

# PURDUE

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## UNIVERSITY

### Department of Naval Science

From: Battalion Officer, NROTCU Purdue University  
To: Prospective College Program Midshipman

Subj: NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATION FOR INCOMING COLLEGE PROGRAM STUDENTS (STUDENTS NOT ON A NROTC SCHOLARSHIP)

1. In order to be cleared for participation as a Midshipmen in the NROTC College Program (i.e. as a student without a National NROTC Scholarship), you must complete the following application documents, as well as the additional items requested below, **and return to NROTC Unit Purdue University no later than June 30<sup>th</sup>.**

By completing this application, you certify that you have at least 3 years of full-time, undergraduate coursework remaining (i.e. you are entering the fall of your freshman or sophomore year at Purdue University).

If you are an incoming freshman with less than 30 college credits, you should also be re-applying for the National NROTC Scholarship. We recommend you hold off on the Officer Interview portion of the application until you are here at the unit. Application website: <http://www.nrotc.navy.mil/apply.html>.

2. Below is a summary and explanation of the attached forms. Some of the forms are fillable .pdf files, but if any information needs to be hand written, please ensure you use black ink, print legibly, and sign all required signature spots.

**A. NROTC College Program Application (NSTC 1533/133 Form)**

This form is your application to the program. Ensure the Personal Information section is accurately filled out - you will not hear back from us if it is blank. Circle the applicable "USN" or "USMC" to indicate which option you intend to pursue. Ensure the Academics section is filled in as completely as possible. You do not need to send us your high school transcript.

**B. Report of Medical History (DD Form 2801-1)**

This is a form that the military uses as part of an official medical exam. For our purposes, it is meant for us to determine if there is anything potentially disqualifying for naval service from your medical history. Please be as thorough as possible - failure to report something now may lead to eventual medical disqualification if you are accepted on a future scholarship. A doctor's review and/or signature is not required. Leave the following items blank: Boxes 2, 5, 6, and 7. Note that a reviewing doctor is not required for page 3. **FEMALES:** you do not need to complete items 18d and 18e.

*If you applied to a military academy or if you applied for the National NROTC Scholarship and previously completed a qualifying*

*DoDMERB Physical Exam, you still need to complete this form and return it to us.*

**C. Personal Data Information Sheet**

This form is used to provide NROTC Purdue with your personal, demographic, scholastic, and home of record information for database entry. Use the code sheet as necessary to help you complete the information sheet. **DO NOT include your bank account information.** We do require full SSNs.

**D. Supply Information and Uniform Measurement Form**

This form will be provided to our Supply Officer for the ordering of correctly sized uniforms for you. Follow the measurement instructions on the form for your measurements. You will be issued uniforms during our Freshman Orientation, at no cost. Specific uniform measurement and sizing questions can be directed to Mr. Mike O'Malley, at 765-494-2054 or mbomalley@purdue.edu.

**E. Sports Physical**

In order to participate in NROTC physical training events, you must have an athletic physical examination or "sports physical" conducted by your family physician. Most physicians have a generic sports physical form, but we have provided you with a form that the state of Indiana uses. You are not required to use the provided form - any sports physical will suffice, **as long as it is signed by a doctor.** Please include this in your application package. If you are unable to complete the physical before the June 30<sup>th</sup> deadline, you may submit your application package without the sports physical, with the intent of completing and submitting your sports physical to us prior to arrival in the fall.

**F. Applicant Fitness Assessment (Navy) or Physical Fitness Test (Marine Corps)**

**NAVY:** If you are applying to be a Navy-option Midshipman, you must complete the enclosed Applicant Fitness Assessment (AFA). This test and form is designed for National Scholarship Applicants, which requires them to have the test administered by a specific individual. For the College Program, you are allowed to administer this test to yourself, on your own - we do not require anyone specific to administer the test.

*If you previously completed the AFA in conjunction with a National NROTC Scholarship application, you may submit those results to us. Alternatively, if you completed the Candidate Fitness Test (CFA) for a military academy application, you may submit the applicable results from that test to us using this form.*

**MARINE CORPS:** If you are applying to be a Marine-option Midshipman, you must complete the enclosed Physical Fitness Test (PFT). This test is an annual requirement for every current Marine-option Midshipman (and the same test issued to active duty Marines) and a good indicator of your overall physical fitness. You are allowed to administer this test yourself, but it will require another person to assist. There is no minimum score to apply or for acceptance into the program, but your score will be a factor in your program admission decision.

*If you previously completed the PFT in conjunction with a National NROTC Scholarship application, you may submit those results to us. If you completed the Candidate Fitness Test (CFA) for a military academy application, you must still administer and submit PFT results using the enclosed form.*

**G. Information Release Authorization**

This form allows NROTC Purdue staff to access your Purdue University records. If you are under the age of 18 this must be signed by both you and your legal guardian.

3. Additional required application materials.

**A. Proof of Citizenship**

We require proof of United States Citizenship for participation in the program. Upon arrival to the unit in the fall, **bring with you either an original birth certificate or your passport.** We will make our own certified copy, and **we will return the original to you.** We need an original in order to make our own certified copy.

4. Additional enclosures for your reference. You do not need to take action on these items, they are provided for reference only.

**A. Navy Height and Weight Standards**

If you are outside of the Navy's height and weight limitation, you may contact us for determining your body fat measurement using the Navy's standard measurement procedures. Note that there are different height/weight tables for the Navy and Marine Corps.

**B. Navy Physical Fitness Assessment Standards**

You are expected to arrive in good cardiovascular shape, as well as good upper body and core strength. The *minimum* standard for a passing score in this program is a "Satisfactory" in each event. Specific guidelines and required form will be taught to you, but for now the instructions in the Fitness Test section will suffice.

**C. Navy Tattoo and Piercing Policy**

The Navy and Marine Corps has strict rules regarding body tattoos and piercings. A summary of the policy is included for your reference. If you think that you may be in violation of the policy, contact us.

