



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

REPLY TO
ATTENTION OF:

ATSE-DT

25 September 2017

MEMORANDUM FOR Prospective Engineer Diver Applicants

SUBJECT: Becoming an Army Engineer Diver MOS 12D

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers, MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge.

Note: As of 07 May 2016, there are restrictions for some individuals attempting to re-class to MOS 12D. Refer to the latest MILPER Message for *Update to Reclassification IN/OUT Calls* for more information. Contact the undersigned (ref. encl. 1) for more details.

2. Our Dive Program offers:

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

3. Prospective applicants must apply.

- a. Formally apply for reclassification or reenlistment for MOS 12D by completing a DA Form 4187 (Personnel Action), DA Form 5030 (Engineer Diver Training Application) and in some instances, a reenlistment contract.
- b. Be in the rank of PVT, PFC, or SPC/CPL. SPC and CPL must be in a NON-PROMOTABLE status when reporting for initial MOS 12D training and duty. Please note that all Soldiers in the ranks of SPC and CPL will remain in a NON-PROMOTABLE status until evaluation by their leadership at their first diving duty assignment. **NOTE: Soldiers will be disenrolled from the Diver Phase 1 and 2 courses if they arrive in an E-4 (promotable) status.**
- c. Soldiers must meet the 24 months service-remaining requirements IAW AR 614-200, Ch. 4 upon graduation from the Diver Phase 2 course.
- d. If on a current term of enlistment in which an enlistment bonus (EB) or selective reenlistment bonus (SRB) has been received, Soldier should be advised that the bonus MAY be prorated and he/she MAY be responsible to pay the unearned portion back to the government. Contact your career counselor to discuss your situation.

- e. Have attained a minimum score of 107 in aptitude area General Technical (GT) or a minimum score of 106 in aptitude area Skilled Technical (ST) and attained a minimum score of 98 in aptitude area General Mechanical (GM).
- f. Have attained a minimum score of 180 (60 points in each event) or higher on the APFT. **(Keep in mind these are the minimum standards. It is highly recommended that Diver candidates score a minimum of 270 or above on the APFT with at least 90 points in each event).**
- g. Have successfully completed the Diver Physical Fitness Test (DPFT) according to standards outlined in MILPERSMAN 1220-410, dated 06 January 2013. **NOTE: These standards are different than those listed in block 10 of the DA Form 5030, October 2015. These updated standards are provided in Enclosure 3, paragraph 1, (f) of this memorandum.**
- h. Have undergone a Diving Medical Examination as prescribed in AR 40-501 within 9 months of attending Phase I.
- i. Have a physical profile of 111111 (PULHES) and meet the height and weight standards prescribed in AR 600-9.
- j. Understand that Soldier must successfully complete a 3 week Diver Phase I course conducted at Ft. Leonard Wood, Missouri prior to attending Phase II at the Naval Diving and Salvage Training Center at Panama City, Florida.

- 4. Enclosed is an easy to follow process to ensure your packet gets the attention it deserves.
- 5. Good luck and HOOYAH! DEEP SEA!
- 6. POC for this memorandum is the Army Diver Phase I Reclassification Manager at (573) 563-7192 or DSN 676-7192.

11 ENCLS

- 1. Dive Candidate Application Process
- 2. Requests for Waiver Info
- 3. Engineer Diver Phase I Course Info
- 4. Engineer Diver Phase II Course Info
- 5. Introduction to MOS 12D
- 6. Medical Screening Requirements
- 7. Medical Screening Form
- 8. DD Form 2807-1
- 9. DD Form 2808

///original signed///

LOGAN M. FORBING

SSG, USA

Phase I Reclassification Manager

- 10. Removal from Promotion List/Grade Reduction Example
- 11. DA 4187 Example
- 12. Waiver Example

