice or hepatitis *(liver disease)*	○	○
e. Rupture/hernia	○	○
f. Rectal disease, hemorrhoids or blood from the rectum	○	○
g. Skin diseases *(e.g. acne, eczema, psoriasis, etc.)*	○	○
h. Frequent or painful urination	○	○
i. High or low blood sugar	○	○
j. Kidney stone or blood in urine	○	○
k. Sugar or protein in urine	○	○
l. Sexually transmitted disease *(syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)*	○	○
14.a. Adverse reaction to serum, food, insect stings or medicine	○	○
b. Recent unexplained gain or loss of weight	○	○
c. Currently in good health *(If no, explain in Item 29 on Page 2.)*	○	○
d. Tumor, growth, cyst, or cancer	○	○

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER *(If applicable)*

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
15.a. Dizziness or fainting spells	○	○
b. Frequent or severe headache	○	○
c. A head injury, memory loss or amnesia	○	○
d. Paralysis	○	○
e. Seizures, convulsions, epilepsy or fits	○	○
f. Car, train, sea, or air sickness	○	○
g. A period of unconsciousness or concussion	○	○
h. Meningitis, encephalitis, or other neurological problems	○	○
16.a. Rheumatic fever	○	○
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*	○	○
c. Pain or pressure in the chest	○	○
d. Palpitation, pounding heart or abnormal heartbeat	○	○
e. Heart trouble or murmur	○	○
f. High or low blood pressure	○	○
17.a. Nervous trouble of any sort *(anxiety or panic attacks)*	○	○
b. Habitual stammering or stuttering	○	○
c. Loss of memory or amnesia, or neurological symptoms	○	○
d. Frequent trouble sleeping	○	○
e. Received counseling of any type	○	○
f. Depression or excessive worry	○	○
g. Been evaluated or treated for a mental condition	○	○
h. Attempted suicide	○	○
i. Used illegal drugs or abused prescription drugs	○	○
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder	○	○
b. A change of menstrual pattern	○	○
c. Any abnormal PAP smears	○	○
d. First day of last menstrual period *(YYYYMMDD)*		
e. Date of last PAP smear *(YYYYMMDD)*		

	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	○	○
b. Inability to perform certain motions	○	○
c. Inability to stand, sit, kneel, lie down, etc.	○	○
d. Other medical reasons *(If yes, give reasons.)*	○	○
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*	○	○
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.)*	○	○
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.)*	○	○
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	○	○
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.)*	○	○
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*	○	○
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.)*	○	○
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.)*	○	○
28. Have you ever been denied life insurance?	○	○

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.)*

BLOCK 6C: DIVE SO SUB NFD JUMP OTHER:_____

PATIENT INSTRUCTION - DO NOT WRITE "SEE MEDICAL RECORD" - CHECK OUT RECORD IF NEEDED TO COMPLETE

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	DoD ID NUMBER *(If applicable)*

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

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

Prescribed by: DoDI 1304.2

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2a. SOCIAL SECURITY NUMBER	2b. DoD ID NUMBER (If applicable)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507**, Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.

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): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/

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.

3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)	5a. HOME TELEPHONE NUMBER (Include Area Code)	5b. E-MAIL ADDRESS

6. GRADE/ RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX	9b. PREFERRED GENDER	10a. ETHNIC CATEGORY	10b. RACIAL CATEGORY (Select one)
			☐ Male ☐ Female	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Non Hispanic/Latino	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
a. MILITARY	b. CIVILIAN		

14a. RATING OR SPECIALTY (Aviators Only)	14b. TOTAL FLYING TIME	14c. LAST SIX MONTHS

15a. SERVICE	15b. COMPONENT	15c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)
☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy ☐ Coast Guard	☐ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Retirement ☐ Commission ☐ U.S. Service Academy ☐ Retention ☐ ROTC Scholarship Program ☐ Separation ☐ Medical Board ☐ Other _____	

