

NOV 2021

ARIZONA AIR NATIONAL GUARD 161ST AIR REFUELING WING



UNDERGRADUATE PILOT TRAINING APPLICATION WORKBOOK

161st Air Refueling Wing
3200 East Old Tower Rd.
Phoenix, AZ 85034-7263

Arizona Air National Guard
Headquarters 161st Air Refueling Wing
Phoenix Arizona

This application workbook contains information regarding your application for Undergraduate Pilot Training with the Arizona Air National Guard in Phoenix. It contains the eligibility and application requirements. It also includes all of the important information that you will need to be considered for an interview.

The 161st Air Refueling Wing is located on the south side of Phoenix Sky Harbor International Airport. Our primary mission is in-flight refueling. The unit is comprised of one flying squadron, the 197th ARS flying the KC-135R aircraft. The unit employs about 900 Traditional Guardsmen and about 300 full-time personnel.

We routinely fly 2-4 local sorties daily and 1-2 aircraft are deployed stateside or overseas at any given time. In peacetime the 161st ARW is assigned to the State of Arizona serving the Governor as our Commander in Chief. If the unit is federally activated for any reason, our Commander in Chief is the President of the United States.

If selected for a pilot position, your obligation to the Air National Guard will be 10 years of service upon completion of training. You will be required to fly at least 4 sorties per month, attend 1 drill weekend each month and be available for off base deployments each quarter.

The Wing convenes a selection board once each year and will normally select two primary candidates and possibly an alternate. **Selection as an alternate does not guarantee future selection for a training slot. If you are not selected as a primary candidate, you will have to compete with all other applicants again on future selection boards.**

Questions regarding the application process may be directed to pilots in the Operations Group.

ARIZONA AIR NATIONAL GUARD UNDERGRADUATE PILOT TRAINING APPLICATION WORKBOOK

This workbook describes the application process for individuals interested in becoming a pilot in the Arizona Air National Guard. Individuals must meet the requirements established by the United States Air Force and those of the Arizona Air National Guard.

ELIGIBILITY

AGE: Candidates must be in pilot training prior to their 33rd birthday. Age waivers will be evaluated on a case by case basis.

EDUCATION: A bachelor's degree from an accredited four-year college or university is required. **If you are enrolled in your final semester at the time of the interview, your application will be considered.**

PCSM score: The Air Force has developed a composite scoring system to help select candidates who have aptitude for completing the flight training programs. This system is called PCSM. The PCSM score takes input from various factors, including education, flying hours, the AFOQT pilot score, and a hand-eye coordination test called the TBAS. The PCSM and TBAS information can be found at the official AFPC website <http://access.afpc.af.mil>. Additional information about the test can be found here: <https://bogidope.com/upt/the-pilot-candidate-selection-method-pcsm-score-explained-part-1/>

AFOQT: The Air Force Officers Qualification Test is mandatory prior to your application being considered. This test takes approximately 4 hours and may be scheduled through the Luke AFB Base Education Center (contact info available here: <https://www.military.com/base-guide/luke-air-force-base/contact/adult-education-center/5619>). Additionally, the test can be taken at the Military Entrance Processing Center in downtown Phoenix. This may be an easier option as it does not require an escort as Luke AFB does. The MEPS information can be found here:

<https://www.mepcom.army.mil/Units/Western-Sector/7th-Battalion/Phoenix/>

If you do not reside in Arizona, call a local Air Force recruiter to schedule this test. Minimum Scores required are:

PILOT: 25

CSO: 10

VERBAL: 15

QUANTITATIVE: 10

These scores are minimum scores required to pass the AFOQT test. The scores of this test are a factor in the interview process. It is strongly recommended that you prepare for this test. You will find study material at most bookstores and libraries that carry SAT preparatory material. Additional information on the AFOQT can be found here: <https://bogidope.com/upt/the-air-force-officer-qualifying-test-afqot-explained-part-1-2/>

TBAS TESTING: The Test of Basic Aviation Skills (TBAS) is a hand-eye coordination test usually done at an Active Duty Air Force Base or a ROTC location. It may be provided at MEPS as well. The TBAS test is mandatory prior to your application being considered. Your AFOQT test needs to be completed two weeks prior to taking the TBAS test. More information about the TBAS test can be found here: <https://bogidope.com/upt/the-pilot-candidate-selection-method-pcsm-score-explained-part-1/>

These tests (AFOQT, and TBAS) can be self-scheduled in your local area. In the Phoenix area, contact the testing center at Luke AFB, DSN 896-2253, commercial 623-856-2253, or the Luke AFB Base Education Center, DSN 896-7722 or commercial 623-856-7722. The downtown Phoenix MEPS (<https://www.mepcom.army.mil/Units/Western-Sector/7th-Battalion/Phoenix/>) also provides both the AFOQT and the TBAS tests.