Encl. 1 DIVE CANDIDATE APPLICATION PROCESS

1. Contact your installation medical facility and schedule a physical examination. **(Provide them with enclosures 6 through 9 from this packet).** Tell them you need a “Dive Physical” for your application to become an Engineer Diver. As a reference they can use AR 40-501 to ensure the medical standards are met.
2. All dive candidates attending Naval Diving and Salvage Training Center (NDSTC) require a **sickle cell test, CBC w/Differential, and G6PD** test with results recorded on DD Form 2808 (Report of Medical Examination) and Medical Screening form (encl. 7) in order to have the dive physical approved by the Medical Department at NDSTC.
3. Make several copies of the completed DD Form 2808, DD Form 2807-1 (Report of Medical History), and Medical Screening form. This will prevent having to complete another physical exam if the originals become lost.
4. While waiting for your physical, begin gathering the rest of the paperwork for your application.
5. Complete a Personnel Action, DA Form 4187, indicating that you want to reclassify **(if greater than one year left in service)** as an Engineer Diver, MOS 12D.
6. If the Soldier has less than one year left in service before ETS, he or she must reenlist for MOS 12D. **NOTE: For Soldiers in a critical shortage MOS, this is your only way out of your MOS. (Do not re-up; option 1 (reg. Army) if you are in a critical MOS. This will lock you back into your old MOS. You must only re-up under option 3 (retraining) for MOS 12D.** To qualify for this you must be a first term Soldier and meet all other prerequisites outlined for entry into 12D, Engineer Diver MOS (ref. DA 5030, Part III and IV). Make sure you are using your Retention NCO as regulations change.
7. Complete the Engineer Diver Training Application, DA Form 5030, with updated Diver’s Physical Fitness Test standards applied.
8. Complete Waiver Request(s) if applicable. See Enclosure 2.
9. Provide a current ERB.
10. Provide your most recent APFT Score card, DA Form 705; within 6 months.
11. Provide separate copies of labs report, vaccine report, and radiology report from chest x-ray.
12. Once your physical and all other forms are complete, scan and e-mail the application packet to logan.m.forbing.mil@mail.mil.
 - **Ensure that all scanned documents are clear and legible. If you can’t read it, we can’t read it.**
 - **Do not submit your packet directly from a digital sender. Send it to yourself then submit it to the above.**
13. While waiting for approval of you packet, begin increasing the intensity of your physical fitness level. It is imperative that you report to the Diver Phase I Course in the best physical condition of your life.

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

NOTE: For purposes of assignment orders, 12D training is a PCS move to Panama City, FL, with Phase I training conducted in Fort Leonard Wood, MO. This is typically done as a "TDY en Route" through Missouri to final PCS in Florida upon successful completion of Phase I. If your orders do not bring you to Fort Leonard Wood prior to arrival in Panama City, contact your retention NCO and also the 12D Reclassification Manager at 573-563-7192 immediately to correct the issue.

Encl. 2 REQUEST FOR WAIVERS AND MOU

1. The following guidelines outline requests for waivers if prospective candidates do not meet certain criteria or prerequisites. Waiver requests are approved on a case by case basis and based on MOS strength. A waiver request is a request for an exception to the current policy. A waiver may be necessary if the candidate does not meet requirements outline in Part III of DA Form 5030 or Para. 5.11 of AR 40-501. Waiver requests must be submitted with the original application. Call the 12D Training Development Office at 573-563-7192 or DSN 676-7192 before submitting to ensure that specific conditions may be waived. An example may be found in enclosure 12.
2. **Age (DA Form 5030, part III, item 8.b):** Currently processing age waivers.
3. **Current term of enlistment for which an enlistment or selective reenlistment bonus has been received (DA Form 5030, part III, item 8.e):** Submission of a waiver is not necessary for this prerequisite; however, Soldiers falling into this category must contact their Retention NCO to determine responsibility for repayment of bonuses.
4. **Medical issues (DA Form 5030, part III, item 9.g):** We are currently not processing waivers for medical issues which are considered disqualifying conditions.

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

Encl. 3 - ENGINEER DIVER PHASE I COURSE

1. The Engineer Diver Phase I Course administered at Ft. Leonard Wood, MO is designed to assess a candidate's physical and mental ability to become a diver. This course provides instruction on critical skills and tests the physical and mental fitness that are necessary to fulfill the requirements in Phase II of the Engineer Diver training. Training during the course includes:
 - a. Memorizing large quantities of information with daily quizzes to determine candidate's ability to comprehend the material and successfully pass a final written exam over all subject areas covered. **(Candidates are taught from the entry level and it is understood that they probably have never seen this type of material before).**
 - b. Subjects of instruction:

