



OKLAHOMA NATIONAL GUARD  
JOINT FORCE HEADQUARTERS  
3501 MILITARY CIRCLE  
OKLAHOMA CITY OK 73111-4305

POLICY MEMORANDUM  
NUMBER 25-18

1 August 2025

**DIRECT COMMISSIONING PROGRAM FOR BASIC BRANCH OFFICERS**

**1. REFERENCES:**

- a. National Guard Regulation (NGR) 600-100, Commissioned Officers – Federal Recognition and Related Personnel Actions, 22 November 2022, Chapter 2, Appointments.
- b. Department of the Army Regulation (AR) 135-100, Appointment of Commissioned and Warrant Officers of the Army, 1 September 1994.
- c. Title 10, United States Code, Section 3911 – Twenty Years or More: Regular or Reserve Commissioned Officers.
- d. Department of the Army Field Manual (FM) 7-22, Holistic Heath and Fitness, 8 October 2020.
- e. Department of the Army Regulation (AR) 135-91, Service Obligations Methods of Fulfillment, Participation Requirements, and Enforcement Procedures, Chapter 2, 14 March 2016.
- f. Department of the Army Pamphlet (DA PAM) 611-21, Military Occupational Classification and Structure, 20 December 2022.
- g. Department of the Army Regulation (AR) 40-501, Standards of Medical Fitness, 27 June 2019, Chapter 2, Physical Standards for Enlistment, Appointment, and Induction.
- h. Department of the Army Regulation (AR) 600-9, The Army Body Composition Program, 16 July 2019.

2. **PURPOSE:** This policy is to set the guidelines the State of Oklahoma will use to consider a request for a direct appointment into the commissioned officer basic branches and Army Medical Department (AMEDD) 70 series. Provisions of this policy do not apply to direct appointments for AMEDD providers, Chaplain, or Judge Advocate branches.

3. The intent of the direct commissioning program is to offer an alternative commissioning source to qualified individuals. Direct commission is not intended to replace or adversely affect Officer Candidate School (OCS) or other commissioning programs. OCS will remain the primary commissioning source for the Oklahoma Army National Guard (OKARNG). Qualified personnel will not request a direct appointment; rather, they are nominated for consideration by their chain of command.

a. Soldiers whose record exhibits one or more of the following situations should pursue OCS rather than a direct appointment:

(1) Lack of documented leadership position (completion of Advanced Leaders Course or higher will substitute).

(2) Failure to meet Army Fitness Test (AFT) scores of at least 70 points in each event.

(3) Body fat standards that are less than two percent of the maximum allowable standard prescribed in AR 600-9.

(4) Non-Commissioned Officer Evaluation Reports (NCOER) or Academic Evaluation Reports (AER) that do not address leadership skills or provide written comments indicating above average accomplishments.

b. Soldiers meeting one or more of the following conditions are not authorized a direct appointment:

(1) Soldiers currently enrolled in OCS.

(2) Soldiers who were dis-enrolled, dropped, or resigned from OCS. This includes individuals who attended Pre-Phase 1 orientation drills but dropped prior to the official start of Phase 1. The Army Training Requirements and Resources System (ATRRS) is the system of record to validate previous OCS enrollment.

(3) Soldiers who drop from OCS with the intention of applying for a direct appointment.

(4) Soldiers meeting any of the conditions stated in NGR 600-100, paragraph 2-8 and 2-9 a, b, and d.

(5) Soldiers assigned to units that have received a Notice of Sourcing (NOS) for mobilization within the next 365 days.

4. Minimum Requirements: Applicants are expected to have outstanding qualifications that exceed a majority of the minimum requirements stated below:

