



DEPARTMENT OF THE NAVY  
U.S. NAVAL RESERVE OFFICERS TRAINING CORPS UNIT  
TEXAS A&M UNIVERSITY  
COLLEGE STATION, TEXAS 77841-2920

1533

Ser 138

07 MAR 2024

From: Commanding Officer, NROTC Unit, Texas A&M University

Subj: WELCOME ABOARD FALL 2024

1. Congratulations on your decision to attend Texas A&M University and the Corps of Cadets! By enrolling in the Naval Reserve Officers Training Corps (NROTC) Program, you are joining the best and largest NROTC Program in the nation.
2. Enclosed are your New Student Conference Information Packet and NROTC Medical History Report. Please take the time to read the packet; it will assist you in your transition to Texas A&M, the NROTC Program, and the Corps of Cadets. The Medical History Report is a three-page medical history questionnaire that needs to be signed by a physician. The Corps of Cadets has a separate medical history form requiring a physician's signature. I recommend you take both questionnaires to the same doctor appointment for signature.
3. As you prepare to enter Texas A&M and the Corps of Cadets, you are embarking on an exciting phase of your life. Freshman Orientation Week (FOW) is the start of your adventure. This is your opportunity to become oriented to the Texas A&M Corps of Cadets. You will receive additional details from the Corps of Cadets concerning FOW, but you should know that FOW is both physically and mentally demanding. In addition, you will conduct a Navy Physical Readiness Test or Marine Corps Physical Fitness Test within the first two weeks of the academic year. Please use the enclosure provided as a guide to help you physically prepare for FOW and the NROTC service-specific fitness tests.
4. If you have any questions, Navy Options should contact Lieutenant Trevino at [ttrevino@tamu.edu](mailto:ttrevino@tamu.edu), and Marine Options should contact Captain Quandt at [kquandt@navy.tamu.edu](mailto:kquandt@navy.tamu.edu) or Captain Smith at [bsmith@navy.tamu.edu](mailto:bsmith@navy.tamu.edu); all can be reached at (979) 845-1775. Additional information may be found on the Naval ROTC homepage at <http://nrotc.tamu.edu> and the Corps of Cadets homepage at <http://corps.tamu.edu>.
5. Welcome Aboard, I'm looking forward to you joining our team. Gig 'Em and Semper Fidelis!

A handwritten signature in black ink, appearing to be "B. W. Tippett", is written over a horizontal line.

B. W. TIPPETT

## **New Student Conference NROTC Information Packet**

1. Welcome to the Naval Reserve Officers Training Corps (NROTC) Unit at Texas A&M University! This information packet is to help you successfully prepare for, and enroll in, the NROTC Program.

2. There are four categories of students enrolled in the NROTC Program:

(1) **Scholarship Student**: A student participating in the Corps of Cadets and NROTC who is receiving money from the Department of Defense for tuition, or room and board, with a contract to commission upon graduation as a Marine Corps Second Lieutenant or Navy Ensign.

(2) **College Program Student**: A student participating in the Corps of Cadets and NROTC pursuing a commissioning contract in the United States Navy or Marine Corps.

(3) **Advanced Standing Student**: A student not receiving money in the form of tuition, or room and board, but is under contract to commission upon graduation as a Marine Corps Second Lieutenant or Navy Ensign. These students receive a monthly stipend between \$350-\$400 from the Department of Defense.

(4) **Naval Science Student**: A student participating in the Corps of Cadets and NROTC but not pursuing a commission into the United States Navy or Marine Corps.

3. As a member of the NROTC Unit, you are required to take one Naval Science (NVSC) course per semester. Entering first-year students take NVSC 101 Intro to Naval Science in the Fall semester or NVSC 205 Sea Power and Maritime Affairs for transfer students in the Spring semester. Entering second-year students take NVSC 210 Leadership and Management. All NVSC courses have a Leadership Laboratory (LLAB) that meets one day each week for two hours.