5. Upon receipt of your completed package with all requested materials, your application will be reviewed and a decision will be made on your eligibility and aptitude for participation. You will hear back from us within a few weeks of receiving your completed package with further instructions. If accepted, you will receive specific instructions and information from us regarding our Freshman Orientation program that occurs during Boiler Gold Rush Week.

6. Please register for **NS202 (Naval Lab)** and **NS110 (Introduction to Naval Science)** in anticipation for participating in the NROTC College Program. Also, make every effort to avoid scheduling any 0730 classes throughout the week. Ideally, Midshipmen will schedule classes no earlier than 0830

throughout the week in order to allow more flexibility (and more sleep) for the morning physical training sessions. In some cases, a 0730 class will be unavoidable.

7. Please mail or FedEx your completed paperwork, along with the provided cover sheet with all boxes verified complete, to:

**Battalion Officer  
Naval ROTC Purdue University  
812 Third St  
West Lafayette, IN 47907-2006  
ATTN: College Program Application**

8. If you have any questions I may be contacted at [nrotcbo@purdue.edu](mailto:nrotcbo@purdue.edu) or (765) 494-2061.

Battalion Officer  
NROTCU Purdue University

From: Prospective College Program Midshipman  
To: Battalion Officer, NROTCU Purdue University

Subj: COMPLETED NROTCU PURDUE UNIVERSITY COLLEGE PROGRAM (NON-SCHOLARSHIP)  
APPLICATION

1. Enclosed are all requested items for my NROTCU Purdue University College Program (non-scholarship) application.

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

Email address: \_\_\_\_\_

Purdue University Student ID#: \_\_\_\_\_

Option (circle one): Navy or Marine Corps

I have verified that all items listed below are enclosed in this package:

- ☐ NROTC College Program Application (NSTC 1533/133 Form)
- ☐ Report of Medical History (DD Form 2801-1)
- ☐ Personal Data Information Sheet
- ☐ Supply Information and Uniform Measurement Form
- ☐ Sports Physical
- ☐ Applicant Fitness Assessment (Navy) or Physical Fitness Test (Marine Corps)
- ☐ Information Release Authorization
- ☐ I understand the requirement to provide proof of citizenship upon arrival in the fall

2. I understand that upon receipt of my package, NROTCU Purdue University will review the materials and will contact me with a decision and provide me with further instructions and information regarding Naval ROTC Freshman Orientation, which is conducted during Boiler Gold Rush Week.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NAVAL RESERVE OFFICERS TRAINING CORPS  
COLLEGE PROGRAM APPLICATION**

**Privacy Act Statement**

**Authority:** The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

**Principal Purpose(s):** To be completed by applicants for the Naval Reserve Officers Training Corps (NROTC) College Program.

**Routine Use(s):** Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, <http://www.privacy.navy.mil> and the routine uses set forth here.

**Disclosure:** You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

**Personal Information**

Name		SSN (last 4)	Date of Birth
Phone Number	Cell Phone Number	Place of Birth	
Current Mailing Address		Name of Parent/Guardian	
		Address of Parent/Guardian	

Are you a US Citizen?      Yes      No      USN      USMC

If Naturalized, give date, place, court of jurisdiction, and certificate number:

**Military Experience and Training (Past and Present, if any)**

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Programs	Position(s) Held	Awards	Grades of Participation	
JROTC (Service _____)			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Civil Air Patrol			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Other (NDCC, etc.)			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

**Extracurricular Activities**

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

Organization	Position(s) Held	Hrs/ Wk	Grades of Participation
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

**Athletic Activities**

READ CAREFULLY: Identify only those sports which you participated in during school grades 9-12. Mark the year in which you received a letter and/or you were on varsity. Mark the box if you participated in JV or on a club team during any year. Do not list intramural activity.

Sport	Letter	Varsity	JV/Club	Position(s) Held	Awards/Recognition
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		

**Other Activities**

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

**Employment**

List in chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

Dates		Employer Name and Address	Hrs/Wk	Type of Work Performed
From	To			

**Education**

List in chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates		School Name and Address	Major	Degree
From	To			

**Academics**

PSAT	Verbal: _____	Math: _____	High School Name: _____	
SAT	Verbal: _____	Math: _____	Class Rank: _____	Class Size: _____
ACT	Verbal: _____	Math: _____	GPA: _____	GPA Scale: _____

Answer the following questions. If you answer YES, provide explanations on an additional sheet.

	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If you answer YES, list the date, place of application, program applied for and current status of application.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If you answer YES, list the date, place, service and current status of enlistment.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If you answer YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civilian restraint as a result of violation of law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been known by any other name or names other than that used in this application? (If you answer YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information given by me is complete and correct to the best of my knowledge.

I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.

Signature	Date
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**NROTC COLLEGE PROGRAM OATH**

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of office on which I am about to enter: So help me God."

Signature	Date
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# REPORT OF MEDICAL HISTORY

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

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

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://dpdd.defense.gov/Privacy/SORNsIndex/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.

<b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>		<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. TODAY'S DATE (YYYYMMDD)</b>
<b>4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)</b>		<b>5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)</b>	
<b>b. HOME TELEPHONE (Include Area Code)</b>			
<b>X ALL APPLICABLE BOXES:</b>			<b>7.a. POSITION (Title, Grade, Component)</b>
<b>6.a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		<b>6.b. COMPONENT</b> <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<b>6.c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Other (Specify) _____
<b>8. CURRENT MEDICATIONS (Prescription and Over-the-counter)</b>			<b>7.b. USUAL OCCUPATION</b>
<b>9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)</b>			

