

**Cadet Information Packet:** Please complete the fields on the first two pages as they should auto-fill most of the remaining pages. After completing page 2, answer the questions on page 4. These questions relate to page 6 (second page of the USACC 139-R) as follows:

- If Enrollment Verification Question 1 is Yes, check the appropriate box on USACC 139-R, item 44 and fill in "When" and "How often."
- If Enrollment Verification Question 2, 3, 4, 5a, 5b, 6, 7, and/or 8 is Yes, check "The above statement is not true" for item 43.
- If Enrollment Verification Question 13 is Yes, check "I am a conscientious objector" for criteria 46.

Go to page 6 and complete those items. Skip to page 11 and review pages 11 through 17. In not scholarship, complete pages 18 and 19. If you do not have a qualified DoDMERB exam, print page 14 (DA 3425), have a doctor sign and date it, and turn in to the ROTC program. Once this form is complete, send the electronic version (best if sent by an encrypted email) to either the Recruiting Operations Officer (ROO), your Military Science Instructor, or the HRA as instructed. You will also need to turn in to the ROTC program a copy of your signed Social Security Card and proof of U.S. citizenship (U.S. Birth Certificate, U.S. Naturalization Certificate, or other document listed in Part V(5) Citizenship on page 10 (6th page of USACC 139-R)).

<b>Name</b>		First Middle initial Last (e.g. "John J. Smith")
<b>Last Name only</b>		
<b>First Name only</b>		
<b>Middle Initial (MI)</b>		
<b>SSN</b>		
<b>College ID #</b>		
<b>Personal Email</b>		
<b>School Email</b>		
<b>Local address while attending college</b>		Building number and street name (like 123 Main ST)
<b>Local City</b>		Name of the city where you are living while at school
<b>Local State</b>		Two-letter Post Office abbreviation
<b>Local Zip Code</b>		Five-digit ZIP Code
<b>Cadet Phone</b>		If US phone, use (xxx) xxx-xxxx format
<b>Permanent Address (HOR) street</b>		Home of Record, typically parent's home
<b>HOR City</b>		Home of Record city
<b>HOR State</b>		Home of Record two-letter Post Office abbreviation
<b>HOR Zip Code</b>		Home of Record five-digit ZIP Code
<b>HOR Phone(cell # if no house phone)</b>		If US phone, use (xxx) xxx-xxxx format.
<b>Date of Birth</b>		YYYYMMDD
<b>Place of Birth</b>		If US: City, State. If outside of US: city, country
<b>Religious Preference</b>		Religious Preference or "none"
<b>Blood Type</b>		If known
<b>ACT</b>		If known
<b>SAT</b>		If known
<b>Sex (Gender)</b>		
<b>Height</b>		Height in inches
<b>Weight</b>		Weight in pounds
<b>Marital Status</b>		Single use S / Married: M / Divorced: D / Widow: W
<b>Dependents</b>		Yes if married and/or have children Spouse (if
<b>Number of Dependents</b>		married) plus number of children
<b>Ethnicity (Check the block that applies):</b>		
<b>Hispanic or Latino</b>		
<b>Non Hispanic or Non Latino</b>		
<b>Race (Check the block or blocks that apply):</b>		
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black or African American</b>		
<b>Native Hawaiian or Other Pacific Islander</b>		
<b>White</b>		
<b>Multiracial</b>		

**Citizenship**

<b>US Citizen</b>	Check if US Citizen, then the source of your U.S. citizenship below
<b>US Born</b>	Check if born in the US
<b>Naturalized</b>	Check if US Citizen by naturalization
<b>Born Overseas with US Parents</b>	Check if US Citizen born overseas, US parent
<b>Dual Citizenship</b>	Check if Dual Citizen
<b>Non US Citizen</b>	Check if not a US Citizen, then check your status below
<b>Immigrant Alien</b>	Check if Immigrant Alien
<b>Nonimmigrant Alien</b>	Check if Non-immigrant Alien
<b>Refugee</b>	Check if Refugee
<b>Do you have any condition that could interfere with you participating in a normal college physical education course?</b>	
<b>Have you ever received Medical Disability payments from any source?</b>	
<b>Next of Kin (NOK)</b>	Name of spouse or parent/guardian
<b>NOK Address</b>	Street, City, State ZIP Code
<b>NOK Phone</b>	If US phone, use (xxx) xxx-xxxx format
<b>ROTC Host College / University</b>	Refer to page 3
<b>FICE Code</b>	Refer to page 3
<b>College / University of Attendance</b>	Refer to page 3
<b>FICE Code</b>	Refer to page 3
<b>Residency Status</b>	R = In-state resident; N = Out of state
<b>Academic Class</b>	Choose from list
<b>Projected College Graduation Date</b>	YYYYMMDD
<b>Academic Major</b>	Use primary major if more than one
<b>Academic Minor</b>	
<b>Credits towards Degree</b>	
<b>Credits required for Degree</b>	Typically 120 or more
<b>CGPA (College)</b>	College cumulative grade point average
<b>Other Colleges attended</b>	
<b>Years attended other college</b>	
<b>Name of High School Attended</b>	
<b>City of High School Attended</b>	
<b>State of High School Attended</b>	2-letter abbreviation of State of HS or country if not in US
<b>ZIP Code of High School Attended</b>	
<b>High School Graduation Date</b>	
<b>ROTC Scholarship Recipient</b>	
<b>If yes to above, type:</b>	For example: 4-yr HS winner, 3AD, etc
<b>Other Scholarships</b>	
<b>JROTC Experience</b>	Branch; # of years. For example: "Army; 3 yrs"
<b>Currently in USAR or National Guard</b>	<b>Check if No</b> If no, check the box. If yes, pick the component
<b>Father's Full Name</b>	
<b>Mother's Full Name</b>	
<b>Dentist's Name</b>	Name of dentist or name of dental practice
<b>Dentist's Address line 1</b>	Mailing address - Number and Street
<b>Dentist's Address line 2</b>	City, State ZIP Code
<b>Dentist's phone</b>	If US phone, use (xxx) xxx-xxxx format
<b>Eye Color</b>	
<b>Hair Color</b>	
<b>Swim Status</b>	Strong , weak, or non-swimmer
<b>Today's Date</b>	YYYYMMDD