4. All NROTC Scholarship and College Program Students must complete a minimum of 12 credit hours per semester excluding Naval Science courses. (Total semester course load is minimum 14-15 hrs.)

5. Scholarship and College Program Students enrolled in NROTC are eligible to receive an annual uniform commutation allowance to offset the Corps of Cadets' uniform expenses paid by the student in the Fall semester. Uniform commutation reimbursement is paid out in the Spring semester if you are in good standing from the previous Fall semester. Specific details, to include eligibility requirements, are available from your military advisor and are also included in your registration packet.

6. Physical Fitness is essential within the NROTC Program and Corps of Cadets. This packet includes information on Navy and Marine Corps physical fitness standards. The inventory PRT for Navy Option and PFT for Marine Option will occur within the first two weeks of the semester.

7. College Program/Advanced Standing/Scholarship students are required to attend physical fitness training with the NROTC Unit twice a week, attend all Leadership Laboratories, and be advised by a military advisor. Regardless of which commissioning contract you pursue; you must maintain a 2.5 GPA or above and pass our Physical Fitness Test.

8. **IMPORTANT DIRECTIONS FOR ENROLLING IN NROTC:**

- Fill out the documents listed below. These documents were sent to you electronically through the Adobe Sign program. All forms are required to be submitted no later than your New Student Conference (NSC). Copies of all forms are found on our website at <https://nrotc.tamu.edu/inbound-students>.
- This packet contains the form NSTC 1533/167 which allows scholarship recipients to elect whether they wish to receive tuition and fees or room and board. This form may be changed and therefore will be verified at the beginning of each academic semester. Prior to making your selection ensure you have a complete understanding of the Patriot Scholarship. More information is provided about the Patriot Scholarship in paragraph 11.
- Write dates in required format only. (Example: 2023SEP15)
- **PRINT FULL SOCIAL SECURITY NUMBER ON ALL FORMS THAT REQUIRE A SOCIAL SECURITY NUMBER**, even if document only asks for last four.

9. **LIST OF FORMS TO BE FILLED OUT:**

- NROTC Student Information Sheet.
- Direct Deposit Sign-Up Form (Must be student's account).
- Report of Medical History (\*\*This report is 3 pages and must be signed by a physician. The physician completes block 30a and signs blocks 30b-d). The Report of Medical History is required even if you completed the DoDMERB physical.
- NAVPERS 1070/613 - Commutation Agreement Form (Signed by the student).
- Voluntary Waiver for Release of Student Information.

- Concept of Honor.
- NROTC Scholarship Benefits Room and Board or Tuition and Fee Election Form (NSTC 1533/167).

\*The NROTC Staff will serve as **Witness** on all forms requiring a witness signature.

10. **ADDITIONAL ITEMS NEEDED AT YOUR NEW STUDENT CONFERENCE (NSC):**

- **Original and a copy** of your Birth Certificate, Certificate of Birth Abroad, or Naturalization Papers. After citing the original document, the NROTC Unit will certify your copy and retain it in your student file. The original document will be returned to the student during the NSC.
- **A copy** of your Social Security card.
- **Immunization Record.** See the TAMU NROTC website for the full list of required immunizations.
- **Sickle Cell Test.** (Please ensure copy of Sickle Cell Test has student name and test results displayed.)

11. **ADDITIONAL INFORMATION:**

- When registering for your NSC, you are given the option to include the associated cost with your tuition and fees or to pay the cost up front. Scholarship students are recommended to include this cost as a part of their Fall 2024 tuition so that it may be reimbursed by the NROTC Unit.
- **Patriot Scholarship:** Scholarship students on contract and in good standing with the NROTC Program are automatically enrolled in the Patriot Scholarship through Texas A&M. This covers students' **basic** meal plan and Corps of Cadets dormitory costs. Contact the Corps of Cadets with questions about the Patriot Scholarship or visit their website at <https://corps.tamu.edu/future-cadets/scholarships>.
- **Major General Murray Scholarship:** NROTC Scholarship students attending Texas A&M automatically receive 'In-State' tuition, regardless of their home state. Out of state students not on NROTC Scholarship, because of their enrollment in the Corps of Cadets, are awarded the Major General Murray Scholarship to reduce the total tuition and fees to be equivalent to those paid by Texas residents. Contact the Corps of Cadets with questions about the Murray Scholarship or visit their website at <https://corps.tamu.edu/future-cadets/scholarships>.

