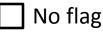
USASC STUDENT INPROCESSING CHECKLIST

<u>ERB</u>

At least 1 year remaining on current contract from grad date

Secret security clearance

GT score	100	or	higher
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PHYSICAL

- Valid within a year
 - Pass red green color vision test
 - Statement saying SM is able to attend training

MENTAL EVAL

Valid within a year

Statement saying SM is able to attend training

ADDITIONAL DOCS

- APFT 70% each event (with in 30 days)
- Expert rifle Qual (with in 6 months)
- Commanders Recommendation letter
-] 1610 Orders or 4187 bringing them to the course

Certifying OPS NCO

ENLISTED RECORD BRIEF BRIEF DATE NAME RANK - DOR PMOS SSN COMPONENT 20040901 20090105 SGT 11B REGULAR SECTION I – Assignment Information SECTION II - Security Data SECTION III - Service Data SECTION IV – Personal/Family Data Birthplace Date of Birth BASD 20010222 PEBD 20010222 BESD 19000101 PSI Status SECRET FID Det PS Stat NONE **OS/Deployment Combat Duty** #S -3 PSI Invest INIT Sex/Race ETS 20100110 DIEMS 20010116 Reeni Elig/Prohib 10 #1-0 Country of Citz US Start-End Date CT MOTS TT MALE / CAUCAS # M PSI Invest Compl 20010723 AGCM Dt 20070402 | AGCM Elig Dt 20100402 # Days Lost No of Dependent 20060615-20070731 14 IZ PFC Religion C 3 40 PVT PV2 SPC - CPL Adults/Children 20021227-20040512 IZ SECTION V – Foreign Language 17 C 1 DOR c 00 20010222 20030222 AF 0 9 CHR NO DENOM 20011206-20020915 1 Language Read Listen Speak SFC MSG - 1SG R O 0 SGT SSG Marital Status Spouse Birthplace/Citz DOR 20040901 **TOT: 40** SGM - CSM DOR PULHES -leight/Weight **Dwell Time** DEROS SECTION VII - CIVILIAN Education 323213 Start Level Completed 4 YRS HS DESG HIGH SCHOOL DIPLOMA Yr DROS EFMP Dt 2001 #Cmd Sponsored a 0 Mo 0 Days Month - Days Yr Institution Physical Category APFT Dt PIF Score Date Dependents Arrived OS DLAB Discipline 11 Yr SECTION VI - Military Education Institution PMOS 11B SQL 0 Last Physical Exam MMRB Results/Ot Discipline PDSI/YRMO SMOS MEL/MES WARRIOR LDR/GRADUATED 20080828 Number Of Semester Hours Completed 0 ASI 00 Course Year Bonus MOS 11B Home of Record **Technical Certification** FBCB2 LDR OPNET CERT 2005 Bonus Enlist Elig Dt 20100101 **TC-AIMS II FUNC USER** 2005 Course Name Dt Certified Dt Expires Promotion Points/YRMO Mailing Address WARRIOR LEADER CRS 2005 Prev Promotion Points/YRMO 2005 HAZMAT DRIVER INSTR Prom Select Dt Prom Sea# SBCT TRANSITION CRS 2005 Mil Spouse SSN/MPC SECTION VIII – Awards and Decorations Promotion MOS 2003 AIR ASSAULT ARCOM AAM VUA AGCM NDSM ACM-CS ICM-CS GWOTEMA GWTEM GWTEM ASR OSR Svc Comp / DoD 2001 COMBAT LIFE SAVERS CRS ASVAB Test # / Dt ASVAB 10 20010201 Emergency Data Venified Date 20081202 AIRBORNE 2001 TECH 116 GT ELEC 117 FOOD 119 113 **SECTION X - Remarks** 121 COMMO 122 ADMIN 113 FA CMBT 127 MECH 123 HIV YRMO 200707 MAINT 121 **Delay Separation Reason** RGMT AFL 0187IN Date Last Photo AEA / Dt LI Flag Code Flag Start Dt Flag Expiration Dt 20081117 KA AA 20080205 BMQ PRCHTBAD AIR ASLT Correspondence CRS Total # Hrs Date of Last NCOER Date of Loss Date of Last PCS SECTION IX – Assignment Information 20041124 20070630 FROM MOUNIT NO ORGANIZATION STATION LOC COMD DMOS ASI LANG DUTY TITLE ASGT PROJ MECCECECECECECECECECECECECE YY Current INCOMING PERSONNEL 11B20 00 00 00 00 00 00 11B30 ****** 1st Prev SQUAD LEADER 11B30 2nd Prev VEHICLE STRYKER COMMANDE CO MASTER STRYKER DRIVER 3rd Prev. 11B30 BTN MASTER DRIVER BTN MASTER GUNNER 11B40 11B40 4th Prev 5th Prev SQUAD LEADER 11B30 6th Prev 00 7th Prev BATTALION SCOUT SQD LDR 11B30 YY 11B30 YY YY 8th Prev COMPANY SNIPER 9th Prev 11B30 RIFLE SQUAD LEADER PLATOON SNIPER 10th Prev 11B2O **** ANTIARMOR SPECIALIST RIFLE TEAM LEADER 11th Prev 11B2O 11B20 12th Prev MACHINE GUNNER 11B2O 13th Prev 14th Prev ASST MACHINE GUNNER 11B10 RADIO TELEPHONE OPR YYY 15th Prev 11B10 11B10 11B10 16th Prev SNIPER 17th Prev **RIP SCHOOL** YY 18th Prev **AIRBORNE TRAINING** 11B10 19th Prev **RATRAINEE** 11B00 20th Prev 21st Prev 22nd Prev 23rd Prev