**INITIAL / PERIODIC ENROLLMENT VERIFICATION QUESTIONS\***

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ MS CLASS: \_\_\_\_\_

	Y/N/NA	If yes for 1-15, waiver complete?
1. HAVE YOU EVER USED ILLEGAL SUBSTANCE(S) OR DRUG(S)?	_____	_____
2. HAVE YOU EVER BEEN CITED FOR UNDERAGE DRINKING?	_____	_____
3. ARE YOU NOW, OR HAVE YOU EVER BEEN, IN PRE-TRIAL DIVERSION (LIKE A FIRST-TIME / YOUTH OFFENDER PROGRAM)?	_____	_____
4. ARE YOU NOW, OR HAVE YOU EVER BEEN, IN A COURT-DIRECTED COMMUNITY SERVICE PROGRAM OR OTHER PROGRAM THAT HAS OR WILL EXPUNGE ANY LEGAL INFRACTIONS FROM YOUR RECORD?	_____	_____
5. HAVE YOU EVER RECEIVED ANY TRAFFIC-RELATED TICKETS? (SPEEDING; PARKING; SEATBELT; OTHER TRAFFIC VIOLATIONS)	_____	
a. IF YES, HAVE THE FINES BEEN OVER \$300?	_____	_____
b. IF YES, HAVE ANY TRAFFIC FINES BEEN ALCOHOL / DRUG RELATED?	_____	_____
6. HAVE YOU EVER BEEN SUMMONED OR INDICTED INTO COURT UNDER CIVILIAN OR MILITARY LAW AS A DEFENDANT IN A CRIMINAL PROCEEDING TO INCLUDE ANY AND ALL PROCEEDINGS INVOLVING JUVENILE OR ADULT CRIMINAL OFFENSES, BUT EXCLUDING TRAFFIC VIOLATIONS WHICH INVOLVED A FINE OR FORFEITURE OF \$300 OR LESS?	_____	_____
7. HAVE YOU EVER BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLLED OR PARDONED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS OF \$300 OR LESS?	_____	_____
8. DO YOU CURRENTLY HAVE ANY "CHARGES PENDING" IN ANY COURT?	_____	_____
9. HAVE YOU EVER FILED BANKRUPTCY?	_____	_____
10. WILL YOU BE 31 YEARS OLD OR OLDER ON DECEMBER 31st OF THE YEAR YOU EXPECT TO BE COMMISSIONED?	_____	_____
11. ARE YOU NOW OR HAVE YOU EVER BEEN ENLISTED?	_____	DD 368 complete? _____
12. HAVE YOU EVER HAD A "SHIP DATE" FOR BASIC TRAINING?	_____	_____
13. DO YOU HAVE MORAL CONVICTIONS THAT PRECLUDE YOU FROM BEARING FIREARMS AND/OR PARTICIPATING IN FULL MILITARY SERVICE WITH THE U.S. ARMY, TO INCLUDE ARMED COMBAT?	_____	_____
14. DO YOU HAVE ANY TATTOOS SPECIFICALLY PROHIBITED BY ARMY POLICY?	_____	_____
15. HAS YOUR MEDICAL CONDITION CHANGED SINCE YOUR DoDMERB (or MEPS if GRFD) EXCLUDING TEMPORARY ILLNESSES LIKE A COLD?	_____	_____

I certify that these answers are correct: \_\_\_\_\_  
Cadet Signature

\*Periodic verification of USACC form 139-R required by USACC Pam 145-4, C-5

# CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAC

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority** 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301  
**Principal Purpose(s)** To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.  
**Routine Uses** To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the Cadet.  
**Disclosure** Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

### PART I - GENERAL INFORMATION

<b>Reset Form</b>	1. NAME Last		1a. NAME First		1b. NAME MI						
	2. SSN		3. COLLEGE ID #		4. E-MAIL						
5. LOCAL ADDRESS		5a. CITY		5b. STATE		5c. ZIP CODE		6. PHONE			
7. PERMANENT ADDRESS		7a. CITY		7b. STATE		7c. ZIP CODE		8. PHONE			
9. DOB		10. POB		11. RELIGIOUS PREF		12. BLOOD TYPE		13. ACT		14. SAT	
15. SEX		16. HEIGHT		17. WEIGHT		18. MARITAL STATUS		19. DEPENDENTS		19a. Number of Dependents	
20. ETHNICITY (Check One)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino	20a. RACE	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multiracial		
21. CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Born	<input type="checkbox"/> Naturalized	<input type="checkbox"/> Born Overseas with U.S. Parents	<input type="checkbox"/> Dual Citizenship (See USACC PAM 145-4, 5-17)	<input type="checkbox"/> Non U.S. Citizen	<input type="checkbox"/> Immigrant Alien	<input type="checkbox"/> Nonimmigrant Alien	<input type="checkbox"/> Refugee		
22. Do you have any condition that could interfere with you participating in a normal college physical education course?		22a. If "yes" explain									
23. Have you ever received Medical Disability payments from any source?		23a. If "yes" explain									
24. NEXT OF KIN		24a. ADDRESS		24b. PHONE							

### PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL		25a. FICE CODE		26. SCHOOL OF ATTENDANCE		26a. FICE CODE	
27. RESIDENCY STATUS		28. ACADEMIC CLASS		29. PROJECTED GRADUATION DATE		30. ACADEMIC MAJOR	
31. ACADEMIC MINOR		32. CREDITS TOWARD DEGREE		33. CREDITS REQUIRED FOR DEGREE		34. CGPA (COLLEGE)	
35. OTHER COLLEGES ATTENDED		35a. YEAR(S) ATTENDED		36. HIGH SCHOOL ATTENDED			
36a. GRADUATION DATE		37. ROTC SCHOLARSHIP RECIPIENT		37a. If "yes" what type?			
38. OTHER SCHOLARSHIPS		39. JROTC EXPERIENCE					

### PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

<input type="checkbox"/> NOT APPLICABLE (Go to PART IV)	40. CURRENT SERVICE: Are you currently in the Armed Forces?		40a. If "yes" which Branch?								
40b. SMP UNIT				40c. Is your spouse currently a member of the Armed Forces?							
41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?		41a. Were you ever disenrolled from any ROTC Program?		41b. Were you ever enrolled in a Service Academy?							
41c. Were you ever discharged from the Armed Forces?		41d. If "yes", what type of discharge?		41e. If "yes" what was the RE Code?							
41f. Months of Active Service				41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program?							
41g. Have you ever been discharged for medical reasons?		41 h. If "yes", explain:									

# CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

## PART IV - STUDENT STATEMENTS

### 42. RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

I have read and understand the above statement concerning data required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form.

### 43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine of \$300 or less (excluding court fees). No waiver required except when the applicant has accumulated six or more such offenses during any 12-month period. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

Check One:  The above statement is true.  The above statement is not true - Explain:

### 44. SUBSTANCE ABUSE

Check One:  I have never used an illegal substance or drug.

I have used illegal substances or drugs only on an experimental or limited basis. When:  How Often:

I have been a recent or frequent user of illegal substances or drugs. When:  How Often:

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

### 45. RELIGIOUS ACCOMMODATION

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

I have read and understand the above statement concerning accommodation of my religious practices. I do  I do not  wish to submit a religious accommodation

### 46. CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "Opposition to participating in any form of war or the bearing of arms due to sincerely held morals, ethical or religious beliefs, or a combination of such beliefs "

Check One:  I am not a conscientious objector.  I am a conscientious objector. Explain:

### 47. EXTREMIST GROUPS

Have you ever had, or currently have, any association with an extremist/hate organization or gang?  Yes  No

Intentionally Left Blank

"All information given on this form is correct to the best of my knowledge."

SIGNATURE OF CADET

### 48. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both foreign and domestic; that I will bear true faith and allegiance to the same, and that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God."

SIGNATURE OF CADET

DATE

## CADET APPLICATION ENROLLMENT RECORD

 Last Name 

 SSN 

### PART V - BASIC COURSE ENROLLMENT ELIGIBILITY CHECKLIST\*

**ALL NONCONTRACTED CADETS MUST MEET THE FOLLOWING CRITERIA TO ENROLL IN THE BASIC COURSE:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5.

49. ACADEMIC STATUS  Eligible: Registered for and attending full time (in accordance with university policy - usually 12 or more credit hours) a regular course of instruction resulting in an accredited undergraduate or graduate degree at an host, extension, or crosstown school.
- Ineligible (Waiver denied): Not registered for and attending full time a regular course of instruction at an host, extension, or crosstown school.
- 
50. CONSCIENTIOUS OBJECTION  Eligible: (a) U.S. Citizen and is not a conscientious objector. (b) Enrolled alien student (exempt by statute). (c) Students required by their school to take military training.
- Ineligible: Student is a U.S. Citizen and a conscientious objector at a school, which does not require its students to take military training. (NOTE: Prior to enrollment students who have previously been conscientious objectors must furnish a letter stating they no longer have convictions that preclude bearing arms and participating in full military service with the U.S. Army).
- 
51. CHARACTER  Eligible: Good moral character. No domestic violence conviction.
- Ineligible: Nonwaiverable. Domestic violence misdemeanor or felony conviction.
- 
52. TATTOOS  Eligible: Student does not have any tattoos specifically prohibited by Army policy (see ineligible below).
- Ineligible: (a) Any tattoo/brand on the face, neck or head (permanent facial makeup that conforms to AR 670-1 makeup standards is permitted). (b) Other tattoos/brands that are visible and detract from a soldierly appearance while wearing the Class A uniform. (c) Other tattoos/brands that are prejudicial to good order and discipline.
- 
53. CITIZENSHIP  Eligible: U.S. Citizen (Must be verified per instructions). (Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.)
- Eligible: (a) Immigrant Alien (b) Refugee (NOTE: Aliens are ineligible for scholarship and SMP (exception for US Nationals), even if approved for enrollment in the Basic Course).
- Ineligible: Nonimmigrant Aliens. May ONLY PARTICIPATE in the basic course. Must be from OSD Service Academies approved country list (NATO countries included) in order to participate beyond the basic course
- 
54. MEDICAL  Eligible: DA Form 3425 has been completed and signed by a qualified medical physician (or equivalent statement from university health care provider) showing no medical condition/physical impairment that precludes enrollment in the basic course.
- Ineligible (Waiver denied or nonwaiverable): Qualified medical physician refuses to complete and sign DA Form 3425 for the student.