MEDICAL EVALUATION *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

	Normal	Abnormal	NE
17. Head, face, neck and scalp	☐	☐	☐
18. Nose	☐	☐	☐
19. Sinuses	☐	☐	☐
20. Mouth and throat	☐	☐	☐
21. Ears - General *(Int. and ext. canals/Auditory acuity under item 71)*	☐	☐	☐
22. Tympanic Membranes *(Perforation)*	☐	☐	☐
23. Eyes - General	☐	☐	☐
24. Ophthalmoscopic	☐	☐	☐
25. Pupils *(Equality and reaction)*	☐	☐	☐
26. Ocular motility *(Associated parallel movements, nystagmus)*	☐	☐	☐
27. Heart *(Thrust, size, rhythm, sounds)*	☐	☐	☐
28. Lungs and chest *(Include breasts)*	☐	☐	☐
29. Vascular system *(Varicosities, etc.)*	☐	☐	☐
30. Anus and rectum *(Hemorrhoids, Fistulae) (Prostate if indicated)*	☐	☐	☐
31. Abdomen and viscera *(Include hernia)*	☐	☐	☐
32. External genitalia *(Genitourinary)*	☐	☐	☐
33. Upper extremities	☐	☐	☐
34. Lower extremities *(Except feet)*	☐	☐	☐
35. Feet *(Check category)*	☐	☐	☐
35a. ☐ Normal Arch ☐ Pes Planus ☐ Pes Cavus			
35b. ☐ Mild ☐ Moderate ☐ Severe			
35c. ☐ Asymptomatic ☐ Symptomatic ☐ Rigid			
36. Spine, other musculoskeletal	☐	☐	☐
37. Body marks, scars, tattoos	☐	☐	☐
38. Skin, lymphatics	☐	☐	☐
39. Neurologic	☐	☐	☐
40. Psychiatric *(Specify any personality disorder)*	☐	☐	☐
41. Pelvic *(Females only)*	☐	☐	☐
42. Endocrine	☐	☐	☐

43. DENTAL DEFECTS AND DISEASE *(Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)*

Acceptable ☐
Not Acceptable ☐
Class _____

44. NOTES: *(Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)*

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.)

21. Eyes and Field of View OU: nml / abn
22. TM's Mobile/intact bilaterally: Yes No
25. PERRL and ACCOMMODATION OU: Yes No
39. Neuro Exam In detail:
MENTAL STATUS EXAM: nml / abn
CN II-XII intact and symmetric b/l: Yes No
STRENGTH U/L extremity 5/5 symmetric throughout: Yes No
SENSATION ALL DERMATOMES intact and symmetric: Yes No
COORDINATION: GAIT nml/abn F-2-N nml/abn RAM nml/abn
RHOMBERG: nml / abn H-S nml/abn
REFLEXES:
Bicep + /4 + /4
Brachioradialis + /4 + /4
Tricep + /4 + /4
Patellar + /4 + /4
Achelles + /4 + /4
b/l Babinski nml / abn
(abn = upward deflect)
37. MST (mark/scars/tattoos):
41. Date of last well woman exam:
Name of Provider:
Comments:
Pap Smear Results: Pap Smear Date:

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b. EKG			
c. CXR			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT *(in.)*	54. WEIGHT *(lbs.)*	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE

58. BLOOD PRESSURE			59. RED/GREEN	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANCE VISION		62. REFRACTION ☐ AUTO ☐ MANIFEST ☐ CYCLO			63. NEAR VISION		
Right Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Right Uncorr. 20/	Corr. to 20/	Add:
Left Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Left Uncorr. 20/	Corr. to 20/	Add:

64. HETEROPHORIA

ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD

65. ACCOMMODATION		66. COLOR VISION *(Pass/Fail and Score)*			67. DEPTH PERCEPTION *(Pass/Fail and Score)*	
Right	Left	PIP	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST

68. FIELD OF VISION	69. NIGHT VISION	70. INTRAOCULAR PRESSURE	
		O.D.	O.S.

71a. AUDIOMETER Unit Serial Number	71b. Unit Serial Number	72a. READING ALOUD TEST: ☐ SAT ☐ UNSAT
Date Calibrated *(YYYYMMDD)*	Date Calibrated *(YYYYMMDD)*	72b. VALSALVA: ☐ SAT ☐ UNSAT

HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000
Left							Left						
Right							Right						

72c. OTHER TESTING

73. NOTES AND/OR INTERVAL HISTORY

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

74. EXAMINEE	75. I have been advised of my disqualifying condition(s).	
☐ IS MEDICALLY QUALIFIED ☐ IS NOT MEDICALLY QUALIFIED	75a. SIGNATURE OF EXAMINEE	75b. DATE *(YYYYMMDD)*

76. PHYSICAL PROFILE

P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE *(YYYYMMDD)*

77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES

ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE *(YYYYMMDD)*

78. SUMMARY OF MEDICAL DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary).*

79. RECOMMENDATIONS *(Specify) (Use additional sheets if necessary).*

80. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIALS	WKID	ST	DATE *(YYYYMMDD)*	INITIALS

81. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE

82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	82b. Signature
83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	**83b. Signature**
84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	**84b. Signature**
85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY *(Indicate which) *MUST BE A UMO*	**85b. Signature**

86. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*

87. WAIVER GRANTED *(If yes, date and by whom)*	YES ☐	NO ☐	88. NUMBER OF ATTACHED SHEETS

89. ADDITIONAL REMARKS

EXAMPLE

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
September, 30 2021

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services, and E.O. 9397 (SSN), as amended.
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.
ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/
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.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2.a. SOCIAL SECURITY NO.	b. DoD ID NO. *(If applicable)*	3. TODAY'S DATE *(YYYYMMDD)*
Doe, John A.	123-45-6789	123456789	20210304

4.a. HOME ADDRESS *(Street, Apartment No., City, State, and ZIP Code)*
123 Dove St.
Panama City, FL 32405

b. HOME TELEPHONE *(Include Area Code)*
324-567-8910

c. EMAIL ADDRESS
John.A.Doe.mil@mail.mil

5. EXAMINING LOCATION AND ADDRESS *(Include ZIP Code)*
LOCATION: Fort Belvoir Community Hospital
ADDRESS: 9300 DeWitt Loop, Fort Belvoir, VA 22060
OFFICE:
FAX: 571-231-3224

X ALL APPLICABLE BOXES:

6.a. SERVICE
- [X] Army
- [ ] Coast Guard
- [ ] Navy
- [ ] Marine Corps
- [ ] Air Force

b. COMPONENT
- [X] Regular
- [ ] Reserve
- [ ] National Guard

c. PURPOSE OF EXAMINATION
- [ ] Retention
- [ ] Separation
- [ ] Medical Board
- [ ] Retirement
- [X] Other *(Specify)*: See block 29

7.a. POSITION *(Title, Grade, Component)*
E-4 / SPC

b. USUAL OCCUPATION
68W

8. CURRENT MEDICATIONS *(Prescription and Over-the-counter)*
none

9. ALLERGIES *(Including insect bites/stings, foods, medicine or other substance)*
none

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
10.a. Tuberculosis	○	●
b. Lived with someone who had tuberculosis	○	●
c. Coughed up blood	○	●
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	○	●
e. Shortness of breath	○	●
f. Bronchitis	○	●
g. Wheezing or problems with wheezing	○	●
h. Been prescribed or used an inhaler	○	●
i. A chronic cough or cough at night	○	●
j. Sinusitis	○	●
k. Hay fever	○	●
l. Chronic or frequent colds	○	●
11.a. Severe tooth or gum trouble	○	●
b. Thyroid trouble or goiter	○	●
c. Eye disorder or trouble	○	●
d. Ear, nose, or throat trouble	○	●
e. Loss of vision in either eye	○	●
f. Worn contact lenses or glasses	○	●
g. A hearing loss or wear a hearing aid	○	●
h. Surgery to correct vision *(RK, PRK, LASIK, etc.)*	○	●
12.a. Painful shoulder, elbow or wrist *(e.g. pain, dislocation, etc.)*	○	●
b. Arthritis, rheumatism, or bursitis	○	●
c. Recurrent back pain or any back problem	○	●
d. Numbness or tingling	○	●
e. Loss of finger or toe	○	●

12. *(Continued)*	YES	NO
f. Foot trouble *(e.g., pain, corns, bunions, etc.)*	○	●
g. Impaired use of arms, legs, hands, or feet	○	●
h. Swollen or painful joint(s)	○	●
i. Knee trouble *(e.g., locking, giving out, pain or ligament injury, etc.)*	○	●
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	○	●
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	○	●
l. Bone, joint, or other deformity	○	●
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	○	●
n. Broken bone(s) *(cracked or fractured)*	○	●
13.a. Frequent indigestion or heartburn	○	●
b. Stomach, liver, intestinal trouble, or ulcer	○	●
c. Gall bladder trouble or gallstones	○	●
d. Jaundice or hepatitis *(liver disease)*	○	●
e. Rupture/hernia	○	●
f. Rectal disease, hemorrhoids or blood from the rectum	○	●
g. Skin diseases *(e.g. acne, eczema, psoriasis, etc.)*	○	●
h. Frequent or painful urination	○	●
i. High or low blood sugar	○	●
j. Kidney stone or blood in urine	○	●
k. Sugar or protein in urine	○	●
l. Sexually transmitted disease *(syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)*	○	●
14.a. Adverse reaction to serum, food, insect stings or medicine	○	●
b. Recent unexplained gain or loss of weight	○	●
c. Currently in good health *(If no, explain in Item 29 on Page 2.)*	●	○
d. Tumor, growth, cyst, or cancer	○	●