PHYSICAL: All pilot applicants must be in excellent physical and psychological health. You must include in your application the Medical Prescreening Form, which is provided in this workbook. Minimum vision requirements are 20/70 corrected to 20/20. You must have full hearing in both ears and meet height and weight standards.

MORAL STANDARD: This section involves criminal history. A local application is included in this workbook. Any law violations, including juvenile offenses and traffic violations must be documented on this application. Law violations do not necessarily disqualify an individual, **but non-disclosure of any offense is disqualifying.** If selected, a federal background check will be initiated as part of the security clearance requirement.

APPLICATION PACKAGE: This workbook includes the items that are mandatory in your application package. **A package will only be considered for an interview if it is complete.** For any required item that is not included, you must attach a letter of explanation.

Important dates:

- 1) 27 Sep 21 - Deadline for Application
- 2) 02 Oct 21 - Meet & Greet
- 3) 06-07 Nov 21 - Interview Board



PILOT APPLICATION PACKAGE REQUIREMENTS

MANDATORY

1. **Cover Letter (Addressed to: 161 ARW Undergraduate Pilot Training Board)**
2. **Resume**
3. **AFOQT Test Results (Print out AFPC score results page)**
4. **PCSM score (Print out AFPC score results page)**
5. **College Transcripts (Official Transcripts may be required upon request)**
6. **Local Application (Contained in this workbook)**
7. **Medical 2807 Form (Contained in this workbook for reference; newer version online (link below))**
8. **One to three (1-3) Letters of Recommendation**
9. **If you are prior Military Service, you must include your discharge paperwork and/or most recent evaluation report.**
10. **If you have flight experience, a copy of your licenses and the last page of your logbook.**

NOTE: Candidates should have obtained their civilian private pilot license. Please provide copies of any pertinent flying qualifications that you have.

The importance of a completed package cannot be overstated, however, do not include additional extraneous information. The Selection Board will only review the items listed above during the selection process. **Please do not laminate the pages of your application or put individual pages in sleeves.** We will make copies of packages of those candidates selected for interview, and being able to disassemble them makes them easier to copy.

Mail or hand-carry a hard copy of your complete package to the 161st ARW / Operations at the following address:

161st Air Refueling Wing
Operations Group, Building 26
Attn: Maj Joel DeConcini
3200 East Old Tower Rd.
Phoenix, AZ 85034-7263

The most important thing is to ensure we received your application. It is your responsibility to ensure that our office received your applications. If you send us an e-mail we will send you a message indicating that we have received your application and are reviewing it.

We realize the application process is time consuming, and we do our best to honor highly qualified candidates with interviews. Good luck and we wish success for all applicants.

For questions call 602-302-9030, (DSN) 853-9030, or e-mail to: 161ARWpilothing@gmail.com

INTERVIEWS

Normally we will interview approximately 10 candidates per interview board. Generally, the 161st is allocated 1 to 4 class slots each fiscal year. Applicants will be rated based on military experience, aviation experience, professionalism, local ties, military scores, college background, application quality, communication skills and your answers to a number of questions. The board will also be directed to eliminate any applicant who they conclude to be not suited for commissioning for flight training.

SELECTION PROCESS

The applicants with the highest ratings will have their applications forwarded through command channels for review and approval. Final approval rests with the US Air Force. To follow is the selection process:

IF SELECTED AS A PILOT CANDIDATE

- The applicant will be required to take and pass an Air Force Flying Physical administered at Wright Patterson AFB, OH
- Applicant will be required to complete and submit a Top Secret Security Clearance Survey.
- Non-Prior Service candidates will be enlisted into the unit until graduation from Total Force Officer Training (TFOT) as a Second Lieutenant.

Please note: The amount of coordination and paperwork required for a candidate can be very demanding. You must be prepared for no-notice trips to the 161st to sign paperwork, provide copies of documents, testing etc. Generally, the approval process takes 6-9 months, possibly longer. The approval process will go through the chain of command starting with the 161st Air Refueling Wing followed by the AZ State Headquarters, Air National Guard Headquarters, and United States Air Force Headquarters. Patience and flexibility will come in handy. **All trips to the 161st ARW to complete the application/selection process will be at the candidate's expense.**

PILOT TRAINING PROGRAM

If you are selected as a Pilot Candidate, you will be required to complete the mandatory initial training that will require approximately 1 to 2 years to complete. Acceptance of this commitment should not be taken lightly. Successful completion of this training program requires dedication, long hours and strong support from your family. Your family should be fully aware of and prepared for this demanding period. Feel free to make an appointment for you and your spouse (if applicable) to talk with someone at the unit about the pilot training program. The following is a breakdown of this training.

IFT: Initial Flight Training is required if you do not have your Private Pilot's License. You will be required to complete an Air Force flight screening course in Pueblo, CO before going to TFOT.

4 Weeks

Medical Flight Screening: This is a physical evaluation at Wright-Patterson Air Force Base.