24th Prev

RE	PORT O	f med	ICAL EX	AMIN	ΙΑΤΙΟ	DN		(Y	YYYM	F EXAMINATION AMDD HIN 1 YE	AR	Z. SUCIAL	SECURITY NUMBER	
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RINCIPAL F pplicants and ne Armed F OUTINE US	PURPOSE(nd member orces, SE(S): Nor	S): Too rsofthe ne.	btain medi Armed Fo	cal dat rces.	ta for c The ini	formation	n will	of me also	be us	sed for medical b	ult in dela	v or possible	ntment and retention for f Service members from rejection of the	
ndividual's a being placed	application	to enter	r the Arme	d Forc	es. Fo	or an Arm	ned F	orces	men	nber, railure to pr	UVIGE LIE	mormation n	nay result in the individu	
3. LAST NA (SUFFIX)				ΛE	4. HO	ME ADD	ESS	(Stree	, Apa	artment Number, Ci	ty, State a	nd ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)	
										a de la compansione d			b. ETHNIC CATEGORY	
6. GRADE	7. DATE ((YYYY)	of Birth MMDD)	8. AGE	9. SE	X Female	Am Ala	erican ska Na	Indian d		Y (X one or more) Black or African American		ve Hawaiian or er Pacific Islander	Hispanic/Latino	
		DAIMERIT			Male R Sorui	Asi		Jul		White	13. ORG	ANIZATION UN	IT AND UIC/CODE	
11. TOTAL Y SERVICE	I		12, AGEN	ICY //VC	ni-servi	ce wenib	513 UI	<i></i>						
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14.a. RATING	OR SPECIA	ALTY (Avi	lators Only)	- [1	. TOTA	AL FLYING					c. LAS	SIX MONTHS		
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15.a. SERVIC		1	OMPONENT			POSE OF				oard Other		ide ZIP Code)		
Army	Coast Guard		Active Duty	′ –		stment nmission		}	cal Bi emen					
Navy	0		Reserve	-		ention				ce Academy	1			
Air Ford	-	_	National Gu	ard		aration				olarship Program				
		N (Cher	ck each iten	in app			Enter	- "NE"	if no	t evaluated.)				
							Nor- mal	Ab- norm	NE	44. NOTES: (Des	cribe every	abnormality in	detail. Enter pertinent item	≀ onal
17. Head, fa	ce, neck, an	d scalp								number before sheets if nece		iment. Continu	e in item 73 and use additio	mai
18. Nose										Sheeta ii need	550 <i>1 y</i> .)			
19. Sinuses														
20. Mouth a														
21. Ears - Ge	eneral <i>(Int. a</i>	nd ext. ca	anals/Audito	ry acui	ty unde	r item 71,	 							
22, Drums (/			- Lasfanatio	n undo	r itoms	61 - 631								
23. Eyes - G		al acuity a	and refractio	n unde	i items	07-00/								
24, Ophthalr 25. Pupils (E		reaction												
26, Ocular m			rallel mover	nents, i	nystagn	nus)								
27. Heart (T										ļ				
28. Lungs ar														
29. Vascular	system (Va	ricositles,	, etc.)											
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36. Spine, o														
37. Identifyi			, tattoos							1				
38. Skin, lyr										-				
39. Neurolo	gic									4				
40. Psychiat	tric <i>(Specif</i> y	any pers	onality devia	tion)						4				
41. Pelvic (/	emales only	1								35. FEET (Contin	nued) (Circ	e category)	a an	· · · · ·
42. Endocrir	ne		ACE (DI	04-1-1	n Hac	dental fo	m if e	omnle	L	Normal Arcl		Mild	Asymptomatic	
43, DENTAL		AND DISE	by der	tist. If	dental	examinati	on no	t done	by	Pes Cavus		Moder		
Accep	table		dental	officer,	. explair	n in Item 4	44.)			Pes Planus		Severe	Symptomatic	