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

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



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.</b>	
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>	<b>YES   NO</b>
<b>15.a.</b> Dizziness or fainting spells <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Frequent or severe headache <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> A head injury, memory loss or amnesia <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Paralysis <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Seizures, convulsions, epilepsy or fits <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> Car, train, sea, or air sickness <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>g.</b> A period of unconsciousness or concussion <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>h.</b> Meningitis, encephalitis, or other neurological problems <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>19.</b> Have you been refused employment or been unable to hold a job or stay in school because of: <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>a.</b> Sensitivity to chemicals, dust, sunlight, etc. <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Inability to perform certain motions <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Inability to stand, sit, kneel, lie down, etc. <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Other medical reasons (If yes, give reasons.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
<b>16.a.</b> Rheumatic fever <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Prolonged bleeding (as after an injury or tooth extraction, etc.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Pain or pressure in the chest <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Palpitation, pounding heart or abnormal heartbeat <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Heart trouble or murmur <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> High or low blood pressure <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>20.</b> Have you ever been treated in an Emergency Room? (If yes, for what?) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>21.</b> 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.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
<b>17.a.</b> Nervous trouble of any sort (anxiety or panic attacks) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Habitual stammering or stuttering <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Loss of memory or amnesia, or neurological symptoms <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Frequent trouble sleeping <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Received counseling of any type <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> Depression or excessive worry <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>g.</b> Been evaluated or treated for a mental condition <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>h.</b> Attempted suicide <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>i.</b> Used illegal drugs or abused prescription drugs <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>22.</b> Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>23.</b> Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
<b>18. FEMALES ONLY.</b> Have you ever had or do you now have: <b>a.</b> Treatment for a gynecological (female) disorder <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> A change of menstrual pattern <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Any abnormal PAP smears <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> First day of last menstrual period (YYYYMMDD) <b>e.</b> Date of last PAP smear (YYYYMMDD)	<b>24.</b> 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.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>25.</b> Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>26.</b> 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.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>27.</b> 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.) <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>28.</b> Have you ever been denied life insurance? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
<b>29. EXPLANATION OF "YES" ANSWER(S)</b> (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	

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



# \*CODES TO COMPLETE DATABASE INFORMATION SHEET

## APPROVED RACE AND ETHNIC CODES

### Race Codes:

DOD		DOD	New DOD Combined	DOD	New DOD Combined
Race:	New DOD Race Description:	Race:	Race Description:	Race:	Race Description:
A	American Indian or Alaska Native	H	A AND B	W	A, D AND E
B	Asian	J	A, B AND C	X	A AND E
C	Black or African American	K	A, B, C AND D	Y	B AND C
D	Native Hawaiian or Other Pacific Islander	L	A, B, C, D AND E	Z	B, C AND D
E	White	M	A, B, C AND E	1	B,C,D AND E
		N	A, B AND D	2	B,C AND E
		P	A, B, D AND E	3	B AND D
		Q	A, B AND E	4	B, D AND E
		R	A AND C	5	B AND E
		S	A, C AND D	6	C AND D
		T	A, C, D AND E	7	C, D AND E
		U	A, C AND E	8	C AND E
		V	A AND D	9	D AND E

### Ethnic Codes:

Code:	Ethnicity Description:	Code:	Ethnicity Description:	Code:	Ethnicity Description:
1	Hispanic	8	Aleut	L	Polynesian
2	American Indian	9	Cuban	Q	Other Pacific Islander
3	Asian	D	India Indian	S	Latin American Hispanic
4	Puerto Rican	E	Melanesian	V	Vietnamese
5	Filipino	G	Chinese	W	Micronesian
6	Mexican	J	Japanese	X	Other - Not in Options
7	Eskimo	K	Korean	Y	None
				Z	Unknown or Failed to respond

<u>Program Code</u>		<u>Source Code</u>	
4A	Four Year Scholarship	None	No prior involvement with Navy
5s	Three Year Scholarship		Military Education Programs
5A	College Program	I	NSI
		J	NJROTC
		V	ACDU Navy
		C	ACDU Marines
		O	Other

## PREVIOUS MILITARY SERVICE CODES

Code:	Description:	Code:	Description:
None	NO PRIOR MILITARY SERVICE	N	ACTIVE NAVY ENLISTED SERVICE
A	ACTIVE ARMY COMMISSIONED SERVICE	P	ACTIVE ARMY ENLISTED SERVICE
B	ACTIVE AIR FORCE COMMISSIONED SERVICE	Q	ACTIVE AIR FORCE ENLISTED SERVICE
C	ACTIVE COAST GUARD COMMISSIONED SERVICE	R	ACTIVE COAST GUARD ENLISTED SERVICE
D	ACTIVE MARINE CORPS COMMISSIONED SERVICE	S	ACTIVE MARINE CORPS ENLISTED SERVICE
E	ACTIVE NATIONAL GUARD COMMISSIONED SERVICE	T	ACTIVE NATIONAL GUARD ENLISTED SERVICE
F	ACTIVE FOREIGN COMMISSIONED SERVICE	U	ACTIVE FOREIGN ENLISTED SERVICE
G	OTHER ACTIVE COMMISSIONED SERVICE	V	OTHER ACTIVE ENLISTED SERVICE

## EDUCATION CODES

Parents highest level of education	Code:	High School Type:	City Demographic Type:
8 OR LESS, 9, 10, 11, 12, 13, 14, 15, 16, 17+	1	Public > 100	Urban > 500,000
	2	Public < 100	Suburban < 500,000
	3	Private > 100	Rural
	4	Private < 100	

## PERSONAL DATABASE INFORMATION SHEET

**\*Please use codes on attached sheet to complete this form!**

### PERSONAL AND DIRECT DEPOSIT ACCOUNT INFORMATION:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religious Preference: \_\_\_\_\_  
DDMMYYYY City, State (State religion or No Pref)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Sex: ☐ Male  
☐ Female

Have you registered with the Selective Service: ☐ Yes Selective  
☐ No Service Number: \_\_\_\_\_

Account Info: ☐ Checking ☐ Savings Bank Name: \_\_\_\_\_  
Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION\*:

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Eagle ☐ Yes Junior ☐ Yes Which: \_\_\_\_\_  
Scout: ☐ No ROTC: ☐ No