4 Days

TFOT (Total Force Officer Training): Officer Training School, Maxwell AFB, AL.

8 Weeks

UPT (Undergraduate Pilot Training): Initial Flight School including academic preparation and training in the T-6 and T-1 aircraft.

52 Weeks

Water Survival Training: Fairchild Air Force Base, Spokane, Washington.

5 Days

Combat Survival Training: Fairchild Air Force Base, Spokane, Washington.

17 Days

Pilot Initial Qualification Training: KC-135 CCTS (Combat Crew Training School), Altus Air Force Base, Altus, Oklahoma

20 Weeks

NOTES

All of the above training will be paid training. Families are not permitted to accompany you to TFOT. Therefore, any family members that join you will do so at their own expense.

Training is conducted in several locations throughout the nation, and is subject to change. You will be informed of locations should you be selected.

Completion of the above training program currently carries a 10-year obligation with the Air National Guard.

It is highly preferred that you reside or plan to live within 50-100 miles of the base in Phoenix upon returning from training.

161st AIR REFUELING WING / AZ AIR NATIONAL GUARD LOCAL APPLICATION FOR PILOT

SECTION 1 PERSONAL INFORMATION

Name _____ SSAN _____

Address _____

Home Phone _____ Work Phone _____ E:Mail _____

Age _____ Birth Date _____ Marital Status _____

SECTION 2 EDUCATION

High School Graduate? YES NO College Graduate? YES NO Date of College Graduation _____

Name of College from which you graduated or are enrolled _____

Major _____ Grade Point Average _____

Type of Degree Received or pursuing _____

SECTION 3 MILITARY BACKGROUND (If you have never served in the military please skip to next section)

Branch, Unit and Location of current assignment or most recent assignment _____

Job Title _____ Rank _____ Security Clearance Level _____

Date of Enlistment/ Appointment _____ Date of Separation _____

Have you ever attended Flight Screening, Officer Training or Undergraduate Pilot Training for any branch of the Service and if so, did you graduate from the program? Explain _____

SECTION 4 FLIGHT BACKGROUND

Do you have a Private License YES NO Total Flying Hours Student _____

Do you have a Commercial Pilot License YES NO Total Flying Hours PIC _____

Do you have an Instrument Rating YES NO Total Hours _____

Type of Aircraft flown as student or PIC _____

SECTION 5 AFOQT and PCSM SCORES

PCSM: _____

AFOQT: Pilot _____ CSO _____ ABM _____ Acad Aptitude _____ Verbal _____ Quantitative _____

SECTION 6 PRIOR EMPLOYMENT (3 most recent employers)

1. Company _____ Position _____ Address _____

Phone _____ Dates Employed _____ Supervisor Name/Phone Number _____

Reason for Leaving _____ May We Contact YES NO

2. Company _____ Position _____ Address _____

Phone _____ Dates Employed _____ Supervisor Name/Phone Number _____

Reason for Leaving _____ May We Contact YES NO

3. Company _____ Position _____ Address _____

Phone _____ Dates Employed _____ Supervisor Name/Phone Number _____

Reason for Leaving _____ May We Contact YES NO

SECTION 7 REFERENCES (Need not to be the same as the letters of recommendation)

1. Name _____ Phone Number _____ May We Contact YES NO

How do you know this person? _____

2. Name _____ Phone Number _____ May We Contact YES NO

How do you know this person? _____

3. Name _____ Phone Number _____ May We Contact YES NO

How do you know this person? _____

4. Name _____ Phone Number _____ May We Contact YES NO

How do you know this person? _____

5. Name _____ Phone Number _____ May We Contact YES NO

How do you know this person? _____

APPLICATION CONTINUED

Are you a conscientious objector? YES NO (A conscientious objector is defined as one who refuses to serve in the Armed Forces or bear arms on the grounds of moral or religious principals.)

Are you a sole survivor? YES NO (A sole surviving son or daughter is the only remaining son or daughter in a family where a parent or one or more sons or daughters was (a) killed in action or died in the line of duty while serving in the Armed Forces (b) is in a captured or missing-in-action status or (c) is permanently 100% disabled, physically or mentally employed due to such disability. NOTE: Members may acquire and obtain sole surviving son or daughter status even if there are no other living family members. It does not depend on the existence of a family unit. A sole surviving son may have living sisters and a sole surviving daughter may have living brothers.)

Are you a United States Citizen? YES NO If no please explain _____

Are you currently enrolled in an advanced course or a scholarship program in ROTC? YES NO

Have you engaged in any act or acts designed to destroy or weaken the United States? YES NO

Are you under the influence of drugs or alcohol? YES NO

Are you an alcoholic? YES NO

If you are an alcoholic, have you completed a rehabilitation program? YES NO

Have you ever completed a drug rehabilitation program? YES NO

Do you have a history of mental illness? YES NO

Have you ever been charged, arrested, cited or held by any law enforcement agency to include juvenile offenses or traffic violations? YES NO If yes, please provide the nature of EACH offense, date of the incident, fines or sentencing and the final disposition.