- Underwater Physics	- Underwater Physiology
- Diving Medicine	- Dive Charting
- Aquatic Adaptability	- Diver Communication (line-pulls)
- Drown Proofing	- Physical Fitness
 - c. Dive candidates must successfully complete a 1000-yard fin swim while on their backs with arms folded across their chest; using fins only for propulsion in 22 minutes or less.
 - d. Dive candidates must successfully ditch and don mask, snorkel, and swim fins from bottom of pool.
 - e. Score a minimum of 180 on the APFT with 60 points minimum in each event. **(Keep in mind these are the minimum standards. Recommendation is that Diver candidates achieve a score of 270 or above on the APFT with 90 points in each event).**
 - f. Pass the Navy Diver Physical Fitness Test, consisting of the following events:
 1. Swim 500 yards in 12 minutes and 30 seconds or less, using the sidestroke or breaststroke. Candidates can use both strokes during the swim and are allowed to push off the sides when turning.
 2. 10 minute standing rest period.
 3. Perform 50 push-ups within 2 minutes. Arms shoulder width, feet together, back straight and no bending or arching the back during the event.
 4. 2 minute standing rest period.
 5. Perform 50 curl-ups within 2 minutes. Arms folded across chest, feet together and held to the floor by a partner, butt 10 inches away from heels; curl upwards and touch elbows to the upper three inches of the thighs (at the knees) and back down.
 6. 2 minute standing rest period.
 7. Perform 6 pull-ups with palms facing out, no kicking or swinging allowed. Chin must clear, or be even with the top of the bar on each repetition. No time limit.
 8. 10 minute standing rest period.
 9. Run 1.5 miles in 12 minutes and 30 seconds or less wearing the Army PT uniform.

2. The APFT and the Navy Divers physical fitness test are the minimum entrance standards and candidates are expected to perform well above those standards while at the Phase I course.
3. The physical fitness training is very strenuous and is the primary reason candidates fail the course. During the Phase I course we do not conduct PRT; candidates are expected to perform the following tasks:
 - a. Run 3 to 5 miles at a :06::30 to :07::30 per mile pace.
 - b. Perform 6 to 8 pull-ups at any given time.
 - c. Swim 15 yards underwater at 15 second intervals for 10 repetitions.
 - d. Perform intense PT with emphasis on push-ups, pull-ups, flutter kicks, leg spreaders and lots of abdominal exercises.
 - e. Tread water for extended periods of time utilizing different techniques to include regular treading, treading with hands and ears out of the water, and treading water with up to 16 pounds of weight.
 - f. PT is conducted once a day, from approximately 0450 to 0630 and water adaptability training is conducted from 1300 to 1700 hrs.
 - g. Candidates are required to learn all academic material in addition to excelling during physical training and water adaptability training.
4. Diver candidates must have ERB and Orders. This will facilitate in and out-processing of students from FT. Leonard Wood.
5. Students must have Dental records, Medical records, Chest X-Ray, and a completed Dive Physical with doctor's signature.
6. Uniform required for MOS-Trained students: Full set of Army Physical Fitness Uniform, 2 sets of ACUs or OCPs, 4 extra tan t-shirts, and issued Army underwear. Students will be authorized civilian clothes during the evenings and weekends while in course.
7. Successful completion of the Engineer Divers Phase I Course is a requirement to attend Phase II.

“The capability of a diver’s equipment depends on the capability of the diver, and the capability of the diver depends on his/her physical condition”

Author Unknown

Encl. 4 - ENGINEER DIVER PHASE II COURSE

1. Training for Diver Phase II Course includes twenty-six weeks of intense academic and physical training. Trainees are introduced to basic diving physics and diving medicine. As training progresses, they find themselves in “confidence training”, and a practical evaluation of SCUBA operations. Confidence training is the practice of ditching and donning SCUBA equipment with various problems imposed upon the students by instructors. Some examples of the types of problems imposed are loss of air and loss of equipment such as mask, regulator, and broken shoulder straps. In addition, trainees receive instruction on surface supplied diving and hyperbaric chamber operations. Students will also become familiar with underwater hydraulic tool operations and underwater cutting and welding procedures. They will become proficient in Underwater Ships Husbandry (USH) to include underwater photography, Mine/Countermine Operations, Demolitions, Hydrographic Surveys, and Reconnaissance.
2. Physical Conditioning: Physical training is conducted daily. Morning PT consists of a 50 minute period of calisthenics and running increasing in difficulty as training progresses. The students participate in runs of 2 to 4 miles, and timed bay swims of 1000 yards using fins while swimming on their backs. The time limit for the bay swim is 21 minutes or less.
3. Drown proofing is introduced early in the course. It requires the student to:
 - a. Enter the water and utilize the survival float for 5 minutes. This is a facedown floating technique.
 - b. Enter the water using a front roll entry with ankles LOOSELY tied, and perform a modified survival float for 5 minutes.
 - c. Enter the water holding a line in both hands behind their back and perform a basic survival float for 5 minutes.
4. Academics: Candidates will be introduced and required to retain information on the following subjects. Students are also required to successfully pass all examinations with a minimum score of 80%.
 - a. Physics: The students are instructed on gas theory and gas laws as they relate to diving. They are also instructed on proper charting of diving evolutions and other requirements related to diving operations.
 - b. Diving Medicine: This covers physiology and diving medicine. The student acquires the knowledge necessary to recognize respiratory problems, gas toxicity, hypothermia, barotraumas, pulmonary over inflation syndromes, decompression sickness and other diving maladies.
 - c. Diving Administration: The students are instructed on the Dive Reporting System and Diving Administration.
5. Tasks and Projects: Candidates are required to successfully complete tasks and projects related to diving. These tasks and projects are:
 - a. Hyperbaric Chamber Operation: In this phase of training the students learn to perform as hyperbaric operators. Students will become qualified as recompression chamber operators.