- **Blinn Team:** Collaborative, co-enrollment partnership between Texas A&M University and the Blinn College District. Team Students are enrolled in one or two academic courses at Texas A&M each semester and take the remainder of their courses at the Blinn College. NROTC Scholarship students on Blinn Team will be **reimbursed** for classes successfully passed at Blinn but require students to pay initial cost. For reimbursement after semester completion, provide transcripts with passing grades and Blinn receipts showing \$0.00 balance to your NROTC Advisor. Please contact your Military Advisor should you have questions regarding Blinn Team.
- **Required classes for (Navy) NROTC scholarship students.** It is important to note that all Navy NROTC Scholarship students are required to complete course sequences in calculus and physics equivalent to at least six semester hours in each area, regardless of major.

Calculus. By the end of the Sophomore year, Navy students are required to complete Math 151 and 152, Math 171 and 172, or Blinn Math 2413 and 2414. These courses cannot be completed online.

Physics. By the end of the Junior year, Navy students are required to complete Physics 206 and 207, Physics 221, 222 and 225, or Blinn Physics 2425 and 2426. These courses cannot be completed online.

All Navy NROTC Scholarship Students are also required to complete two courses (6 credit hours) of English, one course (3 credit hours) of American History/National Security and one course (3 credit hours) of Cultural Diversity. To see which classes are accepted by the NROTC for these requirements see **Navy Option Approved Course List** on the next page.

AP classes **could** count towards NROTC requirements. Your Texas A&M University Academic Advisors will help you determine if AP credit can be accepted by the University and if it makes sense for your specific major. Your NROTC Military Advisor will help determine if your AP credit satisfies NROTC Program requirements.