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P1-3

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LAST NAME	- FIRST I	NAME - MI	IDDLE N	IAME (SU	FFIX)							SOCIAL S	ECURIT	Y NUR	/IBER		
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S. SIMALI			b. Sug														
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19. HIV		···															
50. DRUGS																	
51. ALCOHO	L																
52. OTHER																	
a. PAP SM	EAR																
b.																	
с.]	Lager could the			
							SUREMENTS			DINGS		IPERATUR	<u>с Б</u>	7. PUL	SF		
53. HEIGHT	54. \	NEIGHT	55. M	IN WGT -	MAX W	GT		MAX BF 9	%		56. TEN	IPERATOR		7. FUL	01		
		lbs.							0.11			ER VISIO					
58. BLOOD I	RESSUR	₹E	·				59. RED/GRE					IER VISIOI	N ILSI				
a, 1ST	b, 21	ND		c. 3RD		ŀ	Make s	ure F	RED/C	JRE	EN						
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65. ACCOM		1			NP COL			/14			rected			1	ected		
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68, FIELD O	FVISION	4				00, 141					0.D			0.s			
71a, AUDIO		Li-it Cari	al Numb		l		71b, Ur	it Serial N	lumber					72a	READ		LOUD
		YYYYMML							YYYMMD	 D)					TEST		
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HZ	500	1000	2000	0000			Right				1			72b	. VALS	ALVA	-
Right							Left								SAT		UNSAT
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12-1 P3-3