Have you ever used, possessed, sold or transported any illegal drugs to include marijuana? YES NO If yes, please describe each drug used and the last time it was used. _____

In connection with my Application for Appointment in the Arizona Air National Guard, I certify that the proceeding is a true and correct statement of eligibility. I understand that any information purposely left out of my application may render me ineligible for a commission with the Arizona Air National Guard.

(Printed Full Name) (Date)

(Signature)



**Department of the Air Force
Arizona Air National Guard
161st ARW, Goldwater ANGB
3200 E Old Tower Rd, Phoenix AZ 85034**

**161st ARW Undergraduate Pilot Training
Board Announcement 2021 Summary Page**

Important dates

- a) 27 Sep 21 - Deadline for Application
- b) 02 Oct 21 - Meet & Greet
- c) 06-07 Nov 21 - Interview Board

1. Once we review the packages, we select approximately 10-12 candidates for an interview.
2. The Interview Board will meet on either Saturday, Sunday or both days to interview.
3. The following documents are required in each application package:
 - a) Cover letter addressed to: 161 ARW Undergraduate Pilot Training Board
 - b) Resume
 - c) Air Force Officer Qualifying Test (AFOQT) Scores
 - d) PCSM Score Sheet (combines flying hours, AFOQT pilot score and Test of Basic Aviation Skills scores)
 - e) College Transcripts
 - f) Local Application
 - g) Medical 2807-2 (See included document for reference only. Newer version of this document is online here: <https://www.mepcom.army.mil/Portals/112/Documents/PubsForms/Forms/f-0000-dd-2807-02.pdf>)
 - h) Letters of Recommendation (1-3)
 - i) If you are prior military service, you must include your discharge paperwork and/or most recent evaluation report.
 - j) Copies of pilot logbook totals, pilot certificate, FAA medical, etc. if applicable
4. Minimum AFOQT scores and Grade Point Averages (GPA) to qualify are:
 - Verbal 15, Pilot 25, Quantitative 10, CSO 10; no minimum GPA
5. Overall, we are looking for two things in a Phoenix Air National Guard pilot:
 - a) Someone who we believe can make it through the two years of rigorous training.
 - b) Someone who has the values, ethics, grit and attitude to have a 20+ year career in the Air National Guard.
7. You are welcome to visit the unit before the meet and greet. Drill weekends are best. Email 161arwpilothiring@gmail.com

Mail Applications to:

161st Air Refueling Wing
Operations Group, Building 26
Attn: Maj Joel DeConcini
3200 East Old Tower Rd.
Phoenix, AZ 85034-7263

THE DD FORM 2807-2 BELOW IS FOR REFERENCE ONLY—THERE IS A NEWER VERSION OF THIS DOCUMENT ONLINE FOUND HERE:

<https://www.mepcom.army.mil/Portals/112/Documents/PubsForms/Forms/f-0000-dd-2807-02.pdf>

The document is listed on this page as well: <https://www.mepcom.army.mil/Publications-and-Forms/View-Forms/>

**PLEASE REVIEW THE DOCUMENT BELOW,
BUT FILL OUT AND SUBMIT THE NEWER VERSION FOUND ONLINE.**

**INSTRUCTIONS FOR COMPLETING DD FORM 2807-2,
ACCESSIONS MEDICAL PRESSCREEN REPORT**

1. This form is to be completed by each individual who requires medical processing in accordance with Department of Defense Instruction (DODI) 6130.03, "Physical Standards for Appointment, Enlistment, or Induction" and DODI 1304.02, "Accession Processing Data Collection Forms." This form must be completed by the applicant with the assistance of the recruiter, parent(s), or guardian, as needed.

2. Replaces the existing medical prescreen form (DD Form 2807-2, AUG 2011). Additional questions have been added to improve its usefulness to the accessions medical pre-screening process. The questions are intended to provide the U.S. Military Entrance Processing Command (USMEPCOM) with health history information necessary to identify conditions commonly related to medical causes for separation during basic and follow-on training (per P.L. 105-85, Div. A, Title V, S 532).

3. Use of medical history information facilitates efficient, timely, and accurate medical processing of individuals applying for Service in the United States Armed Forces or United States Coast Guard. Positive responses do not automatically result in disqualification but are necessary to prompt further explanation that will be used to determine medical qualification. Medical history information assists USMEPCOM medical personnel in the medical prescreening of applicants. Accurate responses to all questions are critical and all positive responses must be fully explained. Applicant responses to questions may be verified using electronically obtained medical history by the USMEPCOM. Medical history information will be used by the Department of Defense for continuity of care purposes if and when an applicant accesses into the Armed Forces or Coast Guard. Supporting medical information in the form of historical medical records may also be attached to the Service member's medical record. Medical history information collected by the USMEPCOM during accession medical processing will serve as the foundation for a Service member's lifecycle medical treatment record.