Were your parents Career Military: ☐ Yes Highest Education Level Of: \_\_\_\_\_ Mother  
☐ No \_\_\_\_\_ Father

Are you single, married or divorced? \_\_\_\_\_ How many dependents do you have: \_\_\_\_\_

### EDUCATION INFORMATION\*:

High School Percentile Rank: \_\_\_\_\_ High School Type: \_\_\_\_\_ City Demographic Type: \_\_\_\_\_  
Highest School Grade Completed: \_\_\_\_\_ Name of College Attended: \_\_\_\_\_  
Intended Major: \_\_\_\_\_

### MILITARY INFORMATION\*:

Program Code: \_\_\_\_\_ Option: ☐ Navy Previous Military Status: \_\_\_\_\_  
Source Code: \_\_\_\_\_ ☐ Marines

### CONTACT INFORMATION:

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
**For scholarship students, home of record is the same as shown on your authorization to report.**

Home of Record Address: \_\_\_\_\_ Campus Address \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ City, State, \_\_\_\_\_  
Zip code: \_\_\_\_\_ Zip code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name and their relationship to you (i.e. mother, father, brother, friend etc)

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ City, State, \_\_\_\_\_  
Zip code: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

### REMARKS:

**NROTC Purdue Supply**  
**Student Information Sheet &**  
**Uniform Measurement Form**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)  
Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Estimated Grad Date: \_\_\_\_\_  
DDMMYY  
Navy Option: ☐ Marine Option: ☐ Height (inches): \_\_\_\_\_

**CONTACT INFORMATION:**

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Home of Record Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ City, State, \_\_\_\_\_  
Zip code: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Ogcwgtgogpvu<"**

Head:	<input type="text"/>	Hat Size:	<input type="text"/>	Neck:	<input type="text"/>
Waist:	<input type="text"/>	Chest/Bust:	<input type="text"/>	Sleeve:	<input type="text"/>
Inseam:	<input type="text"/>	T-Shirt:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Boot Size:	<input type="text"/>	Gym Shorts:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Shoe Size:	<input type="text"/>	Sweatshirt:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
		Sweatpants:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

**Military Measurement Instructions:**

**Head** - Place the tape around the back of the head meeting at the forehead about one inch below the hairline and one inch above the ears.  
**Neck** - Place the tape around the neck at the collar line. Include about 1/4" ease for comfort  
**Chest/Bust** - Place the tape over the bulk of the shoulder blades under the arms and over the fullest part of the chest/bust. Keep tape parallel to the floor.  
**Sleeve** - Raise the right arm even with the shoulder, forearm parallel to the floor and palm down, elbow bent slightly. Measure from the center of the back around the bend in the elbow and down one inch past the wrist bone.  
**Waist** - Place the tape around the "natural" waistline. Measurement should have no ease but, at the same time, should not be overly snug. DO NOT measure over the clothing.  
**Hip** - Place the tape over the fullest part of the hip area and across the lower pelvis or fly. Measurement should have no ease, but at the same time should not be overly snug.  
**Inseam** - Measure the right leg from the underside of the crotch to the bottom side of the ankle.  
Hat size - Measure the circumference of your head in inches at the line where you would normally wear a ballcap.  
Boot Size - We recommend you indicate one size smaller than your shoe size. You will be issued Bates Lites.

I certify that the above information is accurate and true. I understand that the Navy will procure uniform items for me using the sizes cited above. I further understand that I will not be reimbursed for any items that I purchase prior to my arrival at the NROTC Unit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_
- Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician (MD or DO) \_\_\_\_\_ License # \_\_\_\_\_

# NAVY Applicants

## **APPLICANT FITNESS ASSESSMENT**

The Applicant Fitness Assessment (AFA) is a component of the NROTCU Purdue University College Program application. The test consists of abdominal crunches, push-ups, and a one-mile run. The purpose of the test is to evaluate your level of physical fitness. As a Purdue College Program applicant, you are not required to have anyone specific administer the test; however, we recommend that an observer assist you for timing and recording purposes.

Applicants accustomed to regular physical activity should have no difficulty with the AFA. Being properly conditioned prior to reporting to NROTCU Purdue University cannot be overemphasized. You will be far better prepared to meet the stringent physical demands of the NROTC Program if you maintain a high level of physical fitness prior to arrival.

The three test events of the AFA are administered consecutively in a 25-minute time period. The maximum score, by event and gender, are listed in the table below. There is no minimum score to apply.

	Crunches	Push-Ups	1-Mile
Male	95	75	5:20
Female	95	50	6:00

### **Test Site**

The AFA can be administered in two adjacent venues; an indoor gymnasium and an outdoor track.

The 1-mile run is the last event administered in the AFA. Although it may be administered in an indoor gymnasium or stadium, time has been allotted for transit to an outdoor track. Regardless of the 1-mile run course, the running surface should be flat and free of debris. In either the indoor or outdoor facility, it is imperative that the 1-mile distance be measured accurately. In submitting the time for the run, the applicant and scorer are affirming that the 1-mile distance has been measured and is accurate.

### **Test Procedures**

Results of each event will be recorded on the AFA Score Sheet that follows these instructions.

The test battery must be completed according to the timeline below.

# NAVY Applicants

The test sequence will follow the order listed below. This order cannot be modified. There are no exceptions to this sequence or timing.

Events	Test Start Time	Event Testing Time	Rest	Total Elapsed Time
Crunches	0:00	2 minutes	3 minutes	5:00
Push-Ups	5:00	2 minutes	3 minutes	10:00
1-Mile Run	10:00*	10 minutes		Max: 25:00

*\*You are allowed an additional 5 minutes of transition time to the outdoor track. If the 1-mile run cannot be started by minute 15, an alternative arrangement for a running surface must be found.*

## **Abdominal Crunches**

This measures abdominal/core body muscular endurance.

The applicant must:

Assume a supine (back on floor), bent-knee position (approximately 90-degree bend) on a mat with arms crossed, fingers extended, touching the top of the shoulders, with shoulder blades touching the floor/mat.