**\* NOTE: ENROLLMENT ELIGIBILITY OFFICER WILL CHECK THE INFORMATION IN PARTS I - III AND THE STUDENT'S STATEMENTS IN PART IV AND ADVISE THE STUDENT IF A WAIVER IS REQUIRED PRIOR TO CONTRACTING I.E., AGE, RE-CODE, DEPENDENCY, CIVIL CONVICTION, SUBSTANCE ABUSE, ETC. (Waiver approval is not guaranteed).**

### PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST

**ALL NONSCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII)

55. PREVIOUS CRITERIA  Eligible: Student meets criteria 49-54 on the Basic Course Enrollment Eligibility Checklist (PartV).
- Waiver Required: Pending waiver for criteria in Part V above.  Waiver Granted (Eligible): Date
- Ineligible (Waiver denied or nonwaiverable).
- 
56. CIVIL CONVICTION  Eligible: (a) No civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: alcohol-related driving offenses) resulting in a fine of less than \$300. (b) Not guilty verdict or successful appeal of a conviction.
- Waiver Required (Prior to Contracting): Any civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: Alcohol-related driving offenses) resulting in a fine of less than \$300. Any conviction resulting in other adverse dispositions (punishment other than a fine) requires a waiver. Convictions where the record is expunged, sealed, set aside, dismissed, or original finding or pleas changed **still** require a waiver.
- Waiver Granted (Eligible): Date
- Ineligible (Waiver denied): (a) Pending charges for violating any civil law; (b) On supervised and/or conditional probation.
- 
57. DEPENDENCY  Eligible: (a) Single student with no dependents. (b) Married student with no more than three (3) dependents, to include spouse. (c) Single student whose children have been placed **by court order** in the custody of an adult relative/legal guardian and the student is not required to pay child support.
- Waiver Required (Prior to Contracting): (a) More than three (3) dependents (spouse plus more than 2 children under 18 years old). (b) Single parent whose children have been placed **by court order** in the custody of an adult relative/legal guardian when the student is required to pay child support. (c) Spouse is also in Army ROTC and there are children under 18 years old. (d) Spouse is in a military component of any Armed Service (other than Inactive Ready Reserve) when student has a child under 18 years old.
- Waiver Granted (Eligible): Date
- Ineligible (Waiver denied or nonwaiverable): Single parents who have legal custody of their children who are under 18 years old.