4. The completed DD Form 2807-2 along with all substantiating and supporting medical documents must be delivered to USMEPCOM for review prior to scheduling the applicant for medical examination. All documents must be submitted for review in accordance with standards below. After review, the MEPS will notify the Recruiting Service of the applicant's status.

- 1 processing day prior for applicants with no positive medical history (all items marked "NO" with the exception of items 9 (glasses/contacts), 11 (defective color vision), and 20 (braces) which can be "YES").

- 2 processing days prior; for applicants with ANY positive medical history (other than those noted above) and 5 OR LESS single-sided pages of supporting medical documents.

- 3 processing days prior; for applicants with ANY positive medical history (other than those noted above) and MORE THAN 5 single-sided pages of supporting medical documents.

Secure electronic submission is preferable; if not feasible bring/mail to the nearest Military Entrance Processing Station (MEPS) which can be found at <http://www.mepcom.army.mil/battalions/index.html>. All supporting medical documentation must be present with the DD Form 2807-2 to meet the above timeframes for review. After review by a USMEPCOM provider, appropriate processing notification will be made.

5. If an applicant has been seen by any health care provider (HCP) and/or has been hospitalized for any reason, medical records/documentation must be obtained and submitted along with a medical release to USMEPCOM. Provide all medical documents via secure electronic submission (if possible) to the nearest MEPS. If hand-carried or mailed ensure they are sealed in an envelope marked: "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT"

a. If the applicant was evaluated and/or treated on an out-patient basis, obtain a copy of actual treatment records of the private medical doctor/healthcare provider including:

(1) office or clinic assessment and progress notes, including the initial assessment documents, subsequent evaluation and treatment documents, and record of date when released from care to full, unrestricted activity;

(2) emergency room (ER) report(s);

(3) study reports (e.g. x-ray, magnetic resonance imaging (MRI), Computerized Tomography (CT), etc.);

(4) procedure reports (e.g., arthroscopy, electroencephalogram (EEG; brain wave test), echocardiogram (ultrasound of the heart), etc.);

(5) pathology reports (e.g., tissue specimens sent to lab for microscopic diagnosis, abnormal PAP smear cytology, etc.);

(6) specialty consultation records (e.g., neurologist, cardiologist, OB/GYN, gastroenterologist, orthopedic surgeon, pulmonologist, allergist, etc.).

b. If the applicant was hospitalized, obtain a copy of the inpatient hospital record, to include (if any): ER report, admission history and physical, study reports, procedure reports, operative report (example: surgery to bone or joint), pathology report, specialty consultation reports, and discharge summary.

c. If an applicant has been diagnosed or treated for any attention disorder (Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), etc.), academic skills or perceptual defect, or had an Individualized Education Plan or 504 Plan, call/contact the MEPS medical department for additional instructions.

d. Obtain any and all documents relating to any evaluation, treatment or consultation with a psychiatrist, psychologist counselor, or therapist, on an inpatient or out-patient basis for any reason, including but not limited to counseling or treatment for adjustment or mood disorder, family or marriage problems, depression, treatment or rehabilitation for alcohol, drug, or substance abuse.

6. MEPS Chief Medical Officers (CMOs) may locally modify the above instructions and instruct recruiters on what supporting medical documents they require to complete the DD Form 2807-2 medical prescreen review, if doing so enhances the efficiency of medical processing and is consistent with DODI 6130.03 and USMEPCOM guidance.

7. If all attempts to obtain required substantiating and supporting medical documents fail, the recruiter must contact the MEPS medical department for guidance prior to submitting an incomplete medical prescreen packet.

ACCESSIONS MEDICAL PRESCREEN REPORT

OMB No. 0704-0413
OMB approval expires
Oct 31, 2017

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN).
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): DoD Blanket Routine Uses found at <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this use of this data.
DISCLOSURE: Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.
WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge."

SECTION I - APPLICANT

1. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)			2. AGE	4. SOCIAL SECURITY NUMBER	
5. HEIGHT (inches)	6. WEIGHT (lbs.)	7. MAX WEIGHT (lbs.)	8. SERVICE AND COMPONENT (X as applicable)		9. DATE (YYYYMMDD)
			<input type="checkbox"/> Army <input type="checkbox"/> USMC <input type="checkbox"/> Regular <input type="checkbox"/> Navy <input type="checkbox"/> USCG <input type="checkbox"/> Reserve Component <input checked="" type="checkbox"/> USAF <input type="checkbox"/> Other: <input checked="" type="checkbox"/> National Guard		
10. PURPOSE OF EXAMINATION (X as applicable)			11. POSITION (If a current Federal Employee)		12. USUAL OCCUPATION
<input checked="" type="checkbox"/> Enlistment <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Retention <input type="checkbox"/> Other (Specify)			(Job Title, Grade, Component)		

SECTION II - MEDICAL HISTORY. Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III (Pages 4 and 5).