- a. Minimum rank: Applicants must be in the rank of Sergeant or above to be considered for direct appointment.
- b. Service Requirement: Applicants must have served a minimum of 24 months' active (drilling or mobilized) status in any federally recognized unit. Additionally, the individual must serve at least 12 months in an active Army National Guard unit immediately preceding the application for consideration for direct appointment.
- c. Prior Training: Applicants must be a graduate of the Basic Leader Course (or equivalent) or higher.
- d. Age: Minimum age is 22 years. Maximum age for appointment is 30. Chief, National Guard Bureau may waive age up to 41 years 364 days.
- e. Citizenship: Applicants must be a United States Citizen.
- f. Education: An original certified transcript must be included in the packet as proof of the applicant's completion of a baccalaureate degree from an accredited college or university. Transcript must be certified by the State Education Services Officer.
- g. Test scores: Applicants must have an aptitude (GT) score of 110 or higher on the Armed Services Vocational Aptitude Battery (ASVAB).
- h. OCS Enrollment and Attendance History Statement: Applicants will sign a certified statement validating former OCS enrollment or attendance. ATRRS will be used to verify previous OCS enrollment.
- i. Medical:
  - (1) All applicants for direct commission will submit the Accessions Medical Prescreen Report (DD Form 2807-2) as part of their nomination packet. The form must be screened and approved by the State Surgeon or appointed medical representative prior to scheduling an appointment or flight physical. Applicants must pass an AR 40-501, Chapter 2 appointment physical or Chapter 4 flight physical (for aviators) prior to submission of the request for direct appointment to the National Guard Bureau Officer Policy Branch (NGB-HRH-O). The physical must be administered by a Military Entrance Processing Station (MEPS) or Active-Duty Medical Treatment Facility. Flight physicals must be approved by the United States Army Aviation Center of Excellence, Fort Rucker, AL.

(2) Original DD 2807-1, DD 2808, and approved medical waiver(s) are required inclusions in the nomination packet submitted to National Guard Bureau Personnel Policy Readiness Division (NGB-HRH). Waivers for disqualifying medical conditions must be applied for and approved by the NGB Surgeon prior to submittal of the request for direct appointment.

j. Body Composition: Applicants must meet the body composition standards prescribed in AR 600-9, to include body fat limitations for enrollment and appointment. Commander certified height and weight statement must be dated within 90 days of application.

k. AFT: Applicants must have a passing six-event AFT in accordance with (IAW) FM 7-22. ACFT date must be on or after 1 June 2025. A certified DA Form 705 (April 2022 version) is required with application.

l. NCOERs: Applicants must have a minimum of five year's NCOERs. Evaluation reports must address leadership skills and above average achievements and accomplishments.

m. Security Status: Applicants must have a minimum of a final secret security clearance on file prior to appointment. The State Security Clearance Manager will validate security clearance in memorandum format dated within 90 days of application.

n. Vacancy Requirement: Applicants must have a valid position vacancy; excess is not authorized. The NGB Form 62E must indicate paragraph, line number, and branch for which the appointment is requested. The vacancy position and intended branch must be compatible. Assignments are based upon the needs of the state. At a minimum, Soldiers will be assigned outside of their current company and whenever possible outside of their current battalion.

o. Occupational Physical Assessment Test (OPAT): Applicants for direct commission into basic branches are required to take and pass the OPAT with a score in the Heavy (Black) category. Scores in the Significant (Gray) or Moderate (Gold) categories will not be accepted. A certified OPAT Scorecard must be dated within 90 days of application.

p. Branch Assignment: Branch assignments will be made based upon the needs of the state. Prior enlisted experience, civilian education, and Soldier professional goals will be considered. Soldiers requesting to appoint into aviation must have approval of the State Aviation Officer (SAO). Once approved by The Adjutant General (TAG), branch assignment changes will not be reconsidered.

q. Mentor: In keeping with the Director, Army National Guard's policy on mentoring, each direct commission applicant will be assigned a mentor. Mentors must be Basic Officer Leader Course (BOLC) qualified and should be assigned outside the chain of command of the individual's new assignment. Mentor assignment will be annotated on a separate memorandum and will include the name, rank, unit of assignment, and military education level completed.

5. Recommendations: The applicant's current company, battalion, and brigade commanders must provide letters recommending the individual for a direct appointment. The letters must contain objective details outlining the traits, actions, skills, experiences, characteristics, training, and education that indicate the individual is qualified to receive a direct appointment in lieu of completing a commissioning source program.

6. Rank at Appointment: Enlisted Soldiers and warrant officers will not be direct appointed into basic branches above the rank of second lieutenant.