AST NAME - F	IRST NAME - N	MIDDLE NAME	(SUFFIX)							SOCIAL SECU	RITY NUMI	BER	
4.a. EXAMINE	E/APPLICANT	(check one)	ble to	attan	J	75.	l have be	en advi	sed of r	ny disqualifyiı	ng conditi	on.	
IS QUALIF	ied for serv Jalified for	ICE	niper '			a.	SIGNATUF	RE OF EX	AMINEE			b. DATE (Υ)	YYYMMDD)
PHYSICAL PR									x	PROFILER IN		DATE (YY)	YYMMDD)
Р	U	L		H	Ε		S	· · · ·	<u> </u>	PROFILENT		Diffetti	
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	T OR DISQUA	LIFYING DEFE		ICD	PRO		J DATE	QUALI-	DIS- QUALI-	EXAMINER	WA	IVER RECE	VED
EM MEI O.	DICAL CONDIT	ION/DIAGNOS	sis	CODE	SER		YYMMDD)	FIED	FIED	INITIALS	SERVICI	E DATE (YYYYMMD
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	OF DEFECTS	AND DIAGNO	SES (List dia	agnoses w	vith item nu	imbers) (U	se addition	al sheets	if nece	ssary.)			
9. MEPS WOI	RKLOAD (For A	ST		(YYYYMML	INIT	IAL	WKID)		ST	DATE ()	YYYYMMDD)	INITIA
WIND											<u> </u>		
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O. MEDICAL	NSPECTION D	ATE HT	- WT	<u>%8</u> ⊦	MAX WI	HCG			<u> </u>				
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1.a. TYPED O	R PRINTED NA	ME OF PHYSI	CIAN OR E	XAWIINER			, ordi	IA, OIL					
2.a. TYPED O	D OR PRINTED NAME OF PHYSICIAN OR EXAMINER				b, SIGN	IATURE							
3.a. TYPED C	R PRINTED NA	ME OF DENT	IST OR PHY	'SICIAN (//	ndicate whi	ich)	b. SIGN	IATURE					
	R PRINTED NA						b. SIGN						
35. This exa	mination has	been admini	stratively	reviewed	for comp	leteness	and accu	racy.					
a. SIGNATU							b. GRA	DE		c. DA	TE (YYYYA	γμνισσι	
	GRANTED (If ye	es, date and b	y whom)							I	8	7. NUMBER ATTACH	I OF IED SHEE
YES -											1		
NO												Page 3	3 of 3 Pag

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DD FORM 2808, OCT 2005

12-2 P1-3

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REPORT OF M This information is for official and medically confidentia	1			will not be released to inalithorit	zed persons.)	OMB No. 0704-0413 OMB approval expires Aug 31, 2014
the public reporting burden for this collection of information is estimated to aver a maintaining the data needed, and completing and reviewing the collection cluding suggestions for reducing the burden, to the Department of Defense, V surveys Weshindron D.C. 2030.1.155 (0704.0413), Respondents should be av	rage 10 of inforr Washing ware tha	minute mation. ton He at notwi	s per Sen adqui ithstar	response, including the time for reviewing insu- nd comments regarding this burden estimate o arters Services, Executive Services Directorate nding any other provision of law, no person sha	or any other aspect of a, information Manage all be subject to any pe	isting data sources, gamenry this collection of information, ement Division, 1155 Defense malty for failing to comply with OON PAGE 2.
LEASE DO NOT RETURN FOOR FORM TO THE ABOVE					Administra	
UTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 939 RINCIPAL PURPOSE(S): The primary collection of this information assist DoD physicians in making determinations as to acceptability rescreening form (DD 2807-2). An additional collection of informatio tness of a current member and if separation is warranted. Complete naIntained by each of the Services.	97, as a n is from y of app on using ed form y.defens	amend n indiv olicants g this is are se.gov	ied (S /idual s for i form covei //blan	military service and verifies disqualifying occurs when a Medical Evaluation Boarc red by recruiting, medical evaluation boa nket_uses.shtml apply to this collection.	d is convened to de ard, and official milit	atermine the medical ary personnel file SORNs
rmed Forces. An applicant's SSN is used during the recontinent pro- rember, failure to provide the information may result in the individual	l being	place	d in a	a non-deployable status.The SSN of an A	Armed Forces mem	ber is to ensure the
VARNING: The information you have given constitutes and 10,000 fine or both), to anyone making a false statement. It pased on a false statement, you can be tried by military court onorable discharge that would affect your future.	official If you a ts-mar	state are se rtial o	emen electo r me	nt. Federal law provides severe pen ed for enlistment, commission, or er bet an administrative board for disch	arge and could r	eceive a less than
LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)			2. SC	DCIAL SECURITY NUMBER	3. TODAY'S DAT	re (Yyyymmdd)
I.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP C	Code)		5. E	XAMINING LOCATION AND ADDRESS	G (Include ZIP Cod	e)
b. HOME TELEPHONE (Include Area Code)						The onder Componently
X ALL APPLICABLE BOXES:					7,a. POSITION (Title, Grade, Component)
6.a. SERVICE b. COMPONENT c. PURPO	OSE OF	F EXA	MIN			
Army Coast Regular Enlis	stment	F		Medical Board Other (Specify)	b, USUAL OCC	UPATION
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DD FORM 2807-1, AUG 2011