- b. Open-Circuit SCUBA: This phase of training includes classroom instruction, pool training, open water dives, and qualification dives in a pressure vessel assembly. The students function as topside dive team members and as SCUBA divers in the water.
 - c. Surface Supplied Diving: The students perform underwater diving operations on various projects and crafts in this module of training using the KM-37 diving apparatus.
6. With the proven ability to overcome the rigorous mental and physical challenges, the end result is a qualified Second Class Diver who is an effective member of any dive team.

***“The Ocean weeds out,
from all the Races of Mankind,
that comes upon it to make a living,
a certain type of Person.
this type of Person stays with the Ocean,
and the Rest are cast back ashore to deal
with the Land People.”***

Dr. Wilbert Chapman

Encl. 5 - INTRODUCTION TO MOS 12D

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers for the MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge. Listed below are just a few of the missions you will be challenged with if you become a 12D Engineer Diver.

A. Underwater missions include:

- (1) Underwater construction, rehabilitation, inspection and maintenance of port facilities.
- (2) Search and recovery of submerged equipment and personnel.
- (3) Supporting Joint Logistics Over-The-Shore Operations (JLOTS).
 - Installation and maintenance of offshore pipelines and mooring systems.
 - Hydrographic surveys (topographical image of the ocean floor)
 - Bathymetric surveys of shorelines to clear for beach landings.
- (4) Salvage of sunken boats and other obstructions to navigation.
- (5) Maintenance, repair, inspection and salvage of vessels.
- (6) Support the Corps of Engineers on dams, inland waterways and ocean coastal projects; port facility repairs, removal and emplacement.
- (7) Support Engineer River crossing operations and River Reconnaissance.
- (8) Demolition, Mine / Counter-Mine Operations.
- (9) Assist other government agencies, which do not have diving assets to complete their missions.
- (10) Aid civilian contractors in marine research and underwater tools and equipment development that will be used for Military application in the future.

B. Army Diving Assignments:

- (1) Initial:
 - Fort Eustis, Virginia
 - Fort Shafter, Hawaii
- (2) Follow on:
 - Panama City, Florida
 - Fort Leonard Wood, Missouri

Encl. 6 - MEDICAL SCREENING REQUIREMENTS

ENSURE THAT THE DOCTOR DOING YOUR PHYSICAL GETS THIS INFORMATION!

In order to facilitate faster processing of medical requests, please format all forms according to the examples in this packet. Any disease or condition that causes chronic or recurrent disability shall be disqualifying at the discretion of the cognizant medical officer. **Detailed medical fitness standards for MOS 12D can be found in AR 40-501, Chapter 5-11 Medical fitness standards for initial selection for other marine diving training (MOS 00B).** Particular attention shall be directed to the following items:

- (1) **Weight** – IAW AR 600-9
- (2) **Vision** – All divers shall correct to 20/20 (100 percent B.V.E.) and documented on DD 2808. Combat swimmers shall have uncorrected vision no lower than 77 percent B.V.E; nor shall have uncorrected vision in either eye less than 20/70. **All other divers shall have uncorrected vision no lower than 49 percent B.V.E.; nor shall have uncorrected vision in either eye less than 20/200.**
- (3) **Color Vision** – Diving candidates must pass the Pseudo Isochromatic Plate (P.I.P) Test, unless the applicant is able to identify vivid red and vivid green as projected by the Ophthalmological Projector or the SVT, and have results documented on DD 2808. The Farnsworth Lantern Test is no longer required.
- (4) **Dental** – A dental officer shall conduct a complete dental exam. If a dental officer is not available, a medical officer shall conduct the exam. Acute infectious diseases of the soft tissue of the oral cavity are disqualifying until remedial treatment is completed. Advanced oral diseases and generally unserviceable teeth shall be cause for rejection. Applicants with moderate malocclusion, or extensive restorations and replacements by bridges or dentures, may be accepted, if such do not interfere with effective use of self-contained underwater breathing apparatus. If student meets this criteria and does not require any dental work (i.e. fillings, etc., then document on DD 2808 type of exam and dental class. **(Note: Must indicate Type of Exam (annual, physical, etc.), and must read “Acceptable” (class 1 or 2 only) to be considered).**
- (5) **Ears, Nose, and Throat** – The following conditions are disqualifying: acute disease, chronic serous otitis or otitis media, perforation of the tympanic membrane, any nasal or pharyngeal respiratory obstruction, chronic sinusitis if not readily controlled, speech impediments due to organic defects, or inability to equalize pressure due to any cause.
- (6) **Pulmonary** – Congenial and acquired defects, which may restrict pulmonary function, cause air-trapping, or affect the ventilation-perfusion balance shall disqualify for both initial training and continuation. In general, chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying.
- (7) **Hematology** – Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying. All applicants for diving duty shall have a sickle cell test in their health record. The minimum requirement for such test is the dithionite solubility test, for which a hemoglobin electrophoresis may be substituted. Sickle trait is disqualifying in applicants.
- (8) **Skin** – Acute or chronic diseases that are exacerbated by the hyperbaric environment are disqualifying.

- (9) **Neurological** – Organic brain disease seizure disorders of any sort, and head injuries with sequelae shall be disqualifying.
- (10) **Musculoskeletal** – Saturation divers shall have triennial long bone roentgenogram surveys with diving medical examinations.
- (11) **Psychiatric** – The special nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, neuroses, immaturity, instability, asocial traits, and stammering or stuttering shall be disqualifying.
- (12) **Ability to equalize Pressure** – All candidates shall be subjected in a recompression chamber to a pressure of 50 pounds per square inch (22.50 kg) to determine their ability to withstand the effects of pressure. This test should not be performed in the presence of a respiratory infection that may temporarily hinder the ability to equalize or ventilate. **(For Army this test should be attempted prior to attending Diver Phase I Course. However, inability to perform this test due to inadequate facility will not be disqualifying).**

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

- (1) **Dental Class** (block 43)
- (2) **Comment on TM's and Valsalva SAT** (block 44 or 72b)
- (3) **Complete Neurological Exam** in detail (block 44, Cranial Nerves, Strength, Sensation, Deep Tendon Reflexes, Motor Sensory, Mental Status)
- (4) **Complete list of scars and/or tattoos** (block 44)
- (5) **Urinalysis** (Block 45, within 30 days of physical)
- (6) **Complete Blood Count (CBC) with differential** (H/H block 47, WBC/PLT block 73 with date of lab, within 30 days of physical)
- (7) **Blood type** recorded (block 48)
- (8) **HIV** (block 49, results and date, within one year of training)
- (9) **G6PD** (block 52b, any time prior to physical)
- (10) **Sickle Cell** (block 52c, any time prior to physical)
- (11) **Blood Pressure** lower than 140/90 (block 58)
- (12) **Vision** (block 61)
- (13) **Audiogram** (block 71, no results greater than 55db, within one year of training)
- (14) **Electrocardiogram** (block 73, date and impression, within one year of training)
- (15) **Chest X-ray** (block 73, Date, Exam#, Location, Impression, within one year of training)

- (16) **Fasting Lipid Panel** (block 73, within 30 days of physical)
- (17) **Fasting Glucose (FBS) Panel** (block 73, within 30 days of physical)
- (18) **PPD** (block 73, date read and reaction, within one year of training)
- (19) **Two Doses of both Hepatitis A and Hepatitis B** documented (block 73, YES/NO/IMMUNE)
- (20) **Immunizations** up to date (block 73, YES/NO, initials of screener)
- (21) **Hepatitis C Screening** (block 73, result with date of draw, within one year of training)