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
EYES			LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM		
1. Double vision			22. Asthma		
2. Detached retina or surgery to repair a detached retina			23. Wheezing		
3. Cataracts or surgery for cataracts			24. Shortness of breath		
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)			25. Bronchitis		
5. Night blindness			26. Other breathing problems worsened by exercise, weather, pollens, etc.		
6. Glaucoma			27. Used inhaler(s) or steroids for breathing problem(s)		
7. Strabismus or "lazy eye" or any surgery to correct these			28. Chronic cough or frequent coughing at night		
8. Any other eye condition, injury or surgery			29. Collapsed lung or other lung condition		
VISION			30. History of chest, chest wall, or breast surgery		
9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)			HEART		
10. Loss of vision in either eye			31. Heart murmur, valve problem or mitral valve prolapse		
11. Color vision deficiency or color blindness			32. Palpitation, pounding heart or abnormal heartbeat		
EARS			33. Heart surgery		
12. Perforated ear drum or tubes in ear drum(s)			34. Pain or pressure in the chest		
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum			35. An abnormal electrocardiogram (EKG)		
14. Loss of balance or vertigo			36. Any other heart problems		
HEARING			ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM		
15. Hearing loss or wear a hearing aid			37. Stomach, esophageal or intestinal ulcer		
NOSE, SINUSES, MOUTH, AND LARYNX			38. Difficulty swallowing		
16. Ear, nose, or throat trouble including tonsillectomy			39. Frequent indigestion or heartburn		
17. Chronic sinus infections or recurrent nose bleeds			40. Gall bladder trouble or gallstones		
18. Absence of, or disturbance of sense of smell			41. Jaundice (except neonatal) or hepatitis (liver disease)		
19. Any surgery of your face, mandible or jaw			42. Rupture/hernia		
DENTAL			43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)		
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/sample format can be found in the Recruiter's Medical Guide.)			44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease		
21. Tooth or gum problems (other than cavities)			45. Rectal disease, hemorrhoids, or blood from the rectum		
			46. Hemorrhoid surgery		
			47. Bariatric surgery (weight loss surgery)		

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)					
SECTION II - MEDICAL HISTORY (Continued). Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III.					
CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
FEMALES ONLY:			SKIN AND CELLULAR		
48. A change of menstrual pattern (other than pregnancy)			93. Acne or psoriasis		
49. Pregnancy, abortion or miscarriage			94. Eczema		
50. Any abnormal PAP smear(s)			95. Atopic dermatitis		
51. Date of last PAP smear (YYYYMMDD)			96. Large or painful scars		
52. Diagnosed with endometriosis or ovarian cysts			97. Any other skin problems		
53. Evaluation, treatment or surgery for any other gynecological (female) disorder			BLOOD AND BLOOD FORMING TISSUES		
54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)			98. Anemia		
55. First day of last menstrual period (YYYYMMDD)			99. Blood clots requiring blood thinner medicine		
MALES ONLY:			100. Absence or removal of the spleen		
56. Missing a testicle, testicular implant, or undescended testicle			101. Prolonged bleeding (after an injury or tooth extraction)		
57. Varicocele, hydrocele, or any scrotal mass, swelling or pain			102. Any other blood or circulation problems		
58. Prostate problems			SYSTEMIC		
59. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)			103. Adverse reaction to medication (describe reaction in Section III)		
URINARY SYSTEM			104. Adverse reaction to serum, insect stings, or tree nuts		
60. Missing a kidney			105. Allergy to common foods (milk, eggs, fish, meat, etc.)		
61. Kidney stone, infection or disease			106. Allergy to wool, latex, or other material		
62. Kidney or urinary tract surgery of any kind			107. Tuberculosis or lived with someone who had tuberculosis		
63. Blood or protein in urine			108. Positive test for tuberculosis (PPD or blood test)		
64. Painful or difficult urination			109. Malaria		
65. Bedwetting or treatment for bedwetting (after childhood)			110. Disorder(s) of your immune system (including HIV)		
66. Hernia			111. Car, train, sea, or air sickness		
SPINE AND SACROILIAC JOINTS			ENDOCRINE AND METABOLIC		
67. Recurrent back pain or back problem			112. Thyroid trouble or goiter		
68. Herniated disk			113. High or low blood sugar		
69. Recurrent neck pain			114. Diabetes or told that you should be tested for diabetes		
70. Back or neck surgery			NEUROLOGIC		
71. Abnormal curvature of your spine (any part)			115. Cerebrovascular incident (stroke)		
UPPER EXTREMITIES			116. Frequent or severe headaches, including migraines		
72. Painful shoulder, elbow, wrist, hand or fingers			117. Taking medication to prevent headaches		
73. Dislocated shoulder, elbow, wrist, hand or fingers			118. Lost time from work or school due to frequent or severe headaches		
LOWER EXTREMITIES			119. A skull fracture		
74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)			120. A head injury, memory loss, or amnesia		
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)			121. A period of unconsciousness or concussion		
76. Painful hip, knee, ankle, foot or toes			122. Loss of memory or amnesia, or neurological symptoms		
77. Dislocated hip, knee, ankle, foot or toes			123. Paralysis		
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES			124. Meningitis, encephalitis, or other neurological problems		
78. Bone, joint, or other orthopedic deformity			125. Seizures, convulsions, epilepsy or fits		
79. Loss of finger or toe, or extra finger or toe			126. Dizziness or fainting spells		
80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint			127. Any other neurologic problems		
81. Impaired use of arms, hands, legs, or feet (any reason)			SLEEP DISORDERS		
82. Arthritis, rheumatism, or bursitis			128. Sleepwalking or narcolepsy		
83. Any swollen joint(s)			129. Frequent trouble sleeping		
84. Surgery on any joint/bone (including arthroscopy)			130. Sleep apnea or severe snoring		
85. Plate(s), screw(s), rod(s) or pin(s) in any bone			LEARNING, PSYCHIATRIC, AND BEHAVIORAL		
86. Pain or swelling at the site of an old fracture			131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)		
87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics			132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance		
88. Any other orthopedic, muscle, or sports injury problems			133. Diagnosed with a learning disorder, to include dyslexia		
VASCULAR			134. Received counseling of any type		
89. High or low blood pressure			135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)		
90. Raynaud's phenomenon or disease					
91. Deep Vein Thrombosis (blood clot; leg or elsewhere)					
92. Pulmonary embolism (blood clot in lung)					