DoD exception to SF 93 approved by ICMR, August 3, 2 PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 8.0

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 16.a. Dizzness or faining spelis O b. Frequent or severe headache O c. A head hjury, memory loss or annesia O d. Paralysis O d. Paralysis O G. A perido d'unconsclousness or concusion O H. Menigitis, encephalis, or other neurological problems O H. Andre Vou bod pressure O B. A perido d'unconsclousness or concusion O B. A perido d'unconsclousness or concusion O B. Aneingits, encephalis, or otter neurological problems O C. Pain or pressure in the chest O D. Hay to blod pressure O T.A. Nervous trouble of any sort (anxiely or panic attacks) O H. Hay to vo blod pressure O T. B. Revoked counseling of any type O C. Loss of memory or annesia, or neurological symptoms O F. Reacked counseling of any type O G. Depression or axcessive worry O G. Beer evaluated or treated for a mental cordilion O Haye you ever had	
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 a. Paraysis a. Seizures, convulsions, epilepsy or fits b. Seizures, convulsions, epilepsy or fits c. rability to stand, sit, kneel, lie down, etc. d. Cher 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, for what?) 22. Have you ever been a patient in any type of hospital? 22. Have you ever been a patient in any type of hospital? 22. Have you ever been a patient in any type of hospital? 22. Have you ever been a patient in any type of hospital? 22. Have you ever been a patient in any type of hospital? 22. Have you ever been a patient in any type of hospital? 23. Have you ever bad, or have you been advised to have a occurred.) 24. Have you ever had, or have you been advised to have a already noted? (If yes, specify when, where, and give age a cocurred.) 23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give age a cocurred.) 24. Have you ever had any illness or injury other than those already noted? (If yes, give complete addres of doctor, hospital, clinic, and details.) 24. Have you ever been reated by clinic, physician. 25. Have you ever been discharged from military service for any reason? (If yes, give camplete addres of doctor, hospital, clinic, and details.) 26. Have you ever been discharged from military service for any reason? (If yes, give date and reason for regiction.) 27. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharg whether honorable, other than honorable, for unifitness and type of discharg whether honorable, other than honorable, for unifitness 28. Have you ever been denied life insurance? 29. EXPLANATION OF "YES" ANSWER(S) (Descri	
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12-2 P 3-3

ST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
· · · · ·	
EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DA	TA (Physician/oractitioner shall comment on all positive answers in
questions 10 - 29. Physician/practitioner may develop by interview any add significant findings here.)	ditional medical history deemed important, and record any
COMMENTS	
·	
. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial) c. SIG	NATURE d. DATE SIGNED (YYYYMMDD)