7. Attendance at BOLC: Non-Commissioned Officers and Warrant Officers accepting a direct appointment will not be granted constructive credit for BOLC. Individuals are required to attend BOLC within 12 months of appointment. Gaining unit of assignment will coordinate BOLC dates within two weeks of the FRB.

8. Commissioned Service Time: IAW reference 1e, Soldiers applying for initial appointment (through any commissioned source) are advised that they must complete a minimum of 10 years commissioned service in order to retire at the highest commissioned grade successfully held if they become members of the Active Guard Reserve (AGR) Program. Acknowledgement of this requirement will be stated in the remarks block of Section IV of the NGB Form 62E.

9. Service Obligation: Applicants accepting direct appointment will incur a contractual obligation equivalent to the remaining portion of their statutory obligation or six years, whichever is later. Acknowledgement of this requirement will be stated in the remarks block of Section IV of the NGB Form 62E.

10. AGR Soldiers: AGR Soldiers may apply for direct appointment; however, they must revert to traditional status in order to accept commission. These Soldiers are eligible to apply for any future AGR positions for which they are qualified.

11. Title 32 (T32) Technicians: T32 Technicians may apply for direct appointment through their military unit of assignment; however, if a commission results in grade inversion or Position Description (PD) incompatibility, a 30-day Notice of Separation will be issued and the technician will be separated from the full-time technician work force. Soldiers who are separated from their technician position are eligible to apply for future positions for which they are compatible and for which they are qualified.

12. Unauthorized Waivers: Soldiers nominated for a direct appointment are not authorized waivers for any of the following:

- a. Moral or civil misconduct.
- b. Subversive or disloyal persons.
- c. Applicants against who proceedings have been initiated under AR 380-67, Personnel Security Program, and whose cases have not been concluded favorably.
- d. Applicants who refuse to completely answer any pertinent question in the course of an official investigation, interrogation, or examination conducted for the purpose of ascertaining the existence or extent or both, of conduct described in AR 380-67.
- e. Applicants who are presently serving a period of probation resulting from conviction by any type of military or civil court.
- f. Persons dropped from the rolls, released from active duty, or separated from any component of U.S. Armed Forces for any of the following reasons:
  - (1) Under other than honorable conditions.
  - (2) For unsatisfactory service.
  - (3) Resignation in lieu of court-martial, elimination for any form of corrective or disciplinary action, or for the good of the service.
  - (4) Reserve commissioned officer and warrant officers twice non-selected by a Reserve selection board convened by the Secretary concerned.
  - (5) As a security risk or other security reasons while undergoing a security investigation.
  - (6) Any individual regardless of prior U.S. military service component that was not retained through a qualitative management program to include Reserve Component Selection Boards.
- g. Commissioned officers, warrant officers, and enlisted Soldiers separated from any component of the Armed Forces by elimination procedure of a derogatory nature.
- h. Former Regular Army Officers who have been denied appointment in the U.S. Army Reserve IAW AR 135-100.

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- i. Current or former conscientious objectors.
- j. Applicants with a record of prior convictions; excluding minor traffic violations involving a fine or forfeiture of \$300 or less. Applicants will submit a Civil Conviction Questionnaire with their nomination packet. State Staff Judge Advocate will validate civil conviction history.
- k. Applicants previously separated from any component of the Army for failure to complete any required military education or course within the time limit prescribed.

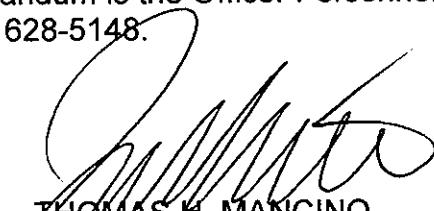
13. Authorized Waivers: All requests for authorized waivers and/or exceptions to policy, regardless of nature, are considered on a case-by-case basis only. Submittal does not constitute approval. Waivers may be provided on an individual basis and do not constitute precedence for all cases. TAG has the authority to deny a request prior to NGB consideration.

14. Approval Authority: Initial approval authority for all direct commissions is NGB-HRH. TAG has the authority to deny a request prior to NGB consideration. Approved direct appointment requests must be executed NLT 90 days of the date of NGB endorsement. Certificates of Eligibility are not authorized for individuals approved for direct commission. Approvals are valid only for the vacancy and branch listed on the NGB Form 62E. The FRB is the final authority for direct appointment.