### Navy Option Approved Course List

Enclosure (3) of NFOTCUTAMUNIST 1533.2L						
SUBJECT	CALCULUS	PHYSICS	ENGLISH	AMERICAN HISTORY/ NATIONAL SECURITY	CULTURAL DIVERSITY	
HOURS REQUIRED	6 (in sequence)	6 (in sequence)	6	3	3	
COMPLETION TIMELINE	End of 3C Year	End of 2C Year	End of 3C Year	End of 1C Year	End of 1C Year	
	MATH 151 (4)	PHYS 206 (3)	ENGL 103 (3)	ASIA 349 (3)	AFST 204 (3) Lang/Phil/Cult	HIST 345 (3) Lang/Phil/Cult
	MATH 152 (4)	PHYS 207 (3)	ENGL 104 (3)	ASIA 350 (3)	AFST 345 (3) Lang/Phil/Cult	HIST 346 (3)
	MATH 171 (4)	PHYS 221 (2)	ENGL 203 (3)	HIST 230 (3)	AFST 346 (3)	HIST 347 (3) Lang/Phil/Cult
	MATH 172 (4)	PHYS 222 (2)	ENGL 210 (3)	HIST 232 (3)	ANTH 201 (3) Social/Behavioral	HIST 348 (3)
	MATH 2413 (4)	PHYS 225 (3)	ENGL 241 (3)	HIST 234 (3)	ANTH 205 (3) Lang/Phil/Cult	HIST 352 (3)
	MATH 2414 (4)	PHYS 2425 (4)	COMM 203 (3)	HIST 242 (3)	ANTH 324 (3) Creative Arts	HIST 355 (3)
		PHYS 2426 (4)	COMM 205 (3)	HIST 337 (3)	ANTH 335 (3)	HIST 356 (3)
			COMM 210 (3)	HIST 349 (3)	ARAB 475 (3)	HIST 412 (3)
			COMM 243 (3)	HIST 350 (3)	ARCH 249 (3) Creative Arts	HIST 441 (3)
				HIST 370 (3)	ARCH 250 (3) Creative Arts	HIST 449 (3)
				HIST 373 (3)	ARCH 346 (3)	HUMA 304 (3)
				HIST 374 (3)	ARCH 458 (3) Social/Behavioral	HUMA 321 (3)
				HIST 442 (3)	ARTS 143 (3) Creative Arts	INST 210 (3) Social/Behavioral
				HIST 443 (3)	ARTS 150 (3) Creative Arts	INST 222 (3) Social/Behavioral
				HIST 444 (3)	ASIA 352 (3)	INTS 201 (3)
				HIST 445 (3)	ASIA 356 (3)	INTS 211 (3) Lang/Phil/Cult
				HIST 462 (3)	COMM 257 (3) Creative Arts	INTS 215 (3) Creative Arts
				HIST 463 (3)	COMM 335 (3) Social/Behavioral	INTS 251 (3) Lang/Phil/Cult
				PHIL 315 (3)	COMM 340 (3) Creative Arts	INTS 321 (3)
				POLS 229 (3)	COMM 365 (3) Social/Behavioral	JOUR 365 (3) Social/Behavioral
				POLS 335 (3)	ENGL 211 (3) Lang/Phil/Cult	LAND 240 (3) Lang/Phil/Cult
				POLS 413 (3)	ENGL 221 (3) Lang/Phil/Cult	MODL 221 (3) Lang/Phil/Cult
				POLS 415 (3)	ENGL 222 (3) Lang/Phil/Cult	MODL 272 (3) Lang/Phil/Cult
				POLS 439 (3)	ENGL 362 (3) Lang/Phil/Cult	PERF 156 (3) Lang/Phil/Cult
				POLS 447 (3)	EURO 444 (3)	PERF 200 (3) Creative Arts
				SOCI 313 (3)	EURO 447 (3)	PERF 201 (3) Creative Arts
					FILM 215 (3) Creative Arts	PERF 301 (3) Creative Arts
					GEOG 201 (3) Social/Behavioral	PERF 324 (3) Creative Arts
					GEOG 202 (3) Lang/Phil/Cult	PERF 328 (3) Creative Arts
					GEOG 311 (3)	RELS 221 (3) Lang/Phil/Cult
					GEOG 320 (3)	RELS 257 (3) Creative Arts
					GEOG 323 (3)	RELS 304 (3)
					GEOG 327 (3)	RELS 321 (3)
					HISP 362 (3) Lang/Phil/Cult	RELS 347 (3) Lang/Phil/Cult
					HIST 210 (3) Lang/Phil/Cult	SOCI 206 (3) Social/Behavioral
					HIST 221 (3) Lang/Phil/Cult	SOCI 312 (3) Social/Behavioral
					HIST 339 (3)	SOCI 314 (3) Social/Behavioral
					HIST 342 (3)	URPN 361 (3) Social/Behavioral

  

**KEY:**

Meets University Core Curriculum: (UCC) Mathematics (6 Hrs Required)

UCC: Life and Physical Science (3 Hrs Required)

UCC: Communication (6 Hrs Required)

UCC: American History (6 Hrs Required)

UCC: Language/Philosophy/Culture (3 Hrs Required)

UCC: Social and Behavioral Science (3 Hrs Required)

UCC: Creative Arts (3 Hrs Required)

State law permits the substitution of 3 hours of history and 3 hours of political science for a student in the program of an approved senior ROTC unit. With the approval of the dean of the appropriate college, students successfully completing their required four semesters of upper-level ROTC curriculum will be deemed to have completed the equivalent of POLS 206 or POLS 207 plus HIST 105 or HIST 106 (or another appropriate course) for a total of 6 hours.

### Physical Readiness Test Standards (Navy Option)

Events shall be completed on same day, in the following sequence: warm-up, push-ups, plank, run, and cool-down. Events shall be performed allowing at least 2 minutes, but no more than 15 minutes between events. Regardless of age, Midshipmen will be graded according to the below criteria.