Upon the command "GO", flex from the hip, raising the elbows so that they touch the front midpoint (or higher) of the thigh without finger tips losing contact with the top of the shoulders; extend from the hip until the shoulder blades touch the floor/mat.

Applicants cannot rest in the down position. Resting is only permitted in the up position. Fingers must stay in contact with the top of the shoulders while resting, and applicants cannot grab their legs or touch the ground with their hands.

The scorer will:

Note the event start time (should be 0:00 elapsed).

Monitor the start position to determine that the applicant's shoulder blades are touching the mat, fingers are touching the shoulders, knees are bent approximately 90 degrees, and an assistant is properly holding the applicant's feet (hands only on top of each ankle or foot).

Give the command "GO" and start a stopwatch for the 2-minute trial.

Count one repetition each time the applicant's shoulder blades touch the floor/mat.

Monitor body position making sure during each repetition that the buttocks stay in contact with the mat, knees are bent appropriately, hands remain in contact with the shoulders, elbows make contact with the mid-thigh, and shoulder blades touch the floor/mat.

Verbalize "NO" for any repetition that does not meet the criteria listed above.

Stop the test at the 2-minute mark and record the number of repetitions.

## **Push-ups**

This measures upper body muscular endurance.

The candidate must:

# NAVY Applicants

Assume a prone (abdomen toward the ground) position supported on one knee on a 1-inch mat or a hard surface floor.

On the command "READY POSITION", assume the front-leaning rest position (arms extended) by placing your hands where they are comfortable (Width is variable). Feet may be together or up to 12 inches apart. When viewed from the side, your body should form a straight line from your shoulders to your ankles.

On the command "GO", begin the push-up event by bending elbows and lowering entire body as a single unit until your upper arms are at least parallel to the ground (90-degree bend). Return to the starting position by extending arms and raising entire body as a single unit until arms are fully extended.

May rest in the up position, flexing or bowing the back as long as hands and feet remain in contact with the floor, and no other body part touches the floor.

Must return to the generally straight body position before attempting another repetition.

The scorer will:

Note the event start time.

Give the command "GO" and start a stopwatch for a 2-minute trial.

Monitor each repetition, making sure body remains straight, moving as a single unit, upper arm is parallel to the floor in the down position, and the arms come to full extension in the up position.

Verbalize "NO" for any repetition that does not meet the criteria listed above.  
Stop the test at the 2-minute mark and record the number of repetitions.

Terminate the event if the candidate lifts a hand or foot off the ground or touches the ground with any body part other than the hands or feet.

## **Mile Run**

This measures aerobic capacity and endurance.

The candidate must:

Run continuously for one mile (walking is allowed although strongly discouraged).

The scorer will:

Certify the 1-mile run distance.

Note the start time (should be no more than 15:00 total elapsed time since the start).

Give the command "GO" and start a stopwatch.

Monitor the candidate to make sure that he/she does not:

Receive physical help during the event.

Leave the designated running course for any reason.

Receive pacing by another person.

Stop the watch as the candidate crosses the finish line, and record the score in minutes and seconds.



# NAVY Applicants

Applicant's Name (Last, First, MN): \_\_\_\_\_

Applicants height (inches): \_\_\_\_\_

Applicant's weight: \_\_\_\_\_

Start Time: \_\_\_\_\_

Number of Crunches completed in 2 minutes: \_\_\_\_\_

Number of Push-ups completed in 2 minutes: \_\_\_\_\_

1 Mile Run Time: \_\_\_\_\_ minutes \_\_\_\_\_ seconds

End Time: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

By signing above, I certify that the results I have reported were conducted in accordance with the provided instructions and I affirm that I performed the stated repetitions and run time.

# Marine Option Physical Fitness Test



## EXECUTION OF THE PFT

Individuals performing the PFT event should be in athletic type clothing. T-shirt, shorts and running shoes are recommended. Keep in mind that the students in the Marine Option program average a score of 275, minimum score when enrolled in the program is 225. There is no minimum score to apply, or for initial acceptance. You are highly encouraged to watch the video (as reference below) that illustrates the proper technique and execution of the physical fitness test. Males will complete pull-ups, crunches and the 3 mile run. Females will complete crunches, the 3 mile run, and either pull-ups or the flexed-arm hang. Utilize the provided enclosure to record your performance and total score for submission with your application.

**a. Pull-up.** The goal of the pull-up event is for the individual to execute as many accurate and complete pull-ups before dropping off the bar. The procedures are:

- (1) This is not a timed event.
- (2) Sweatshirts will be removed during the conduct of the pull-up event in order to observe the lockout of the elbows with each repetition.
- (3) Assistance to the bar with a step up, being lifted up, or jumping up is authorized. Any assistance up to the bar will not be used to continue into the first pull-up.
- (4) The bar must be grasped with both palms facing either forward or to the rear.
- (5) The correct starting position begins when the individual's arms are fully extended beneath the bar, feet are free from touching the ground or any bar mounting assist, and the body is motionless.
- (6) The individual's legs may be positioned in a straight or bent position, but may not be raised above the waist.
- (7) One repetition consists of raising the body with the arms until the chin is above the bar, and then lowering the body until the arms are fully extended; repeat the exercise. At no time during the execution of this event can an individual rest his chin on the bar.
- (8) The intent is to execute a vertical "dead hang" pull-up. A certain amount of inherent body movement will occur as the pull-up is executed. However, the intent is to avoid a pendulum-like motion that enhances the ability to execute the pull-up. Whipping, kicking, kipping of the body or legs, or any leg movement used to assist in the vertical progression of the pull-up is not authorized. If observed, the repetition will not count for score.
- (9) A repetition will be counted when an accurate and complete pull-up is performed.