15. Policy memorandum 23-09, 30 January 2023 is superseded.

16. Point of contact for this policy memorandum is the Officer Personnel Manager NGOK-MPD-OP, (572) 247-5148 or DSN 628-5148.

3 Encls  
1. OCS Enrollment Statement  
2. DD 2807-2  
3. Civil Conviction Questionnaire



THOMAS H. MANCINO  
Major General, OKARNG  
The Adjutant General

DISTRIBUTION:  
A

## OCS ENROLLMENT AND ATTENDANCE HISTORY

I have never been enrolled or attended OCS in the past.

I was previously enrolled or attended OCS.

a. Date(s) of attendance: Start: \_\_\_\_\_ End: \_\_\_\_\_

b. I did not complete the course due to the following (check all that apply and explain the circumstances for release).:

- Cadre Request
- Failure to pass Federal Recognition Board
- Honor Code violation
- Law violation
- Medical Injury/Illness
- Involuntarily disenrolled
- Did not desire to complete program
- Personal Reasons
- Civilian employment
- Other

Remarks:

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Printed Name

Rank

Signature

## ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413  
OMB Approval Expires:  
20280131

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, at whs.me-alex.esd.mbx.dd-dodinformationcollections@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 ADDRESS.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 1332.18, Disability Evaluation System; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680-3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To obtain medical data for determination of medical fitness for enlistment, induction, appointment, and retention for applicants and members of the Armed Forces. This form may also be used by Medical Evaluation Boards to determine the medical fitness of a current member and if separation is warranted.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b)(3), records may be disclosed as a routine use to Federal, State and local health departments for compliance with public health communicable disease reporting laws in accordance with 42 U.S.C. 264. A complete list of routine uses may be found in the applicable System of Records Notice, United States Military Entrance Processing Command (USMEPCOM) Integrated Resource System (USMIRS), A0601-270 at: <https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records>.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in an inability to process your application for enlistment or appointment in the Armed Forces. For current Armed Forces members, failure to provide the requested information may result in being placed in non-deployable status.

## Additional system of records notices:

Physical/Medical Evaluation Records

Army: <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569965/a0040-3b-dasg/>Navy: <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570339/nm01850-2/>Air Force: <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569861/>

## SECTION I – APPLICANT INFORMATION

1. LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER	4.b. DoD ID NUMBER (If applicable)
5. SEX (X one)	6.a. SERVICE PROCESSING FOR (X as applicable)			6.b. COMPONENT (X as applicable)
<input type="checkbox"/> Male	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Air Force
<input type="checkbox"/> Female	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> USPHS	<input type="checkbox"/> Space Force	<input type="checkbox"/> NOAA
	<input type="checkbox"/> Other:			<input type="checkbox"/> Regular
				<input type="checkbox"/> Reserve
				<input type="checkbox"/> National Guard
7. PURPOSE OF EXAMINATION (X as applicable)	8. POSITION (If current Federal Employee) (Job Title, Grade, Component)			
<input type="checkbox"/> Enlistment <input type="checkbox"/> U.S. Service Academy				
<input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Other:				

## SECTION II - APPLICANT (OR PARENT/GUARDIAN) AUTHORIZATION STATEMENT

- I Have read and understand the warning and penalties that are associated with providing a false statement.
- I Agree that all protected health information and personally identifiable information (PHI/PII) or data disclosed by myself or others on my behalf with my consent during the accession process is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and may be further disseminated as needed.
- I Authorize release of medical records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA), United States Military Entrance Processing Command (USMEPCOM)/Department of Defense Medical Examination Review Board (DoDMERB) is authorized to receive all of my education/disciplinary records for evaluation of my suitability for Military Service.
- I Understand that a medical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), or DoDMERB contracted medical center. I may have blood work and/or other medical tests, procedures such as cerumen removal, and/or specialty consultations performed as part of my processing.
- I Understand that the results of the examination, tests, and consults are not performed as part of an individual healthcare treatment plan, but will be reviewed and considered as part of my accession application file.
- I Understand that the MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal result of a test or a consultation, I am not to assume that the result is normal. Furthermore, if any test or consultation results are abnormal, then I am responsible for obtaining those results from the MEPS/DoDMERB contracted medical center. I am also responsible for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB contracted medical center.
- I Understand that neither USMEPCOM nor DoDMERB are financially responsible for costs associated with any necessary follow-up evaluations and/or treatment based on my screening evaluation.
- I Understand that any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- I 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.
- I Authorize a MEPS/DoDMERB contracted medical center to perform my accession medical evaluation.
- I Understand that I have the right to refuse to sign this authorization, however I also understand that failure to do so will prevent my further processing.
- I Understand that this authorization will expire four years from the date of the signature below, or sooner if written request is received by the USMEPCOM/DoDMERB Privacy 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 AUTHORIZATION AND CERTIFICATION