r			·····		
			STATUS EVALUAT		
	For use of this	s form see, AR 40-60	; the proponent agency i	is OTSG.	••••••••••••••••••••••••••••••••••••••
· · · · · · · · · · · · · · · · · · ·	SI	ECTION I - REASON			we start a start -
Self-Referral			Advanced Training	Application	
Command-Dire	cted Behavioral Health Evaluation			in Sep under AR 635-2	200, Chapter
Hospital Discha	irge		MMRB/MEB		
Other:	annanias (************************************				
		SECTION II - FITN			1.011 BMA - 1
	RAL HEALTH STANDPOINT, THE A including deployment.	BOVE SERVICE M	EMBER IS DEEMED:		
Possibly non-de	ployable due to prescribed medicatior	ns. Command surged	on waiver 🔄 is 📄 is n	ot recommended.	
Requires tempo	prary duty limitations and will likely red	quire behavioral hea	ith treatment to be restor	ed to full duty.	
Unfit for duty du	ue to a personality disorder or other m	ental condition that	does not amount to a me	edical disability.	
Unfit for duty du	ue to a serious mental condition that is	s not likely to resolve	e within 1 year.		
Further assess	ment is needed to determine fitness for	or duty.			
	SECTION III - PER	TINENT FINDINGS	ON MENTAL STATUS E	EXAMINATION	
	No obvious impairments 🦳 Mildly im	paired Modera	tely impaired Severe	ely impaired	
	ooperative Uncooperative Ma	anipulative 🗌 Host	ile Suspicious	Bizarre	
PERCEPTIONS:	Normal Hallucinations De	lusions Obsess	ions		
	Unlikely to be impulsive 🗌 Occasi	ionally impulsive	Frequently impulsive		
DANGEROUSNES	S: None Suicidal Thoughts	Homicidal The	ughts Suicidal Inten	t 🔄 Homicidal Inte	ent
OTHER:	· · · · · · · · · · · · · · · · · · ·				
		SECTION IV - I	PRESSIONS		
IN MY OPINION, T	HIS SERVICE MEMBER:				
jaan ka	d and participate in administrative pro				
	the difference between right and wro	-	Fuelvetier Deerd)		
a contraction of the second	retention requirements (i.e., does not r examination or testing to finalize dia				
Other:		ignoolo and recomm			
	SECTION V - DIAGNOSES	(ONLY THOSE RE	QUIRED FOR ADMINIS	TRATIVE PROCESSI	NG)
AXIS I (psychiatric	conditions):				
AXIS II (personality	v & intelligence disorders):			••• • • ••••••••••••••••••••••••••••••	
AXIS III (medical co	onditions):				
	-				
		PATIENT INF	ORMATION		
Patient Name:				Rank/Grade:	Status:
Prefix:	DOB (YYYYMMDD):	Sponsor SS	N: I	MTF Code:	Date:
PATIENT'S IDENTI	FICATION (For typed or written entrie	əs, give: Name - las	t, first, middle; grade; da	te; hospital or medica	l facility)
	· · · · · · · · · · · · · · · · · · ·				