EXAMPLE

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER *(If applicable)*
Doe, John A.	123-45-6789	1234567891

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
15.a. Dizziness or fainting spells	○	●
b. Frequent or severe headache	○	●
c. A head injury, memory loss or amnesia	○	●
d. Paralysis	○	●
e. Seizures, convulsions, epilepsy or fits	○	●
f. Car, train, sea, or air sickness	○	●
g. A period of unconsciousness or concussion	○	●
h. Meningitis, encephalitis, or other neurological problems	○	●
16.a. Rheumatic fever	○	●
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*	○	●
c. Pain or pressure in the chest	○	●
d. Palpitation, pounding heart or abnormal heartbeat	○	●
e. Heart trouble or murmur	○	●
f. High or low blood pressure	○	●
17.a. Nervous trouble of any sort *(anxiety or panic attacks)*	○	●
b. Habitual stammering or stuttering	○	●
c. Loss of memory or amnesia, or neurological symptoms	○	●
d. Frequent trouble sleeping	○	●
e. Received counseling of any type	○	●
f. Depression or excessive worry	○	●
g. Been evaluated or treated for a mental condition	○	●
h. Attempted suicide	○	●
i. Used illegal drugs or abused prescription drugs	○	●
* 18. **FEMALES ONLY.** Have you ever had or do you now have: *		
a. Treatment for a gynecological (female) disorder	○	○
b. A change of menstrual pattern	○	○
c. Any abnormal PAP smears	○	○
d. First day of last menstrual period *(YYYYMMDD)*		
e. Date of last PAP smear *(YYYYMMDD)*		

	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	○	●
b. Inability to perform certain motions	○	●
c. Inability to stand, sit, kneel, lie down, etc.	○	●
d. Other medical reasons *(If yes, give reasons.)*	○	●
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*	○	●
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.)*	○	●
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.)*	○	●
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	○	●
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.)*	○	●
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*	○	●
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.)*	○	●
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.)*	○	●
28. Have you ever been denied life insurance?	○	●

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.)*

BLOCK 60: (DIVE) SO SUB NFD JUMP OTHER: _____

PATIENT INSTRUCTION - DO NOT WRITE "SEE MEDICAL RECORD" - CHECK OUT RECORD IF NEEDED TO COMPLETE

* Elaborate on any blocks marked "yes"

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

EXAMPLE

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER *(If applicable)*
Doe, John A.	123-45-6789	1234567891

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

* Providers comments on any information from DD 2807 *

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

EXAMPLE

Prescribed by: DoDI 1304.2

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2a. SOCIAL SECURITY NUMBER	2b. DoD ID NUMBER (If applicable)
20210304	123-45-6789	1234567891

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507, **Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and member on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.

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): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/

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.

3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)	5a. HOME TELEPHONE NUMBER (Include Area Code)	5b. E-MAIL ADDRESS
Doe, John A.	123 Dove St, Panama City, FL 32405	123-456-7891	John.A.Doe.mil@mail.mil

6. GRADE/ RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX	9b. PREFERRED GENDER	10a. ETHNIC CATEGORY	10b. RACIAL CATEGORY (Select one)
E4/SPC	20001102	20	[X] Male [ ] Female	[X] Male [ ] Female	[ ] Hispanic/Latino [X] Non Hispanic/Latino	[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [X] White [ ] Native Hawaiian or Other Pacific Islander

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY	b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
2 yrs			1-503 IN, 173rd IBCT (ABN) / WAGACØ

14a. RATING OR SPECIALTY (Aviators Only)	14b. TOTAL FLYING TIME	14c. LAST SIX MONTHS

15a. SERVICE	15b. COMPONENT	15c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)
[X] Army [ ] Air Force [ ] Marine Corps [ ] Navy [ ] Coast Guard	[X] Active Duty [ ] Reserve [ ] National Guard	[ ] Enlistment [ ] Commission [ ] Retention [ ] Separation [X] Other Diver [ ] Retirement [ ] U.S. Service Academy [ ] ROTC Scholarship Program [ ] Medical Board	Fort Belvoir Community Hospital 9300 DeWitt Loop, Fort Belvoir, VA 22060