“The sea’s only gifts are harsh blows and, occasionally, the chance to feel strong.”- Primo Levi

Encl. 7 - MEDICAL SCREENING FORM

NAME/RANK: _____

SSN: _____

DOB: _____

PRESENT COMMAND: _____

BRANCH OF
SERVICE: _____

DATE: _____

PHYSICAL SCREENING (to be filled out by candidate):

- 1. HAVE YOU HAD ANY BLOOD PRESSURE OR HEART PROBLEMS? YES / NO
- 2. DO YOU HAVE A HISTORY OF PAIN OR PRESSURE IN YOUR CHEST? YES / NO
- 3. HISTORY OF PAIN IN NECK, ARMS, OR SHOULDERS WHEN EXERCISING? YES / NO
- 4. HAS ANYONE IN YOUR FAMILY HAD HEART PROBLEMS PRIOR TO AGE 50? YES / NO
- 5. ARE YOU ACCUSTOMED TO EXERCISE? YES / NO
- 6. ARE YOU BREATHLESS AFTER MILD EXERCISE? YES / NO
- 7. HAVE YOU EVER HAD HEAT EXHAUSTION OR HEAT STROKE? YES / NO
- 8. DO YOU EVER GET FAINT OR DIZZY? YES / NO
- 9. DO YOU HAVE BONE, JOINT, OR BACK PROBLEMS? YES / NO
- 10. ANY MEDICAL CONDITION THAT MIGHT INTERFERE WITH EXERCISE? YES / NO

SIGNATURE OF CANDIDATE: _____

DATE: _____

RECORDS SCREENING (to be filled out by medical department):

G6PD result:

Typhoid date:

Sickle cell result:

Tetanus date:

Blood type:

Yellow fever date:

Date of last SF-88:

Last PPD and result:

Date of last pressure test:

Last HIV and result:

Dental type, class, status and date of exam:

CBC w/diff result:

The following labs are complete on DD 2808: Serology, CBC w/ diff results, and Lipid panel. YES/NO
The following studies are complete on DD 2808: CXR, ECG, Audiogram, and FALANT/PIP. YES/NO

Signature of MDR: _____

Print: _____

Date: _____

DMO SCREEN (to be filled out by UMO, HMO, or Qualified Representative)

- 1. DD 2808 and DD 2807-1 are complete and correct for diving duty and within 9 months of application? YES/NO
- 2. Every page of member's health record has been reviewed? YES/NO
- 3. Any disqualifying condition has a completed, and approved waiver? YES/NO
- 4. Any non-disqualifying condition that might affect dive training is thoroughly documented per Article 15-75 of the MANMED? YES/NO
- 5. Any affirmative response to physical screening questions by candidate above is explained by yourself on SF-600 in Health Record? YES/NO

Signature of DMO: _____

Print: _____

Date: _____

NOTE: This form should be the first document the medical department at NDSTC sees when candidate's health records are opened. Any questions should be addressed before candidate arrives in Panama City. We can be reached @ (850) 235-5215 commercial or DSN 436-5215.

Encl. 8 – DD Form 2807-1 Report of Medical History

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

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

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
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 22304-3100 (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 ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

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. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

ROUTINE USE(S): The Blanket Routine Uses found at <http://dpcid.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx> apply to this collection.

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. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)		
<table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> 6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force </td> <td style="width:33%; vertical-align: top;"> 6.b. COMPONENT <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard </td> <td style="width:33%; vertical-align: top;"> 6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement DIVER <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program </td> </tr> </table>	6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement DIVER <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION	
6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement DIVER <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program			

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (including insect bites/stings, foods, medicine or other substance)
--	--

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

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

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
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"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		
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"/>			
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
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."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER

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.)