## CADET APPLICATION ENROLLMENT RECORD

Last Name

SSN

### PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST (CONTINUED)

**ALL NON-SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII.)

58. SUBSTANCE ABUSE	<input type="checkbox"/> Eligible: Never used chemical substances or drugs  <input type="checkbox"/> Waiver Required: Self admitted use of chemical substances or drugs.  <div style="text-align: right;"><input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/></div> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable) Chemical substance or drug abuse requiring professional care, which is medically disqualifying.
59. LOYALTY OATH	<input type="checkbox"/> Eligible: Cadet signed loyalty oath.  <input type="checkbox"/> Ineligible: Refuses to sign loyalty oath.
60. PRIOR SERVICE	<input type="checkbox"/> Eligible: (a) No prior service. (b) Honorably discharged from the Armed Services with a qualifying RE code of 1 on DD Form 214. (c) Currently in the Army Reserve or National Guard (see NOTE below). <input type="checkbox"/> Waiver Required: (a) Honorably discharged with an RE code other than 1 on DD Form 214. <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): (a) Honorably discharged with a disqualifying RE code on the DD Form 214. (b) More than ten (10) years Active Duty, without an exception to policy from CC. (c) Any type of discharge other than "honorable". (d) Current or former commissioned officer, or has a certificate of eligibility for appointment as a commissioned officer. (e) On Active Duty at time of contracting. A soldier on transition leave is ineligible until actual separation.  <p><b>NOTE:</b> Contracted cadets cannot be in the USAR or ARNG (to include IRR) outside of the SMP program. Upon contracting, current members of the USAR or ARNG must <i>either</i> sign an SMP contract (and remain a member of the USAR or ARNG) or sever ties with their USAR or ARNG unit.</p>
61. CITIZENSHIP	<input type="checkbox"/> Eligible: U.S. Citizen. (Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.)  <input type="checkbox"/> Ineligible (Nonwaiverable): Non-U.S. Citizen to include U.S. Nationals.
62. PLACEMENT CREDIT	<input type="checkbox"/> Eligible: Student is enrolling in the Alternate Entry Program, the Accelerated Cadet Commissioning Training Program, OR the student has received credit for MS I & MS II by any combination of the following (as set forth in USACC Reg 145-3 and AR 145-1, Table 3-1): (a) Completed Basic Course. (b) Successfully completed Basic Camp. (c) Completed Basic Training in one of the Armed Services. (d) Credit for Senior ROTC training (Army, Navy, Air Force, Marine, or Coast Guard). The first year of any SROTC = credit for MS I. Any additional years of SROTC = credit for the Basic Course. (e) Participation in a service academy. One year = credit for MS I. Two years = credit for the Basic Course. (f) JROTC experience. One = no credit. Two years = PMS may award up to MS I credit. Three years = PMS may award up to full Basic Course credit.  <input type="checkbox"/> Ineligible (Waiver denied/Nonimmigrant Aliens)
63. ACADEMIC STATUS	<input type="checkbox"/> Eligible: (a) All students must be enrolled full time AND academically aligned AND have a cumulative college GPA (if any) of 2.0 on a 4.0 scale or equivalent. (b) MJC freshman also require at least a 2.0 cumulative high school GPA AND SAT score of 850 or ACT of 17. <input type="checkbox"/> Waiver Required: Graduate student with less than full time enrollment (waiverable). <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ineligible (Waiver denied): (a) Student is not academically aligned (Exceptions to policy may be considered); (b) Cumulative college GPA is less than 2.0 (nonwaiverable).
64. PHYSICAL FITNESS	<input type="checkbox"/> Eligible: Pass the Army Combat Fitness Test (ACFT) Standards IAW ATP 7-22.01.  <input type="checkbox"/> Ineligible (Nonwaiverable): Failure to meet eligibility criteria.
65. MEDICAL	<input type="checkbox"/> Eligible: Student shows as fully medically qualified on DD Form 2808 and is approved by DoDMERB physical with a certified stamp. <input type="checkbox"/> Waiver Required: Student is medically disqualified by a DoDMERB or MEPS physical, if applicable. <input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ineligible (Waiver denied, nonwaiverable).
66. AGE	<input type="checkbox"/> Eligible: Student is at least 17 years of age at time of contracting and will be less than age 30 at time of commissioning. <input type="checkbox"/> Waiver Required (Prior to Contracting): Brigade Commanders can waive ages 30-32 at the time of commissioning. USACC, CG is waiver approval authority for ages 33-39 at the time of commissioning. HQDA G1 may approve over 39 years of age at the time of commissioning. <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): Student is younger than 17 at time of contracting.



## CADET APPLICATION ENROLLMENT RECORD

Last Name

SSN

### PART VII - SCHOLARSHIP ELIGIBILITY CHECKLIST

**ALL SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. Scholarship students must also meet scholarship eligibility requirements. **NOTE:** Green to Gold scholarship applicants must meet additional criteria in order to apply. Refer to the current USACC Reg 145-6 for details.

67. PREVIOUS CRITERIA	<input type="checkbox"/> Eligible: (a) Four-year and three-year scholarship winners must meet criteria 56-62 on the Advanced Course Eligibility Checklist (Part VI). (b) Two-year scholarship winners must meet criteria 56-63 on the Advanced Course Eligibility Checklist (Part VI). ( <b>NOTE:</b> Alternate Entry Option students are ineligible for scholarship). <input type="checkbox"/> Ineligible: Ineligible for contracting unless student is fully qualified.
68. MEDICAL	<input type="checkbox"/> Eligible: Student shows as fully medically qualified on DD Form 2808 and is approved by DoDMERB with a certified stamp. <input type="checkbox"/> Waiver Required: Student is medically disqualified by DoDMERB or MEPS physical, if applicable. <span style="float: right;"><input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 80px;" type="text"/></span> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable).
69. MAJOR	<input type="checkbox"/> Eligible: Student is majoring in one of the majors listed in USACC Pam 145-1. <span style="float: right;"><input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 80px;" type="text"/></span> <input type="checkbox"/> Waiver Required: Student is not majoring in one of the majors listed in USACC Pam 145-1. <input type="checkbox"/> Ineligible (Waiver denied).
70. AGE	<input type="checkbox"/> Eligible: Student must be 17 years of age within the first semester following award of the scholarship (cannot contract until reaches age 17) and be under 31 years of age on 31 December of the calendar year of commissioning. <input type="checkbox"/> Ineligible (Statutory-Nonwaiverable): Student exceeds the statutory maximum age requirement IAW USACC Reg 145-1.
71. ACADEMIC STATUS	<input type="checkbox"/> Eligible: Student must meet ALL THREE of the following criteria: (a) Academically aligned. (b) Most recent Term and Cumulative college GPA of 2.5 on a 4.0 scale, OR student has no college GPA yet, but has a cumulative high school GPA of 2.5 on a 4.0 scale. (c) Full time student (in accordance with university policy - usually 12 or more credit hours). <div style="text-align: center;"> <b>HS GPA</b> <input type="checkbox"/> <b>OR</b> <b>College GPA</b> <input type="checkbox"/> </div> <input type="checkbox"/> Waiver Required: (a) Student has a cumulative college GPA of less than 2.5 on a 4.0 scale. Rounding is not permitted. (b) Student has no cumulative college GPA yet, but has a cumulative high school GPA of less than 2.5 on a 4.0 scale. (c) Graduate student who is enrolled less than full time. <span style="float: right;"><input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable).
72. ACT/SAT	<input type="checkbox"/> Eligible: (a) Two-year and three-year scholarship recipient: no requirement; (b) Two-year MJC, three-year advance designee, or four-year scholarship recipients are required to take the SAT or ACT; however, no minimum score is required; (c) If a 3-year advance designee or four-year scholarship recipient has an established college GPA, then the SAT or ACT is not required; (d) 2-year MJC scholarship recipients must meet SMP requirements 19 ACT/850 SAT or PSAT. <b>SCORE: SAT Verbal</b> <input type="checkbox"/> <b>SAT Math</b> <input type="checkbox"/> <b>ACT Composite</b> <input type="checkbox"/> <input type="checkbox"/> Waiver Required: Two-year MJC scholarship recipient who does not meet SMP requirements but has 110 GT score (waiver granted by Recruiting Brigade Commander, not USACC.) <div style="text-align: center;"> <b>SCORE: SAT Verbal</b> <input type="checkbox"/> <b>SAT Math</b> <input type="checkbox"/> <b>ACT Composite</b> <input type="checkbox"/> </div> <input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): Two-year MJC scholarship recipient who is not eligible for waiver.
73. ACADEMIC CREDITS	<input type="checkbox"/> Eligible: At the time the scholarship begins, (a) 2-year scholarship recipients must have at least 4 semester/6 quarters remaining, (b) 2.5-year scholarship recipients must have at least 5 semesters/7-8 quarters remaining, (c) 3-year scholarship recipients must have 6 semesters/9 quarters remaining, or (d) 3.5-year recipients must have 7 semesters/10-11 quarters remaining. <input type="checkbox"/> Waiver Required: If the student does not meet the criteria above. <span style="float: right;"><input type="checkbox"/> Waiver Granted (Eligible): Date <input style="width: 80px;" type="text"/></span> <input type="checkbox"/> Ineligible (Waiver denied).
74. PHYSICAL FITNESS	<input type="checkbox"/> Eligible: Pass the Army Combat Fitness Test (ACFT) IAW ATP 7-22.01 <b>NOTE:</b> For scholarship applicants, an ACFT must be passed NLT 15 Dec (or NLT 1 May for mid-year entries) prior to contracting. <input type="checkbox"/> Ineligible (Nonwaiverable): Failure to meet eligibility criteria.
75. CITIZENSHIP	<input type="checkbox"/> U.S. Citizen or U.S. National. Scholarship applicants must be U.S. Citizens or U.S. Nationals prior to contracting as a scholarship Cadet. "U.S. Nationals" are persons born in American Samoa and Swains Island. ROTC Cadets must obtain U.S. Citizenship to be eligible for appointment as a commissioned officer.