MEDICAL EVALUATION *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

	Normal	Abnormal	NE
17. Head, face, neck and scalp	✓		
18. Nose	✓		
19. Sinuses	✓		
20. Mouth and throat	✓		
21. Ears - General *(Int. and ext. canals/Auditory acuity under item 71)*	✓		
22. Tympanic Membranes *(Perforation)*	✓		
23. Eyes - General	✓		
24. Ophthalmoscopic	✓		
25. Pupils *(Equality and reaction)*	✓		
26. Ocular motility *(Associated parallel movements, nystagmus)*	✓		
27. Heart *(Thrust, size, rhythm, sounds)*	✓		
28. Lungs and chest *(Includ breasts)*	✓		
29. Vascular system *(Varicosities, etc.)*	✓		
30. Anus and rectum *(Hemorrhoids, fistulae) (Prostate if indicated)*	✓		
31. Abdomen and viscera *(Include hernia)*	✓		
32. External genitalia *(Genitourinary)*	✓		
33. Upper extremities	✓		
34. Lower extremities *(Except feet)*	✓		
35. Feet *(Check category)*	✓		
35a. [✓] Normal Arch [ ] Pes Planus [ ] Pes Cavus			
35b. [ ] Mild [ ] Moderate [ ] Severe			
35c. [ ] Asymptomatic [ ] Symptomatic [ ] Rigid			
36. Spine, other musculoskeletal	✓		
37. Body marks, scars, tattoos	✓		
38. Skin, lymphatics	✓		
39. Neurologic	✓		
40. Psychiatric *(Specify any personality disorder)*	✓		
* 41. Pelvic *(Females only)* * Complete for females			✓
42. Endocrine	✓		

43. DENTAL DEFECTS AND DISEASE *(Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)*

Acceptable [X] Not Acceptable [ ] Class II

44. NOTES: *(Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)*

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.)

21. Eyes and Field of View OU: (nml) / abn
22. TM's Mobile/intact bilaterally: (Yes) No
25. PERRL and ACCOMMODATION OU: (Yes) No
39. Neuro Exam In detail:
MENTAL STATUS EXAM: (nml) / abn
CN II-XII intact and symmetric b/l: (Yes) No
STRENGTH U/L extremity 5/5 symmetric throughout: (Yes) No
SENSATION ALL DERMATOMES intact and symmetric: (Yes) No
COORDINATION: GAIT (nml)/abn F-2-N (nml)/abn RAM (nml)/abn
RHOMBERG: (nml) / abn H-S (nml)/abn
REFLEXES:

Bicep	+1/4	+1/4
Brachioradialis	+1/4	+1/4
Tricep	+1/4	+1/4
Patellar	+2/4	+2/4
Achelles	+2/4	+2/4

b/l Babinski (nml) / abn (abn = upward deflect)

37. MST (mark/scars/tattoos): N/A * (None tattoos)
41. Date of last well woman exam: * (complete for females)
Name of Provider:
Comments:
Pap Smear Results: Pap Smear Date:

EXAMPLE

Prescribed by: DoDI 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER
Doe, John A.	123-45-6789	1234567891

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE
Normal	Ø	Ø	*Females*	14.9 / 43.6	A+

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV	Negative		
50. DRUGS	Negative		
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR	*Females*		
b. EKG	Normal		
c. CXR	Normal		

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT (in.)	54. WEIGHT (lbs.)	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE
74	200					98.5°F	64

58. BLOOD PRESSURE			59. RED/GREEN	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS. 125	SYS.	SYS.		
DIAS. 71	DIAS.	DIAS.		

61. DISTANCE VISION		62. REFRACTION ☐ AUTO ☐ MANIFEST ☐ CYCLO			63. NEAR VISION		
Right Uncorr. 20/ 30	Corr. to 20/ 20	Sph: -0.50	Cyl: -0.75	Axis: 172	Right Uncorr. 20/ 20	Corr. to 20/ 20	Add:
Left Uncorr. 20/ 30	Corr. to 20/ 20	Sph: -0.50	Cyl: -0.75	Axis: 170	Left Uncorr. 20/ 20	Corr. to 20/ 20	Add:

64. HETEROPHORIA

ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD

65. ACCOMMODATION		66. COLOR VISION (Pass/Fail and Score) Pass			67. DEPTH PERCEPTION (Pass/Fail and Score)	
Right	Left	PIP -0/14	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST