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	SECTION VI - PROPOS	SED TREATMENTS		
None				····
Follow-up appointments:				
Clinic:	Phone No:	Location:	Date:	Time:
Recommend command referral to: Unit Chap	lain ASAP FAP		··· I	_
	SECTION VII - RECOMME	NDED PRECAUTIONS ecessary by a Behavior Heath P	Provider)	
None. Ensure the service member attends all follow-up	appointmente			
Assigned duties should be relatively low-stress a	· •	andorshin rosponsibilition		
		i have day(s) off per week.		:
Restrict access to or disarm all weapons and am				
Prohibit the use of alcohol as alcohol is a CNS d				
		(
Inspect the service member's quarters and secu	re all hazardous items (e c	nills knives razors weapons	etc.)	
Move the service member into the barracks.		, pilo, kintos, idzolo, vedpolis,	, 6(6.).	
Secure all medications and dispense no more that	n days' worth at a tim	ıe.		
Prohibit contact between the service member and			prevent harm to self o	r other individual.
Provide increased supervision (i.e., have someo	ne check in with service m			
Assign someone to monitor the service member e	very hours from first	formation until lights out, and		
ensure he/she does not sleep in a room alone or	·			
Provide continuous 24/7 monitoring (e.g., to prev	ent self-injurious behavio	r, harm to others, substance use	, etc.).	
Other:				
· - · · · · · · · · · · · · · · · · · ·	SECTION VIII - ADDITI	ONAL COMMENTS		
A Temporary Profile with an "S" rating of	is hereby activated		•	
The service member has been screened for Pos comprehensive evaluation. Results of the screer		er and mild Traumatic Brain Injur	y. All positive screens	require a
Post Traumatic Stress Disorder Screening:				
		Positive Negative		
Service member was referred for:		_	on.	:
Mild Traumatic Brain Injury Screening:		sitive Negative		
Service member was referred for:	•			
The service member may participate in PT as all				
The service member meets psychiatric criteria for		separation IAW Chapter 5-1	3 or Chapter 5	5-17 of AR 635-200
(or equivalent regulation from his/her branch of S	· · · · · · · · · · · · · · · · · · ·		······	
	(See Additional Com	ments on Page 3)	******	
	PATIENT INFO	RMATION		
Patient Name:		Rank/Gra	ide:	Status:
Prefix: DOB (YYYYMMDD):	Sponsor SSN	: MTF Cod	e: []	Date:
PATIENT'S IDENTIFICATION (For typed or written of				·····
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SECTION VIII - AI	DITIONAL COM	MENTS (Continued fi	rom previous page)	
Service member does not have a severe mental disord character, behavior and adaptability (i.e., personality d	der and is not consi		· · · · · · · · · · · · · · · · · · ·	ng-standing disorder of
The Service-member has a condition that is likely to in will ensure prompt notification to the Army Central Clear via the Joint Personnel Adjudication System (JPAS) or	npair his/her judgmo arance Facility IAW	AR 380-67 DA Perso	onnel Security Program, by provid	cked, Commanders ding an incident report
It is the professional opinion of the undersigned that th disciplinary action or reclassification), or to any behavior				uch as transfer,
The service member manifests a long-standing, chron (Provide detail for the option you choose in the remark			stment Disorder) as characterize	d by:
The service member shows no evidence of a disorder advanced military training.	that would limit his/	her potential to succe	ed in the military. He/she is clea	red to participate in
The service member has been screened for Post Trau present, do not meet AR 40-501 criteria for a medical e when determining final disposition.	matic Stress Disord evaluation board. C	ler and Traumatic Bra ommand is advised t	ain Injury. These conditions are e o consider the influence of these	ither not present or, if conditions, if present,
If the service member shows signs of further deterioral	tion, command sho	uld call: Name:		and Contact
Information:	, during d	uty hours. After hours	, they should escort the service r	member to the nearest
Service member has been screened for substance use Findings:	e disorders (i.e., alc	ohol and drugs).		
Other:	REM	ARKS		
	CODAL UTAL TH			
BEHAY Behavioral Health Provider's Signature	Date	PROVIDER SIGNAT	FURE(S) Supervisory Co-Signature	Date
Benavioral Health Froncer's Dignature	Date		Supervisory Co-Signature	Date
	PATIENT IN	FORMATION		
Patient Name:			Rank/Grade:	Status:
Prefix: DOB (YYYYMMDD):	Sponsor S		MTF Code:	Date:
PATIENT'S IDENTIFICATION (For typed or written entrie	es, give: Name - k	ast, first, middle; grad	de; date; hospital or medical fac.	ility)