**b. Flexed-Arm Hang.** The goal of the flexed-arm hang event is for a (female) individual to hang (maintain elbow flexion) for as long as possible. The procedures are:

- (1) This is a timed event.
- (2) Sweatshirts will be removed during the conduct of the flexed-arm hang event in order to observe when the individual has completely locked-out her elbows.
- (3) Assistance to the bar with a step up, being lifted up, or jumping up to the start position is authorized.
- (4) The bar must be grasped with both palms facing either forward or to the rear.
- (5) The correct starting position begins when the (female) individual's arms are flexed at the elbow, the chin is held above the bar and not touching it, and the body is motionless. At no time during the execution of this event can a (female) individual rest her chin on the bar.
- (6) Individuals are authorized to drop down below the bar, however, some degree of elbow flexion must be maintained with both arms. Once an individual's arms are fully extended or the Marine drops off the bar, the clock will stop.

# Marine Option Physical Fitness Test

**c. Abdominal Crunch.** The goal of the abdominal crunch event is for an individual to execute as many proper and complete crunches within the prescribed time limit.

The procedures are:

- (1) 2-minute time limit.
- (2) On a flat surface, individual will lie flat on their back with shoulder blades touching the deck, knees will be bent, and both feet will be flat on the deck.
- (3) The arms will be folded across the chest or rib cage with no gap existing between the arms and chest/rib cage. Both arms must remain in constant contact with chest/rib cage throughout the exercise. A single repetition consists of raising the upper body from the starting position until both forearms or elbows simultaneously touch the thighs, and then returning to the starting position with the shoulder blades touching the deck.
- (4) The buttocks will remain in constant contact with the deck throughout the event. No arching of the lower back or lifting the buttocks is permitted.
- (5) An assistant may be used to hold an individual's legs or feet, at or below the knees in whatever manner that is most comfortable for the individual. Kneeling or sitting on the individual's feet is permitted.
- (6) A repetition will be counted when an accurate and complete abdominal crunch is performed.



**d. 3.0 Mile Run.** The goal is for an individual to complete the measured course as quickly as possible. The procedures are:

- (1) This is a timed event.
- (2) On the command to start, the two individual monitoring the event will start their watches simultaneously when the last individual passes the starting point.

One method to time the run, if you have assistance:

A monitor will remain at the start/finish and the other monitor will take a safety vehicle (with communication capabilities) to the halfway point. Monitors will call out the split or finishing time as appropriate, as each individual passes.

References:

Video: <http://www.marines.com/becoming-a-marine/ocs-physical-prep/pft>

Marine Corps Order: 6100.13 w CH 1 Physical Fitness Test

Mobile Application: iCorps: Pocket Reference

# Marine Option Physical Fitness Test

MCO 6100.13

1 Aug 08

PFT SCORING TABLE (MALES)

Points	Pull-ups	Crunches	3-Mile Run	Points	Pull-ups	Crunches	3-Mile Run
100	20	100	18:00	50	10	50	26:20
99		99	18:10	49		49	26:30
98		98	18:20	48		48	26:40
97		97	18:30	47		47	26:50
96		96	18:40	46		46	27:00
95	19	95	18:50	45	9	45	27:10
94		94	19:00	44		44	27:20
93		93	19:10	43		43	27:30
92		92	19:20	42		42	27:40
91		91	19:30	41		41	27:50
90	18	90	19:40	40	8	40	28:00
89		89	19:50	39		x	28:10
88		88	20:00	38		x	28:20
87		87	20:10	37		x	28:30
86		86	20:20	36		x	28:40
85	17	85	20:30	35	7	x	28:50
84		84	20:40	34		x	29:00
83		83	20:50	33		x	29:10
82		82	21:00	32		x	29:20
81		81	21:10	31		x	29:30
80	16	80	21:20	30	6	x	29:40
79		79	21:30	29		x	29:50
78		78	21:40	28		x	30:00
77		77	21:50	27		x	30:10
76		76	22:00	26		x	30:20
75	15	75	22:10	25	5	x	30:30
74		74	22:20	24		x	30:40
73		73	22:30	23		x	30:50
72		72	22:40	22		x	31:00
71		71	22:50	21		x	31:10
70	14	70	23:00	20	4	x	31:20
69		69	23:10	19		x	31:30
68		68	23:20	18		x	31:40
67		67	23:30	17		x	31:50
66		66	23:40	16		x	32:00
65	13	65	23:50	15	3	x	32:10
64		64	24:00	14	x	x	32:20
63		63	24:10	13	x	x	32:30
62		62	24:20	12	x	x	32:40
61		61	24:30	11	x	x	32:50
60	12	60	24:40	10	x	x	33:00
59		59	24:50	9	x	x	x
58		58	25:00	8	x	x	x
57		57	25:10	7	x	x	x
56		56	25:20	6	x	x	x
55	11	55	25:30	5	x	x	x
54		54	25:40	4	x	x	x
53		53	25:50	3	x	x	x
52		52	26:00	2	x	x	x
51		51	26:10	1	x	x	x

\* Round up all values (e.g., 18:01 to 18:09 equals 99 points)

Table 2-3. PFT Scoring Table (Males)

# Marine Option Physical Fitness Test

MCO 6100.13

1 Aug 08

PFT SCORING TABLE (FEMALES)

