NAME:(First MI Last) _____

STUDENT ID (T-Number) _____

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, 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)

INITIAL / PERIODIC ENROLLMENT VERIFICATION QUESTIONS*

NAME: Last, First MI. 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

I understand that I must be enrolled as a full time status taking 50% or more of my classes in a classroom setting. _____(initial here)

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

Version March 2023