68. FIELD OF VISION	69. NIGHT VISION	70. INTRAOCULAR PRESSURE	
FTC	N1 BH	O.D. 13	O.S. 16

71a. AUDIOMETER Unit Serial Number 61119	71b. Unit Serial Number	72a. READING ALOUD TEST: ☐ SAT ☐ UNSAT
Date Calibrated (YYYYMMDD) 20190926	Date Calibrated (YYYYMMDD)	72b. VALSALVA: ☑ SAT ☐ UNSAT

HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000
Left	0	0	0	5	0	5	Left						
Right	0	0	0	0	0	0	Right						

72c. OTHER TESTING

73. NOTES AND/OR INTERVAL HISTORY

Additional notes that Provider may want to add

EXAMPLE

Prescribed by: DoDI 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER
Doe, John A.	123-45-6789	1234567891

74. EXAMINEE

- [X] IS MEDICALLY QUALIFIED — Dive
- [ ] IS NOT MEDICALLY QUALIFIED

75. I have been advised of my disqualifying condition(s).

75a. SIGNATURE OF EXAMINEE * Fill/sign if not medically Qualified *

75b. DATE *(YYYYMMDD)*

76. PHYSICAL PROFILE

P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE *(YYYYMMDD)*
1	1	1	1	1	1			JL	20201218

77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES

ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE *(YYYYMMDD)*
*	If not medically qualified fill per injury/Illness *								

78. SUMMARY OF MEDICAL DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary).*

*fill of any disqualifying injuries/illness *

79. RECOMMENDATIONS *(Specify) (Use additional sheets if necessary).*

Qualified for Dive Duty

80. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIALS	WKID	ST	DATE *(YYYYMMDD)*	INITIALS

81. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE

82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

Sam B. Smith, DO, COL, MC, DMO

82b. Signature Sam B. Smith

83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

83b. Signature

84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*

84b. Signature

85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY *(Indicate which)*

85b. Signature

86. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*

87. WAIVER GRANTED *(If yes, date and by whom)*	YES ☐	NO ☐	88. NUMBER OF ATTACHED SHEETS

EXAMPLE

Prescribed by: DoDI 1304.2

89. ADDITIONAL REMARKS

* Additional provider notes on any Injuries/Illness annotated on form. Notes on any abnormal Labs/Xrays/ECG. Notes on any specialty Consults or repeat Labs/xrays/ECG.

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
(Your Unit Information Here) Commander 414th Signal Company Fort Stewart, GA 31314	12D Phase 1 Reclassification Manager DOTLD, Engineer School Fort Leonard Wood, MO 65473	(Your Unit Information Here) Retention NCO or Applicant 414th Signal Company Fort Stewart, GA 31314

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☐	Other *(Specify)*
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

1. SPC John W. Doe is requesting reclassification to 12D under Reclassification and Retention Program. (EXAMPLE)
or
1. SPC John W. Doe is requesting reclassification to 12D as a reenlistment option. (EXAMPLE)

2. Met requirements IAW DA Form 5030.

3. I understand that prior to my attendance at the Phase 1course, I must meet (or reenlist/extend to meet) the service-remaining requirement of 24 months upon completion of the Phase 2 Course. If I do not meet these requirements upon arrival at the Phase 1 course, I will be disenrolled from the course.

Encl.
1. ERB
2. DA FORM 5030
3. DA FORM 705, (DA 5500 or DA 5501 if applicable)
4. Request for Waiver Memorandum(s) if applicable
5. Removal from Promotion Standing List or Reduction in Rank memorandum if applicable
6. Medical Screening Forms

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

Encl. 9- WAIVER EXAMPLE

DEPARTMENT OF THE ARMY
YOUR UNIT AND BATTALION
YOUR DIVISION
YOUR POST, STATE & ZIP CODE

OFFICE SYMBOL DATE

MEMORANDUM FOR: Engineer Personnel Development Office, Fort Leonard Wood, MO. 65473

SUBJECT: Request age waiver to reclassify into MOS 12D, Engineer Diver.

1. Reference: DA FORM 5030 Engineer Dive Training Application.

2. Request age waiver for the following Soldier:

SPC John Doe W. **XXX-XX-1234**

3. A prerequisite for the MOS 12D is to be no more than 35 years old. SM is 38 years old and requests an age waiver.

4. Point of Contact for this request is SPC John Doe W. at (your number) or at john.w.doe.mil@mail.mil

JOHN W. DOE
SPC, USA
Duty Position/MOS