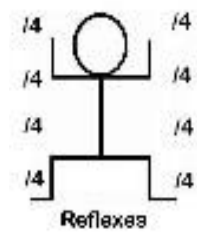
a. COMMENTS

AHLTA records have been reviewed. SM is fit for diving duty. PCM Initials: _____

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

Encl. 9- DD Form 2808 Report of Medical Examination

Please print and use the following form for your medical examination

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION (YYYYMMDD)			2. SOCIAL SECURITY NUMBER			
PRIVACY ACT STATEMENT									
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. 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): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.									
3. LAST NAME, FIRST NAME, MIDDLE INITIAL			4. HOME ADDRESS (Street, Apartment Number, City, State, ZIP code)			5. TELEPHONE NUMBER			
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10.a. RACIAL CATEGORY (Check one or more) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
11. TOTAL YEARS GOV'T SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE				
14.A. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS			
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <u>DIVE</u> <input type="checkbox"/> Retention <input type="checkbox"/> Academy/ROTC <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program			16. NAME OF EXAMINING LOCATION AND ADDRESS (Include ZIP Code)		
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)									
				Nor- mal	Ab- norm	NE			
17. Head, face, neck, and scalp							44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.) 22. Valsalva intact B/L: Yes or No 32. Circumcised: Yes or No 37. List of Scars, Tattoos, and Body Marks w/ approx size in cm: 39. In detail: CRANIAL NERVES: II - XII Intact & Symmetric: Yes or No STRENGTH: 5/5 B/L UE & LE THROUGHOUT: Yes or No SENSATION: to LIGHT TOUCH B/L UE & LE: Yes or No <div style="text-align: center;">  </div> REFLEXES: CEREBELLAR: F-N, H-T, H-S, Rap.Alt, Rhom, Gait Normal: Yes or No MENTAL STATUS: Mood/Affect/Attitude Normal: Yes or No		
18. Nose									
19. Sinuses									
20. Mouth and throat									
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)									
22. Drums (Perforation)									
23. Eyes - General (Visual acuity and refraction under items 61 - 63)									
24. Ophthalmoscopic									
25. Pupils (Equality and reaction)									
26. Ocular motility (Associated parallel movements, nystagmus)									
27. Heart (Thrust, size, rhythm, sounds)									
28. Lungs and chest (Include breasts)									
29. Vascular system (Varicosities, etc.)									
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)									
31. Abdomen and viscera (Include hernia)									
32. External genitalia (Genitourinary)									
33. Upper Extremities									
34. Lower Extremities (Except feet)									
35. Feet (See Item 35 continued)									
36. Spine, other musculoskeletal									
37. Identifying body marks, scars, tattoos									
38. Skin, lymphatics									
39. Neurologic									
40. Psychiatric (Specify any personality deviation)									
41. Pelvic (Females only)									
42. Endocrine									
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)				<input type="checkbox"/> Normal Arch <input type="checkbox"/> Mild <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Acceptable Class <input type="checkbox"/> <input type="checkbox"/> Pes Cavus <input type="checkbox"/> Moderate <input type="checkbox"/> Symptomatic <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Pes Planus <input type="checkbox"/> Severe					

LAST NAME, FIRST NAME, MIDDLE INITIAL										SOCIAL SECURITY NUMBER																													
LABORATORY FINDINGS *** SEE BOX 73 ***																																							
					a. Albumin					46. URINE HCG					47. H/H					48. BLOOD TYPE																			
					b. Sugar																																		
TESTS					RESULTS					HIV SPECIMEN LABEL					DRUG TEST SPECIMEN ID LABEL																								
49. HIV																																							
50. DRUGS																																							
51. ALCOHOL																																							
52. OTHER																																							
a. PAP SMEAR																																							
b.																																							
c.																																							
MEASUREMENTS AND OTHER FINDINGS																																							
53. HEIGHT					54. WEIGHT					55. MIN WGT - MAX WGT					MAX BF%					56. TEMPERATURE					57. PULSE														
58. BLOOD PRESSURE										59. RED/GREEN (Army Only)										60. OTHER VISION TEST																			
a. 1ST			b. 2ND			c. 3RD																																	
SYS.			SYS.			SYS.																																	
DIAS.			DIAS.			DIAS.																																	
61. DISTANT VISION					62. REFRACTION BY AUTOREFRACTION OR MANIFEST					63. NEAR VISION																													
Right 20/		Cor. to 20/		By		S.		CX		Right 20/		Cor. to 20/		by																									
Left 20/		Cor. to 20/		By		S.		CX		Left 20/		Cor. to 20/		by																									
64. HETEROPHORIA (Specify distance)																																							
ES°					EX°					R.H.					L.H.					Prism div.					Prism div.					NPR					PD				
65. ACCOMMODATION					66. COLOR VISION (Test used and result)					67. DEPTH PERCEPTION (Test used and score) AFVT																													
Right		Left		PIP		14		FALANT		/ 9		Uncorrected		Corrected																									
68. FIELD OF VISION										69. NIGHT VISION (Test used and score)										70. INTRAOCULAR TENSION																			
																				O.D. <input type="checkbox"/>										O.S. <input type="checkbox"/>									
71a. AUDIOMETER Unit Serial Number										71b. AUDIOMETER Unit Serial Number										72a. READING ALOUD																			
Date Calibrated (YYYYMMDD)										Date Calibrated (YYYYMMDD)										TEST																			
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT									
Right														Right														72b. VALSALVA											
Left														Left														SAT		UNSAT									
73. NOTES (Continued) AND SIGNIFICANT INTERVAL HISTORY (Use additional sheets if necessary.)																																							
LABS					DATE					EKG																													
CBC										Date:																													
WBC:										Impression:																													
HGB:										CXR																													
HCT:															Date:																								
PLT:															Exam #:																								
LIPIDS										Location:																													
CHOL:										Impression:																													
HDL:										Additional labs/x-rays/comments:																													
LDL:																																							
TRIG:																																							
GLUC:																																							
HIV:										Blood Type:																													
HCV:										Sickle Cell: POS or NEG																													
RPR:										G6PD: WNL / DEFICIENT																													
PPD:					mm					2 Doses of Hep A documented: Yes or No																													
PSA:										2 Doses of Hep B documented: Yes or No																													
										All Immunizations up to date: Yes or No;					initials of immunizations screener:																								
UA																																							
Spec Grav:																																							
pH:																																							
Gluc:																																							
Prot:																																							
Ket:																																							
Blood:																																							