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	
--	--

SECTION II - MEDICAL HISTORY (Continued). Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III.

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
LEARNING, PSYCHIATRIC, AND BEHAVIORAL (Continued)			SUPPLEMENTAL QUESTIONS (Continued)		
136. Been expelled or suspended from school			154. Any recent unexplained gain or loss of weight		
137. Been kicked out or removed from your home			155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)		
138. Been arrested or other encounters with law enforcement			156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section III.)		
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry			157. Have you ever been treated in an Emergency Room? (If "yes", explain in Section III.)		
140. Nervous trouble of any sort (anxiety or panic attacks)			158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and name of doctor and complete address of hospital in Section III.)		
141. Anorexia, bulimia, or other eating disorder			159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which occurred in Section III.)		
142. Habitual stammering or stuttering			160. Have you ever been rejected for military Service for any reason? (If "yes", give date and reason in Section III.)		
143. Have you ever purposely cut or harmed yourself			161. Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section III.)		
144. Have you ever attempted or considered suicide			162. Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section III.)		
145. Used illegal drugs or abused prescription drugs			a. Sensitivity to chemicals, dust, sunlight, etc.		
146. Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)			b. Inability to perform certain motions		
147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction			c. Inability to stand, sit, kneel, lie down, etc.		
148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience			d. Other medical reasons		
149. Any other learning, psychiatric, or behavioral problems			163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details in Section III.)		
TUMORS AND MALIGNANCIES			164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section III.)		
150. Tumor, growth, cyst, or cancer of any type					
MISCELLANEOUS					
151. Cold injury, frostbite or cold intolerance					
152. Heat injury, heat stroke or heat intolerance					
SUPPLEMENTAL QUESTIONS					
153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all in Section III.)					

SECTION III - APPLICANT COMMENTS. Explain all "Yes" answers to questions 1 - 164 above.

Begin with the Item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
--	---------------------------------

SECTION III - APPLICANT COMMENTS (Continued).

Empty space for applicant comments.

SECTION IV - HEALTH CARE PROVIDER/INSURANCE CARRIER CONTACT INFORMATION:
 Current Primary Care Physician(s)/Practitioner(s) and/or Clinic(s) where care is received and Current/Previous Insurance Carrier(s) information. Attach additional sheets if necessary.

1. CURRENT PRIMARY CARE PHYSICIAN(S)/PRACTITIONER(S) AND/OR CLINIC(S)

a. NAME(S) NONE	b. ADDRESS (Include ZIP Code)	c. TELEPHONE (Include AreaCode)
------------------------	-------------------------------	---------------------------------

2. PREVIOUS PRIMARY CARE PHYSICIAN(S)/PRACTITIONER(S) AND/OR CLINIC(S)

a. NAME(S) NONE	b. ADDRESS (Include ZIP Code)	c. TELEPHONE (Include AreaCode)
------------------------	-------------------------------	---------------------------------

3. CURRENT INSURANCE AND/OR PHARMACY BENEFIT MANAGER(S)

a. NAME(S) NONE	b. ADDRESS (Include ZIP Code)	c. TELEPHONE (Include AreaCode)
------------------------	-------------------------------	---------------------------------

4. PREVIOUS INSURANCE AND/OR PHARMACY BENEFIT MANAGER(S)

a. NAME(S) NONE	b. ADDRESS (Include ZIP Code)	c. TELEPHONE (Include AreaCode)
------------------------	-------------------------------	---------------------------------

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
--	---------------------------------

SECTION V - APPLICANT VALIDATION, AUTHORIZATION AND SIGNATURE

STOP AND READ: THE FOLLOWING STATEMENTS APPLY TO SIGNATURES IN SECTION V (BELOW)

I (we) , the undersigned:

Certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history.