Points	Flexed-Arm Hang	Crunches	3-Mile Run	Points	Flexed-Arm Hang	Crunches	3-Mile Run
100	70 sec	100	21:00	50	45 sec	50	29:20
99		99	21:10	49		49	29:30
98	69 sec	98	21:20	48	44 sec	48	29:40
97		97	21:30	47		47	29:50
96	68 sec	96	21:40	46	43 sec	46	30:00
95		95	21:50	45		45	30:10
94	67 sec	94	22:00	44	42 sec	44	30:20
93		93	22:10	43		43	30:30
92	66 sec	92	22:20	42	41 sec	42	30:40
91		91	22:30	41		41	30:50
90	65 sec	90	22:40	40	40 sec	40	31:00
89		89	22:50	39	39 sec	x	31:10
88	64 sec	88	23:00	38	38 sec	x	31:20
87		87	23:10	37	37 sec	x	31:30
86	63 sec	86	23:20	36	36 sec	x	31:40
85		85	23:30	35	35 sec	x	31:50
84	62 sec	84	23:40	34	34 sec	x	32:00
83		83	23:50	33	33 sec	x	32:10
82	61 sec	82	24:00	32	32 sec	x	32:20
81		81	24:10	31	31 sec	x	32:30
80	60 sec	80	24:20	30	30 sec	x	32:40
79		79	24:30	29	29 sec	x	32:50
78	59 sec	78	24:40	28	28 sec	x	33:00
77		77	24:50	27	27 sec	x	33:10
76	58 sec	76	25:00	26	26 sec	x	33:20
75		75	25:10	25	25 sec	x	33:30
74	57 sec	74	25:20	24	24 sec	x	33:40
73		73	25:30	23	23 sec	x	33:50
72	56 sec	72	25:40	22	22 sec	x	34:00
71		71	25:50	21	21 sec	x	34:10
70	55 sec	70	26:00	20	20 sec	x	34:20
69		69	26:10	19	19 sec	x	34:30
68	54 sec	68	26:20	18	18 sec	x	34:40
67		67	26:30	17	17 sec	x	34:50
66	53 sec	66	26:40	16	16 sec	x	35:00
65		65	26:50	15	15 sec	x	35:10
64	52 sec	64	27:00	14	x	x	35:20
63		63	27:10	13	x	x	35:30
62	51 sec	62	27:20	12	x	x	35:40
61		61	27:30	11	x	x	35:50
60	50 sec	60	27:40	10	x	x	36:00
59		59	27:50	9	x	x	X
58	49 sec	58	28:00	8	x	x	X
57		57	28:10	7	x	x	X
56	48 sec	56	28:20	6	x	x	X
55		55	28:30	5	x	x	X
54	47 sec	54	28:40	4	x	x	X
53		53	28:50	3	x	x	X
52	46 sec	52	29:00	2	x	x	X
51		51	29:10	1	x	x	X

\*Round up all values (e.g., 21:01 to 21:09 equals 99 points)

Table 2-3. PFT Scoring Table (Females)



# Marine Option Physical Fitness Test

Name \_\_\_\_\_

Date \_\_\_\_\_

Physical fitness test performance record. Submit with application.

*Age:* \_\_\_\_\_

*Total pullup/flexed arm hang time (female):* \_\_\_\_\_

*Total crunches:* \_\_\_\_\_

*3 mile run time:* \_\_\_\_\_

*Total aggregated score:* \_\_\_\_\_

I, \_\_\_\_\_, pledge my honor that I have completed the events  
Print first and last name  
as reported above per the direction and in good conscience.

\_\_\_\_\_  
Sign/date

**NROTC Purdue**  
**Information Release Authorization**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)  
Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Estimated Grad Date: \_\_\_\_\_  
DDMMYYYY

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\_\_\_\_\_  
Date

From: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_

To: WHOM IT MAY CONCERN

Subj: AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

1. I, \_\_\_\_\_, hereby authorize the release of information from any of my university records, including official and operational transcripts, to the Department of Naval Sciences, Purdue University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18 years of age:

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

# NAVY Applicants

**MAXIMUM WEIGHT FOR HEIGHT SCREENING TABLE**

<b>Men Maximum Weight (pounds)</b>	<b>Member's Height (inches with fractions rounded up to nearest whole inch)</b>	<b>Women Maximum Weight (pounds)</b>
127	57	127
131	58	131
136	59	136
141	60	141
145	61	145
150	62	149
155	63	152
160	64	156
165	65	160
170	66	163
175	67	167
181	68	170
186	69	174
191	70	177
196	71	181
201	72	185
206	73	189
211	74	194
216	75	200
221	76	205
226	77	211
231	78	216
236	79	222
241	80	227

# NAVY Male Applicants

## PRT STANDARDS FOR MALES

"Maximum" is the highest number of points attainable for an event.

Performance Level	Points	Males: Age 17-19 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	109	92	8:15	6:30	6:20
Outstanding	90	102	86	9:00	7:15	7:05
Excellent	75	90	76	9:45	8:30	8:20
Good	60	62	51	11:00	11:15	11:05
Satisfactory	45	50	42	12:30	12:45	12:35
Failure	<45	<50	<42	>12:30	>12:45	>12:35
		Males: Age 20-24 years				
"Maximum"	100	105	87	8:30	6:30	6:20
Outstanding	90	98	81	9:15	7:30	7:20
Excellent	75	87	71	10:30	8:45	8:35
Good	60	58	47	12:00	11:30	11:20
Satisfactory	45	46	37	13:30	13:00	12:50
Failure	<45	<46	<37	>13:30	>13:00	>12:50
		Males: Age 25-29 years				
"Maximum"	100	101	84	8:55	6:38	6:28
Outstanding	90	95	77	9:38	7:38	7:28
Excellent	75	84	67	10:52	8:53	8:43
Good	60	54	44	12:53	11:38	11:28
Satisfactory	45	43	34	14:00	13:08	12:58
Failure	<45	<43	<34	>14:00	>13:08	>12:58
		Males: Age 30-34 years				
"Maximum"	100	98	80	9:20	6:45	6:35
Outstanding	90	92	74	10:00	7:45	7:35
Excellent	75	81	64	11:15	9:00	8:50
Good	60	51	41	13:45	11:45	11:35
Satisfactory	45	40	31	14:30	13:15	13:05
Failure	<45	<40	<31	>14:30	>13:15	>13:05
		Males: Age 35-39 years				
"Maximum"	100	95	76	9:25	6:53	6:43
Outstanding	90	88	70	10:08	7:53	7:43
Excellent	75	78	60	11:23	9:08	8:58
Good	60	47	37	14:08	11:53	11:43
Satisfactory	45	37	27	15:00	13:23	13:13
Failure	<45	<37	<27	>15:00	>13:23	>13:13
		Males: Age 40-44 years				
"Maximum"	100	92	72	9:30	7:00	6:50
Outstanding	90	85	67	10:15	8:00	7:50
Excellent	75	76	56	11:45	9:15	9:05
Good	60	44	34	14:30	12:00	11:50
Satisfactory	45	35	24	15:30	13:30	13:20
Failure	<45	<35	<24	>15:30	>13:30	>13:20

# NAVY Female Applicants

## PRT STANDARDS FOR FEMALES

"Maximum" is the highest number of points attainable for an event.