**Push-ups** - Back, buttocks, and legs shall be straight from head to heels and must remain so throughout test. Toes and palms of hands shall remain in contact with floor. Participants should perform as many push-ups as possible within the two-minute time period.

**Plank** - To start the plank, elbows should be bent and lowered to the ground so that the forearms are lying flat on the ground, with the body in a straight line similar to a push-up position, with feet hip-width apart. Elbows should be aligned below the shoulders with forearms parallel to the body at about shoulder width distance. Hands must be on the ground, either in fists with pinky side of the hand touching the ground or lying flat with palms down. Hips should be lifted off the ground with feet flexed and the bottom of toes on the ground. Back, buttocks, and legs shall be straight from head to heels and must remain so throughout the test. Toes, forearms, and fists or palms shall remain in contact with the floor, not a wall or other vertical support surface. Participants will hold this position for as long as possible or until the maximum time.

**1.5-mile run** - Participants should run 1.5 miles as quickly as possible.

<b>Male: age 20-24 years</b>				<b>Female: age 20-24 years</b>			
	<b>Forearm Planks</b>	<b>Push-Ups</b>	<b>1.5 Mile Run</b>		<b>Forearm Planks</b>	<b>Push-Ups</b>	<b>1.5 Mile Run</b>
Max	3:20	87	8:30	Max	3:10	48	9:47
Min	1:40	47	12:00	Min	1:30	21	14:15

### Physical Fitness Test Standards (Marine Option)

Events shall be completed in a single session, not to exceed 2 hours in duration, and in the following sequence: max pull-ups with no time limit, plank for time max of three minutes and forty-five seconds, and a 3.0 Mile timed run. Events shall be performed allowing at least 2 minutes, but no more than 15 minutes between events.

**Pull-up** - The bar must be grasped with both palms facing either forward or to the rear. The correct starting position begins when the Marine's arms are fully extended beneath the bar, feet are free from touching the ground. The Marine's legs may be positioned in a straight or bent position but may not be raised above the waist. Whipping, kicking, kipping of the body or legs, or any leg movement used to assist in the vertical progression of the pull-up is not authorized. A repetition will be counted when an accurate and complete pull-up is performed.

**Plank** - To start the plank, elbows should be bent and lowered to the ground so that the forearms are lying flat on the ground, with the body in a straight line similar to a push-up position, with feet hip-width apart. Elbows should be aligned below the shoulders with forearms parallel to the body at about shoulder width distance. Hands must be on the ground, either in fists with pinky side of the hand touching the ground or lying flat with palms down. Hips should be lifted off the ground with feet flexed and the bottom of toes on the ground. Back, buttocks, and legs shall be straight from head to heels and must remain so throughout the test. Toes, forearms, and fists or palms shall remain in contact with the floor, not a wall or other vertical support surface. Participants will hold this position for as long as possible or until the maximum time of four minutes, twenty seconds.

**3.0 Mile Run** - Participants run 3 miles as quickly as possible.

Marine Option MIDN must score a 200 for their current age group to activate their scholarship. It is recommended that Marine Option MIDN maintain a 265 or higher to successfully complete the 6-week OCS course the summer before their senior year. A PFT score calculator can be found at the following link:  
<https://www.hqmc.marines.mil/Portals/211/FitnessCalc/calcmini.html>



**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  
20241031

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 the burden estimate or burden reaction suggestions to the Department of Defense, Washington Headquarter Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, 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://dpcl.dod.mil/Privacy/SORNIndex/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 (Stress, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include Zip Code)		
b. HOME TELEPHONE (Include Area Code)				
c. EMAIL ADDRESS				

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

8. CURRENT MEDICATIONS (Prescription and Over-the-Counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine, or other substance)
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

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

**CUI (when filled in)**

<b>LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DoD ID NUMBER (If applicable)</b>
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**Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.**

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

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

CUI (when filled in)

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
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**30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA** (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

**a. COMMENTS**

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