### PART VIII - ENROLLMENT OFFICER CERTIFICATION

Certify by signature as many as applicable:

<input type="checkbox"/>	BASIC COURSE: Student is eligible (fully or by waiver) for entry into the Basic Course. Name/Rank: <input style="width: 150px;" type="text"/>	Signature: <input style="width: 150px;" type="text"/> Date: <input style="width: 80px;" type="text"/>
<input type="checkbox"/>	NONSCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a nonscholarship. Name/Rank: <input style="width: 150px;" type="text"/>	Signature: <input style="width: 150px;" type="text"/> Date: <input style="width: 80px;" type="text"/>
<input type="checkbox"/>	SCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a scholarship recipient. Name/Rank: <input style="width: 150px;" type="text"/>	Signature: <input style="width: 150px;" type="text"/> Date: <input style="width: 80px;" type="text"/>

## CADET APPLICATION AND ENROLLMENT RECORD Instructions and Notes (USACC Pam 145-4)

The purpose of the Cadet Application and Enrollment Record (CC Form 139-R) is threefold:

1. To record necessary information for entering a Cadet into the CCIMM database.
2. To create a legal record of Cadet enrollment.
3. To guide the Enrollment Eligibility Officer through the process of determining eligibility for enrollment and contracting.

**A student is not enrolled in Army ROTC until he/she has completed and signed this form and the Enrollment Eligibility Officer certifies by signature that the student is eligible for entry into the Basic Course. A Cadet will not be contracted until he/she has completed and signed this form and the Enrollment Eligibility Officer certifies by signature that the Cadet is eligible for contracting.**

**Contracting any student is subject to the approval of the PMS, even when all other eligibility criteria are met.  
Cadre will verify that the information on this form is current and accurate during each required periodic counseling with the Cadet.**

Reproduction of this form on cardstock for durability is recommended. You may fill in permanent information in ink and changeable items in pencil.  
If a waiver is required, refer to the current "Approval Authority/Flow of Cadet Actions" matrix and CC Pam 145-4, or other published guidance for current processing of waivers.  
This form will be retained in the Cadet's personnel record as a permanent document and retained with the Cadet Record Brief for five years following the Cadet's appointment or disenrollment.

### Notes and references:

**Part I-III** Height and weight is approximate. Fully discuss with the student any physical conditions they identify in Part I.

**Part IV** Signing the Loyalty Oath is optional for noncontracted students enrolling in the Basic Course. Foreign students do not sign the Loyalty Oath.

**Part V** Basic Course Enrollment Eligibility (Noncontracted Cadets): See notes/instructions for Part V.

- (1) Academic Status: AR 145-1, Ch 4; CC Pam 145-4.
- (2) Conscientious Objection: AR 145-1, Ch 4; CC Pam 145-4.
- (3) Character: AR 145-1, Ch 4; CC Pam 145-4.
- (4) Tattoos: AR 670-1, dtd 1 Jan 2021, para 3-3.
- (5) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Form N-550, Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) Form N-560 Certificate of Citizenship, (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 4; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing foreign students for enrollment refer to AR 145-1, Ch 4, and CC Pam 145-4). Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.
- (6) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4.