Authorize and understand that a physical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), and that I will have blood work and/or other medical tests, procedures and/or specialty consultations performed as part of my processing. I understand that the results of the examination, tests, and consults will be reviewed and considered as part of my application file and are not performed as part of an individual healthcare treatment plan. The MEPS medical staff are not my healthcare providers. If I do not receive notice of an abnormal test or consult, I am not to assume that the results are normal. Furthermore, if any test or consult results are abnormal, I am responsible for obtaining those results from the MEPS and for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS to discuss medical results, it is my responsibility to take quick action to return to the MEPS to speak with the Chief Medical Officer (CMO). Any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).

Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.

Authorize the Department of Defense (DoD) to request holders of medical/behavioral health data (including but not limited to healthcare providers, clinics, hospitals, insurance companies, pharmacy benefit managers, pharmacies, health information exchanges, and federal and state agencies) to release to the DoD medical authority a complete transcript of my health data for purposes of processing my application for Military Service. I also authorize holders of my health data to report to the DoD whether any data they hold or have held about me has been amended or restricted. I agree that all personal information or data disclosed by myself or others on my behalf with my consent during this process may be further disseminated as needed during the accession process and that my medical information is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules.

Authorize release of records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA) USMEPCOM is authorized to receive all my education/disciplinary records for evaluation of my acceptability for Service in the Armed Forces.

Understand that I have the right to refuse to sign this authorization but also understand that failure to do so may cause me to be found disqualified for further processing.

Understand this authorization will expire two years from the date of the signature below or sooner if written request is received by USMEPCOM Staff Judge Advocate's Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

1. APPLICANT

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
--------------	---------------------------

2. PARENT OR GUARDIAN SIGNATURE IS MANDATORY FOR MINOR APPLICANT, SIGNATURE IS OPTIONAL IF APPLICANT IS OF AGE

a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
---------------------------------------	--------------	---------------------------

3. RECRUITING REPRESENTATIVE: (If a representative was used)
I certify all information is complete and true to the best of my knowledge.

a. NAME (Last, First, Middle Initial) Garcia, Matthew B.	b. RECRUITER IDENTIFICATION NUMBER AZ161ROSWW	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
---	--	--------------	---------------------------

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
--	---------------------------------

SECTION VI - MEDICAL PROVIDER'S SUMMARY AND DESCRIPTION OF PERTINENT INFORMATION:
 Review and comment on all medical records, electronically provided medical history information, and other electronic data available in the Department of Defense Accessions Processing System. Medical providers may also develop any additional medical history deemed important and record significant findings here or by interview and document them on DD Form 2808, "Report of Medical Examination". Attach additional sheet(s) if necessary.

COMMENTS:

SECTION VII - MEDICAL PROVIDER'S PRESREEN DETERMINATION BASED ON AVAILABLE INFORMATION:

1.a. DATE (YYYYMMDD)	b. MEDICAL PROCESSING STATUS						c. IF NOT WITHIN STANDARDS:				d. PROVIDER INITIALS
	PA	PRW	PH	RJ	METR	PNJ	ICD	CONDITION	PULHES	SMWRA INPUT	

KEY:
 PA = Processing Authorized; PRW = Processing Requested by SMWRA; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records; PNJ = Processing Not Justified; ICD = International Classification of Disease Code; PULHES = P (Physical Capacity), U (Upper Extremities), L (Lower Extremities), H (Hearing), E (Eyes), S (Psychiatric); SMWRA = Service Medical Waiver Review Authority.

2. *FOR MEPS USE ONLY:

ON EXAM:	a. PSN COMP	b. PSN INCOM	c. NPS	d. *AE	e. *RE	f. *ME	g. *OE	h. DATE (YYYYMMDD)	i. PROVIDER INITIALS
----------	-------------	--------------	--------	--------	--------	--------	--------	--------------------	----------------------

KEY:
 PSN = Prescreen; COMP = Complete; INCOM = Incomplete; NPS = Not Prescreened; AE = Applicant Error; RE = Recruiter Error; ME = MEPS Error; OE = Other Source of Error.

3. AUTHORIZING MEDICAL PROVIDER

a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	4. NUMBER OF ADDITIONAL SHEETS SUBMITTED
---------------------------------------	--------------	---------------------------	--