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NAME (Last, First, MI) GENDER GENDER GENDER GENDER GENDER C 1/29 Sinjber Course TEST THRE AGE DATE AGE DATE AGE DATE AGE DATE AGE NonPOSITION HEIGHT (IN BODY FAT: BODY FAT: BODY FAT: BODY FAT: NCHES) WEIGHT: BODY FAT: NCHES) BODY FAT: BODY FAT: INCHES) WEIGHT: BODY FAT: BODY FAT: BODY FAT: NCHES) WEIGHT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: INCHES) WEIGHT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT: BODY FAT:	IAME (Last, First, M) IST SCOFECAT ant agency is TRADOC. INIT C INIT TEST TWO TEST TWO TEST TWO TEST TMO TION INIT ORDE AGE	NAME (Last, First, Mi) GENDER C 1/29 Sniper Course TEST THRE AGE Date GRADE AGE Date AGE AGE OMPOSITION HEIGHT (IN BODY FAT: NEIGHT: BODY FAT: BODY FAT: NOTGO BODY FAT: NICHES) NIEIGHT: BODY FAT: BODY FAT: INCHES) MEIGHT: NICHES) NIEIGHT: BODY FAT: BODY FAT: INCHES) MEIGHT: NICHES) NIEIGHT: BODY FAT: BODY FAT: INCHES) MEIGHT: INCHES) NIEIGHT: NICHES) BODY FAT: INCHES) MEIGHT: INCHES) NIEIGHT: NICHES) Inc MEIGHT: INCHES) NICHES) NICHES) NIEIGHT: NICHES) Inc POINTS PU RAW SCORE INTIALS POINTS POINTS POINTS SU RAW SCOR	INVALE (LAST, Freet, M/) GENDER GENDER GENDER GENDER GENDER CL/29 Shiper Counse Image: Counse Image: Counse Counse Image: Counse Image: Counse Image: Counse Counse Image: Counse Image: Counse Image: Counse Counse Image: Counse Counse Image: Counse Image: Counse Image: Counse Image: Coun	IMME (Last, Fist, M) GENDER GENDER GENDER GENDER GENDER OT TEST FOLK C 1/29 Suiper Course OP OMPOSITION HEIGHT (IN BODY FAIT: BODY FAIT: NICHES) BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: DOINTS BODY COMPOSITION HEIGHT (IN BODY COMPOSITION BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: BODY FAIT: BODY FAIT: BODY FAIT: BODY FAIT: DOINTS BODY FAIT: BODY FAIT: BOD								and the second s			
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DEPARTMENT OF THE ARMY C COMPANY, 1st BATTALION 29TH INFANTRY REGIMENT 316TH CAVALRY BRIGADE 10431 WARE AVENUE, BUILDING 4966 FORT BENNING, GEORGIA 31905-4420



REPLY TO

ATTENTION OF

ATSH-INB-C

7 April 2016

MEMORANDUM FOR RECORD

SUBJECT: Commander's Recommendation to attend Sniper School

1. The below listed individual(s) have been tested and checked and are fully prepared to attend Sniper School.

Doe, John Q.	SGT	123-45-6789
Buck, Joe J.	SGT	987-65-4321

2. These soldier(s) have passed the following qualifications and trained on the following tasks prior to attending the Basic Sniper Course

-Passed the Army Physical Fitness Test with 70% in each event for their age group and able to pass HT/WT IAW the standards set in AR 600-9

-Quilfied expert with their assigned weapon within the last 6 months

-No prior record of Drug/Alcohol Abuse, Misconduct, or any other actions punishable under UCMJ.

-Has a GT score of 100 or above

-Has one (1) year retainabilty upon completeion of Sniper School training

-071-326-0512 (*) Estimate Range

-071-028-0060 (*) Detect Targets Based on Target Indicators

-071-028-0064 (*) Employ Movement as a Sniper (Stalking)

- 3. Myself or my duty appointed representative has inspected and confirmed the these soldier(s) meet the criteria to attend the course set forth by the United States Army Sniper School.
- 4. POC for this memorandumis the undersigned at 111-555-1234 or john.smith@us.army.mil.

JOHN R. SMITH CPT, IN Commanding

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD (Reference: Joint Travel Regulations (JTR), Chapter 3)	PERSONNEL	1. DATE OF REQUEST (YYYYMMDD)
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