**Part VI** Nonscholarship Contracting Eligibility: See notes/instructions for Part VI.

- (1) Basic Course Eligibility Requirements: Cadet must meet basic course eligibility requirements - (1) - (6).
- (2) Civil Conviction: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4; and AR 601-210, Ch 4.
- (3) Dependency: AR 145-1, Ch 4; CC Pam 145-4. In questions of custody, only court orders are acceptable. Powers of Attorney have no binding legal effect in such cases. Cadre will not counsel or advise sole parent applicants to turn over legal custody; they may only advise on eligibility standards IAW Army policy.
- (4) Substance Abuse: AR 145-1, Ch 4; CC Pam 145-4.
- (5) Loyalty Oath: Statutory; DoD 1215.8; AR 145-1, Ch 5; CC Pam 145-4. Foreign students specifically exempted by law.
- (6) Prior Service: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4; AR 601-210, contains RE codes and their eligibility status.
- (7) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) INS Form N-560 (Certificate of Citizenship), (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 4; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing foreign students for enrollment refer to AR 145-1, Ch 4, and CC Pam 145-4). Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.
- (8) Placement Credit: AR 145-1; CC Reg 145-1.
- (9) Academic Alignment: CC Pam 145-4.
- (10) Fitness: AR 145-1; CC Reg 145-1; CC Pam 145-4; Cadet scholarship and non-scholarship contracts.
- (11) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (12) Age: Statutory: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4.

**Part VII** Scholarship Contracting Eligibility. See notes/instructions for Parts VI and VII.

- (1) Basic Contracting Eligibility Requirements: Cadet must meet basic contracting eligibility requirements in Part VI.
- (2) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (3) Major: CC Pam 145-1, Appendix E.
- (4) Age: Statutory: AR 145-1, Ch 4; CC Reg 145-1.
- (5) GPA: CC Reg 145-1.
- (6) SAT/ACT: CC Reg 145-1.
- (7) Academic Credits: CC Reg 145-1.
- (8) Physical Fitness: AR 145-1; CC Reg 145-1; CC Pam 145-4; Cadet scholarship and non-scholarship contracts.

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS  
(ROTC Cadet Cmd PAM 145-4)**

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC  
CADETS**

**Revision Date:** 03/15/23

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that-

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
  - a. U.S. Public Health Service hospitals or physicians where available.
  - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

DATE

CADET SIGNATURE

\_\_\_\_\_  
Printed Name of Cadet

**AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS**

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Authority** 20 USC 1232g, and Public Law 93-380  
**Principal Purpose** To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents.  
**Routine Uses** To provide authorization/declination to release information contained in official records.  
**Disclosure** Disclosure is voluntary.

**PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS**

Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I

hereby authorize the release of any and

*(Cadet's Name)*

all official records maintained by the

\_\_\_\_\_ *(Name of School)*

or it's ROTC Department to personnel in the Department of Defense and/or my parents,

\_\_\_\_\_ *(Name of Parents)*

I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date

**PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS**

Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by

\_\_\_\_\_ ROTC Department to my

*(Name of School)*

parents. *(Exception: Parents who still claim student as a dependent for IRS purposes)*  
future, I will inform the ROTC Department in writing.

If I change my mind in the

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date

**DENTAL FILM REQUIREMENT  
Army ROTC**

USACC Pamphlet 145-4, Para 5-28, requires dental films for casualty identification purposes for all participants in the SROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or government contracted transportation, no exception(s) to this rule are allowed.

---

I certify that my dental representative listed below has on file in my dental records descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for me.

Cadet Name (Full): \_\_\_\_\_

SSN: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

\_\_\_\_\_

Cadet Signature

\_\_\_\_\_

Date

---

**AUTHORIZATION TO RELEASE DOCUMENTS**

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items or documents to the US Army ROTC or other Department of Defense Representative.

\_\_\_\_\_

Cadet Signature

\_\_\_\_\_

Date

**MEDICAL FITNESS STATEMENT  
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC**

For use of this form, see AR 145-1; the proponent agency is DCS, G-1.

DATE (YYYYMMDD)

I have examined \_\_\_\_\_ and find no medical  
*(First Name - Middle Initial - Last Name)*  
condition or physical impairment that precludes their participation in the basic course, Army ROTC, a program  
not more physically strenuous than a normal college physical education program.

SIGNATURE OF PHYSICIAN

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*This form is not an authorization or consent to use or disclose your health information.*

### 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

### 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

### 3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpcl.d.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

### 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR  
DOD IDENTIFICATION NUMBER  
OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

## STATEMENT OF HEALTH AND MEDICAL EXAMINATION

For use of this form see AR 145-1; the proponent agency is DCS G-1.

### PRIVACY STATEMENT

**AUTHORITY:** 10 USC 2104, Advanced Training Eligibility for; 10 USC 7013, Secretary of the Army; AR 145-1, Senior Reserve Officers Training Corps Program: Organization, Administration, and Training.