I Certify that 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 medical and mental/behavioral health history.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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## 2. PARENT OR GUARDIAN AUTHORIZATION (Signature is mandatory if applicant is a minor)

a. NAME, (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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## 3. RECRUITING REPRESENTATIVE CERTIFICATION: (If applicable) I certify that all applicant information above is complete and true to the best of my knowledge.

a. NAME (Last, First, Middle Initial)	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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**CUI (when filled in)**

LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER		DoD ID NUMBER (If applicable)	
<b>SECTION III - MEDICAL HISTORY</b>				
1. Medications: any prescription or over the counter medication(s) taken regularly or as needed (list each and explain in SECTION IV)		2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances (list each and explain in SECTION IV)		
Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history.				
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:
<b>EYES/VISION:</b>				
3. Double vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Detached retina or surgery to repair a detached retina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Keratoconus, glaucoma, cataracts or surgery for cataracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vision correction procedure such as Lasik, PRK, or lens implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Night blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any other eye condition, injury, or surgery/procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EAR/SHEARING:</b>				
9. Cholesteatoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any other ear surgery or procedure including mastoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Loss of balance or vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hearing loss or use of hearing aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOSE, SINUSES, MOUTH, AND LARYNX:</b>				
14. Ear, nose, or throat conditions such as vocal cord dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Absence of, or disturbance of sense of smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Any surgery of the face, throat, or jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DENTAL: (If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty)</b>				
18. Braces or aligners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Any tooth or gum problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM:</b>				
20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Prescription for an inhaler, steroids, or any other medication for breathing problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Chronic cough or frequent coughing at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Collapsed lung or other lung condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. History of chest, chest wall, or breast surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART:</b>				
26. Heart murmur or valve problem(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Palpitations, skipped/abnormal heartbeats, or pounding heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Chest pain/pressure or an abnormal electrocardiogram (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Any other heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ABDOMEN AND GASTROINTESTINAL SYSTEM:</b>				
31. Problems of the stomach, esophagus, or intestine such as ulcer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Gallbladder disease or gallstones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Hepatitis or jaundice (except neonatal jaundice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Hemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Weight loss surgery such as gastric bypass or lap banding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Anorectal disease, blood from the rectum, or hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY:</b>				
40. First day of the last menstrual period (YYYYMMDD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. A change in menstrual pattern (other than pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Any abnormal PAP test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Endometriosis, uterine fibroid, or ovarian cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Any other gynecological disorder that required evaluation, treatment, or surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MALES ONLY:</b>				
46. Undescended/absent testicle(s), or testicular implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Any scrotal mass, swelling, or pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Prostate problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>URINARY SYSTEM:</b>				
49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Blood or protein in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Painful or difficult urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Kidney stone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Kidney or urinary tract disease, surgery, or infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Bedwetting or treatment for bedwetting in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPINE AND SACROILIAC JOINTS:</b>				
55. Back or neck pain, or herniated disc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Abnormal curvature of any part of the spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Vertebral fracture or stress injury of the spine such as spondylysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Back or neck surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UPPER EXTREMITIES:</b>				
59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UPPER EXTREMITIES: (Continued)</b>				
60. Dislocated shoulder, elbow, or wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Knee injury resulting in ligament/cartilage tear, instability, or locking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Dislocated hip, knee, ankle, or foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MISCELLANEOUS CONDITIONS OF THE EXTREMITIES:</b>				
65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Impaired use of arms, hands, fingers, legs, feet, or toes (any reason)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Joint swelling/inflammation such as arthritis, gout, or bursitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Compartment syndrome, shin splints, or stress reaction/ fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graff or arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VASCULAR:</b>				
71. Abnormal (high or low) blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Kawasaki disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SKIN:</b>				
74. Acne that required prescription medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Skin rash such as atopic dermatitis, eczema, or psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Any other skin condition such as recurrent hives, abscesses (hidradenitis), pilonidal cyst, or cancer (melasma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLOOD AND BLOOD FORMING SYSTEM:</b>				
77. Anemia such as iron deficiency, sickle cell, or thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Blood clot(s), a clotting disorder, or history of taking a blood thinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Absence or removal of the spleen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Prolonged bleeding such as after an injury or dental procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Any other blood or circulation condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SYSTEMIC:</b>				
82. Severe allergic reaction to any substance requiring emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Tested positive for tuberculosis (skin or blood test), or lived with someone who had it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Rhabdomyolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENDOCRINE AND METABOLIC:</b>				
87. Thyroid conditions such as goiter or hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Diabetes or hypoglycemia (low blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Any other endocrine (hormone) condition such as growth hormone deficiency, adrenal insufficiency, or hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEUROLOGIC:</b>				
90. Stroke, aneurysm, or bleeding in or around the brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Frequent or severe headaches such as migraines, cluster, or tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. A head injury, concussion, or skull fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Seizures, epilepsy, or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Syncope or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SLEEP:</b>				
97. Sleep apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEARNING, PSYCHIATRIC, AND BEHAVIORAL:</b>				
99. Attention Deficit or Hyperactivity disorder (ADD/ADHD), dyslexia, autism spectrum, or other learning disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Eating disorder such as anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Self-inflicted injury such as cutting or burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Suicidal thoughts, gesture, or attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Admission to a hospital for any behavioral/mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TUMORS AND MALIGNANCIES:</b>				
106. Any cancer, malignancy, tumor, or cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MISCELLANEOUS:</b>				
107. Cold/heat intolerance or injury such as frostbite or heatstroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUPPLEMENTAL QUESTIONS:</b>				
108. Prosthetic body part or joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Previous medical disqualification for Military Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Discharge from Military Service for any reason (provide reason, date, and type of discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Disability award or compensation for an injury or other medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CUI (when filled in)**

LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (if applicable)
<b>SECTION IV – APPLICANT COMMENTS</b> Explain all "YES" answers to questions above. Write the item number and provide details to include the following: description of the problem/condition, date of onset of the problem/condition, date of treatment, name of health care provider, clinic, center, hospital along with City and State. Comment on the current status of the problem/condition. Attach additional sheet(s) if necessary, and sign and date each additional sheet. Attach copies of all applicable medical records.		

**CUI (when filled in)**

LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (if applicable)
<b>SECTION V – MEDICAL PROVIDER SUMMARY</b> The medical provider will review all applicant comments on "YES" answers, and all submitted supporting medical documentation. The provider will comment below on each "YES" answer. Attach additional sheets if necessary.		

**CUI (when filled in)**

LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER			DoD ID NUMBER (if applicable)	
<b>SECTION VI - PRESCREEN PROCESSING DETERMINATION</b>					
1.a. MEDICAL PROCESSING STATUS				1.b. REVIEWER INITIALS	1.c. DATE (YYYYMMDD)
PA	PH	RJ	METR		
KEY: PA = Processing Authorized; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records					
2. AUTHORIZING MEDICAL PROVIDER					
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	d. NUMBER OF ADDITIONAL SHEETS ATTACHED		
<b>SECTION VII – INTERVIEWING MEDICAL PROVIDER COMMENTS</b>					
3. INTERVIEWING MEDICAL PROVIDER					
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)			

## CIVIL CONVICTION QUESTIONNAIRE

Have you ever been arrested, charged, or adjudicated by a civil court for other than minor traffic violations (fine less than \$300)? (If yes, give date, place, charge, and sentence. Include any charges that were dismissed or expunged.)

Remarks:

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Printed Name

Rank

Signature