**Encl. 10 –VOLUNTARY REMOVAL FROM PROMOTION LIST/VOLUNTARY GRADE
REDUCTION EXAMPLE**



REPLY TO
ATTENTION OF

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

OFFICE SYMBOL

DATE

MEMORANDUM THRU.....

FOR Commander.....

SUBJECT: Voluntary Grade Reduction/ Removal from Promotion Standing List on SGT/SPC John Doe (xxx-xx-1234)

1. SGT/SPC John Doe is removed from the Promotion Standing List/reduced one grade IAW AR 600-8-19, effective immediately to meet qualifications for reclassification.
2. This is a voluntary removal/reduction and Soldier will not be authorized for reinstatement.
3. This action is final and chain of command is responsible for notifying the soldier of this action.
4. The point of contact for this action (**name, number, and email**)

Signature

NAME
RANK, USA
Duty Position

Note: This memorandum does not have to look exactly like the example since it will be coming from higher and every office does it differently; as long as it states removal from promotion standing list or reduction in grade.

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) (Your Unit Information Here) Commander 414th Signal Company Fort Stewart, GA 31314	2. TO (Include ZIP Code) 12D Phase 1 Reclassification Manager DOTLD, Engineer School Fort Leonard Wood, MO 65473	3. FROM (Include ZIP Code) (Your Unit Information Here) Retention NCO or Applicant 414th Signal Company Fort Stewart, GA 31314
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. SPC John W. Doe is requesting reclassification to 12D under Reclassification and Retention Program. (EXAMPLE) or 1. SPC John W. Doe is requesting reclassification to 12D as a reenlistment option. (EXAMPLE) 2. Met requirements IAW DA Form 5030. 3. I understand that prior to my attendance at the Phase 1 course, I must meet (or reenlist/extend to meet) the service-remaining requirement of 24 months upon completion of the Phase 2 Course. If I do not meet these requirements upon arrival at the Phase 1 course, I will be disenrolled from the course. Encl. 1. ERB 2. DA FORM 5030 3. DA FORM 705, (DA 5500 or DA 5501 if applicable) 4. Request for Waiver Memorandum(s) if applicable 5. Removal from Promotion Standing List or Reduction in Rank memorandum if applicable 6. Medical Screening Forms		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)



REPLY TO
ATTENTION OF

Encl. 12- WAIVER EXAMPLE

DEPARTMENT OF THE ARMY

YOUR UNIT AND BATTALION
YOUR DIVISION
YOUR POST, STATE & ZIP CODE

OFFICE SYMBOL

DATE

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

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

1. Reference: DA FORM 5030 Engineer Dive Training Application.
2. Request age waiver for the following Soldier:

SPC John Doe W. XXX-XX-1234

3. A prerequisites for the MOS 12D is to be no more than 35 years old. SM is 38 years old and requests an age waiver.
4. Point of Contact for this request is SPC John Doe W. at (your number) or at john.w.doe@us.army.mil.

JOHN W. DOE
SPC, USA
Duty Position/MOS