**PRINCIPAL PURPOSE:** To provide changes to a cadet's medical readiness since physical exam is in conjunction with MS III. For additional information see the System of Records Notice A0145-1 AHRC, Army Reserve Officer's Training Corps (ROTC) and Financial Assistance Programs (<https://dpclid.defense.gov/Privacy/SORNsindex/DOD-Component-Notices/Army-Article-List/>).

**NOTE:** This system of records may contain individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

**ROUTINE USES:** There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** Voluntary, however nondisclosure may result in disenrollment from SROTC and loss of related financial benefits and/or scholarships.

NAME	CADET ID Number
SCHOOL	DATE (YYYYMMDD)

The most recent medical examination I underwent in conjunction with enrollment in Army ROTC, or Attendance at Cadet Summer Training, or on my own at a Military Entrance Processing Station/Military Treatment Facility was on or about:

\_\_\_\_\_ at \_\_\_\_\_  
Date (Month/Year) (Location/Facility (DoDMERB/CST/MEPS/MTF))

And to the best of my knowledge and belief there has been no change in my medical status since the accomplishment of this medical examination or since I last completed a DA Form 2453 except as noted below: *Note:* List ANY changes to medical condition(s); include any emergency room visits, surgeries, hospitalizations, treatment or counseling from mental health professional, unresolved medical condition(s) lasting longer than 45 days, medication usage lasting longer than 30 days, or insert "No change", as appropriate.

Failure to disclose any changes to your medical condition(s) since your last contracting/commissioning physical, or subsequent DA Form 2453 may result in repayment of scholarship or bonus funds expended on your behalf.

\*\*\*Note to SROTC Programs: Any listed changes above require a medical determination sent through your brigade action officer to the Cadet Command Surgeon's Office for review. Exceptions to this include any type of birth control including placement/removal procedures, upper respiratory, urinary, gastrointestinal, and skin conditions that resolve within 45 days.

_____ Signature (Professor of Military Science)	_____ Signature (Army ROTC Student/Cadet)
--	--



DODMERB Request Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Email (School): \_\_\_\_\_ Email (Personal): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

**Choose the address where you will be residing at for the next 4-6 weeks; appointments will be made with approved medical doctors who are as close as possible to the address selected below:**

Place to complete Exams:      Near home      Near school      Alternate Location

Alternate Location (city, state):

**Only fill this portion out if you have previously initiated the DODMERB process.**

Organization of Original DODMERB (ROTC, USMA, USNA, etc.): \_\_\_\_\_

Timeframe of Original Appointments (Month/Season, Year): \_\_\_\_\_

Results of DODMERB Testing: \_\_\_\_\_

NAME:(Full) \_\_\_\_\_

STUDENT COLEGE ID # \_\_\_\_\_

If you answer YES to any of the following questions, please provide a brief explanation in the section below:  
(circle appropriate response)

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Wear glasses, contact lenses or corneal eye retainers -----   | YES | NO |
| 2.  | Have you ever had your vision improved by methods other than stated above? --   | YES | NO |
| 3.  | Have any allergies -----  | YES | NO |
| 4.  | Take any medications regularly-----   | YES | NO |
| 5.  | Head injury -----   | YES | NO |
| 6.  | History of diabetes -----   | YES | NO |
| 7.  | Any bone or joint problem, injuries, surgery-----   | YES | NO |
| 8.  | Sleepwalking episodes after age 12 -----  | YES | NO |
| 9.  | Motion sickness (car, train, sea, or air) -----   | YES | NO |
| 10. | Orthodontics (current) -----  | YES | NO |
| 11. | Asthma or wheezing (use an Inhaler) -----   | YES | NO |
| 12. | Heart trouble or heart murmur-----  | YES | NO |
| 13. | Had or been advised to have, any surgical operations? -----   | YES | NO |
| 14. | Consulted, or been treated by clinics, hospitals, physicians,<br>or other practitioners for other than minor illnesses? ----- | YES | NO |
| 15. | Had any injury or illness other than those already noted? -----   | YES | NO |

Explanation (note#, followed by explanation)

ACTIVITY	HIGH SCHOOL	COLLEGE
Member of a team or club: (Sports/Band/Church group/JROTC/ROTC)		
Captain or Leader of team or club: (Sports/Band/Church group/JROTC/ROTC)		
Selected as: (All City, District, Conference, State)		
Varsity Letter		
JROTC/ROTC Club or Organization (Ranger Challenge, Color Guard, Cannon Crew, etc.)		
Bataan Death March, Army 10 Miler, Norwegian Foot March		
Student Government or Council Member		
Student Government Leadership (President, VP, Treasurer, etc.)		
Employment, 10 hours per week or less		
Employment, 11 to 29 hours per week		
Employment, 30 plus hours per week		
Social Fraternity/Sorority Member		
Social Fraternity/Sorority Leadership Position		
Service Organization Member		
Service Organization Leadership Position		
Boy Scout Eagle Scout Award		
Girl Scout Gold Award		
National Honor Society		
Regional/National Superlative Selection		
Prior Service or Current Service Member		
Additional Activities not listed above:		

**CADET ENROLLMENT CHECKLIST**  
**(Cadre/Staff use only)**

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_  
SCHOOL ID#: \_\_\_\_\_  
EYE COLOR: \_\_\_\_\_  
HAIR COLOR: \_\_\_\_\_

COMMENTS/MISSING DOCUMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


ADDITIONAL ADMINISTRATIVE COMMENTS:

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