Performance Level	Points	Females: Age 17-19 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	109	51	9:29	6:45	6:35
Outstanding	90	102	47	11:30	8:30	8:20
Excellent	75	90	42	12:30	9:45	9:35
Good	60	62	24	13:30	13:00	12:50
Satisfactory	45	50	19	15:00	14:15	14:05
Failure	<45	<50	<19	>15:00	>14:15	>14:05
Females: Age 20-24 years						
"Maximum"	100	105	48	9:47	7:15	7:05
Outstanding	90	98	44	11:30	8:45	8:35
Excellent	75	87	39	13:15	10:00	9:50
Good	60	58	21	14:15	13:15	13:05
Satisfactory	45	46	16	15:30	14:30	14:20
Failure	<45	<46	<16	>15:30	>14:30	>14:20
Females: Age 25-29 years						
"Maximum"	100	101	46	10:17	7:23	7:13
Outstanding	90	95	43	11:45	9:00	8:50
Excellent	75	84	37	13:23	10:15	10:05
Good	60	54	19	14:53	13:30	13:20
Satisfactory	45	43	13	16:08	14:45	14:35
Failure	<45	<43	<13	>16:08	>14:45	>14:35
Females: Age 30-34 years						
"Maximum"	100	98	44	10:46	7:30	7:20
Outstanding	90	92	41	12:00	9:15	9:05
Excellent	75	81	35	13:30	10:30	10:20
Good	60	51	17	15:30	13:45	13:35
Satisfactory	45	40	11	16:45	15:00	14:50
Failure	<45	<40	<11	>16:45	>15:00	>14:50
Females: Age 35-39 years						
"Maximum"	100	95	43	10:51	7:45	7:35
Outstanding	90	88	39	12:08	9:30	9:20
Excellent	75	78	34	13:45	10:45	10:35
Good	60	47	14	15:53	14:00	13:50
Satisfactory	45	37	9	17:00	15:15	15:05
Failure	<45	<37	<9	>17:00	>15:15	>15:05
Females: Age 40-44 years						
"Maximum"	100	92	41	10:56	8:00	7:50
Outstanding	90	85	37	12:15	9:45	9:35
Excellent	75	76	32	14:00	11:00	10:50
Good	60	44	12	16:15	14:15	14:05
Satisfactory	45	35	7	17:15	15:30	15:20
Failure	<45	<35	<7	>17:15	>15:30	>15:20

## **Navy and Marine Corps Tattoo and Piercing Policy Exerpt:**

TATTOOS/BODY ART/BRANDS. FOUR CRITERIA WILL BE USED TO DETERMINE WHETHER TATTOOS/BODY ART/BRANDS ARE PERMITTED FOR NAVY PERSONNEL: CONTENT, LOCATION, SIZE, AND COSMETIC.

A. CONTENT. TATTOOS/BODY ART/BRANDS LOCATED ANYWHERE ON THE BODY THAT ARE PREJUDICIAL TO GOOD ORDER, DISCIPLINE, AND MORALE OR ARE OF A NATURE TO BRING DISCREDIT UPON THE NAVAL SERVICE ARE PROHIBITED. FOR EXAMPLE, TATTOOS/BODY ART/BRANDS THAT ARE OBSCENE, SEXUALLY EXPLICIT, AND OR ADVOCATE DISCRIMINATION BASED ON SEX, RACE, RELIGION, ETHNIC, OR NATIONAL ORIGIN ARE PROHIBITED. IN ADDITION, TATTOOS/BODY ART/BRANDS THAT SYMBOLIZE AFFILIATION WITH GANGS, SUPREMACIST OR EXTREMIST GROUPS, OR ADVOCATE ILLEGAL DRUG USE ARE PROHIBITED.

B. LOCATION. NO TATTOOS/BODY ART/BRANDS ON THE HEAD, FACE, NECK, OR SCALP. THE NECK AREA FOR PURPOSES OF THIS REGULATION IS ANY PORTION VISIBLE WHEN WEARING A CREW NECK T-SHIRT OR OPEN COLLAR UNIFORM SHIRT. IN ADDITION, OTHERWISE PERMISSIBLE TATTOOS/BODY ART/BRANDS ON THE TORSO AREA OF THE BODY SHALL NOT BE VISIBLE THROUGH WHITE UNIFORM CLOTHING.

C. SIZE. INDIVIDUAL TATTOOS/BODY ART/BRANDS EXPOSED BY WEARING A SHORT SLEEVE UNIFORM SHIRT SHALL BE NO LARGER IN SIZE THAN THE WEARER S HAND WITH FINGERS EXTENDED AND JOINED WITH THE THUMB TOUCHING THE BASE OF THE INDEX FINGER. TATTOOS/BODY ART/BRANDS THAT EXCEED SIZE CRITERIA ARE WAIVERABLE PROVIDED THEY DO NOT VIOLATE THE CONTENT AND/OR LOCATION CRITERIA.

D. COSMETIC TATTOOS. THIS REGULATION DOES NOT PROHIBIT COSMETIC TATTOOING TO CORRECT MEDICAL CONDITIONS REQUIRING SUCH TREATMENT. FOR THE PURPOSE OF THIS REGULATION, COSMETIC TATTOOING REFERS TO MEDICAL OR SURGICAL PROCEDURES CONDUCTED BY LICENSED, QUALIFIED MEDICAL PERSONNEL.

Source: NAVADMIN 110/06