

SSN: _____ - _____ - _____ SSN CARD: Y N M F

LAST NAME: _____ RACE: _____

FIRST: _____ MIDDLE: _____

DOB: ____ / ____ / ____ AGE: _____ BF: _____ %

PHONE NUMBERS: CELL/HOME



ADDRESS: _____

FEMALES  MALES 

HEIGHT: _____ HEIGHT: _____

WEIGHT: _____ WEIGHT: _____

NECK: _____ NECK: _____

WAIST: _____ ABDOMEN: _____

HIPS: _____ 

 **DIPLOMA: Y N**
ORIGINAL: Y N
TRANSCRIPTS: Y N
YEAR: _____

EXHIBIT 020701. WEIGHT/HEIGHT SCREENING TABLE FOR APPLICANTS REQUIRING RECRUIT TRAINING

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

ACTIVE COMPONENT (AC)

IF APPLICANT IS	AND HAS:	THEN THE APPLICANT IS:	NUMBER OF DEPENDENTS AND WAIVER LEVEL
1. Unmarried or Divorced (NPS and PS)	No dependents Custody of dependents No custody of dependents	Eligible Ineligible Eligible with appropriate level waiver	No waiver required No waiver authorized 1 or 2 = NAVCRUTDIST CO 3 = COMNAVCRUTCOM 4 or more = Ineligible
2. Married (NPS and PS)	Spouse only	Eligible	No waiver required
3. Married (NPS) existing in paragraphs E1 to E4 and PS existing in paragraphs E1 to E4 with broken service)	Minor/non-minor dependents	Eligible with appropriate level waiver	2 = NAVCRUTDIST CO 3 or 4 = COMNAVCRUTCOM 5 or more = Ineligible
4. Married (PS) existing in paragraphs E5 and above and PS existing in paragraphs E5 and above with broken service)	Minor/non-minor dependents	Eligible with appropriate level waiver	2 or 3 = Eligible 4 = NAVCRUTDIST CO 5 = COMNAVCRUTCOM 6 or more = Ineligible
5. Married (PS) existing under continuous service)	Minor/non-minor dependents	Eligible	No waiver required

!!BLUE PRINT!!

TATTOOS: Y N _____
DRUGS: Y N _____
MEDICAL: Y N _____
HEART MURMUR: Y N _____
BROKEN BONES: Y N _____
BRACES: Y N _____
GOLD TEETH: Y N _____
ASTHMA: Y N _____
PREGNANT: Y N _____
GLASSES: Y N _____
POLICE: Y N _____
TICKETS: Y N _____
MENTAL: Y N _____
DEPRESSION: Y N _____
SPOUSE: Y N _____
CHILDREN: Y N _____

GED: Y N WHEN/WHERE: _____

COLLEGE: _____ TRANSCRIPTS: Y N

PLACE OF BIRTH: _____ BIRTH CERT: Y N

DRIVERS LIC# _____ EXP. _____

PRIOR MILITARY: Y N BRANCH: _____

RATE/MOS: _____

LAST DUTY STATION: _____

DD214: Y N CONDITIONAL RELEASE: Y N

RE-CODE: _____ EOS: ____ / ____ / ____

REASON OUT: _____

MOVING: Y N WHERE: _____

EXPLAIN ALL YES ANSWERS:



MEDICAL/MENTAL

DRUGS



POLICE

TATTOOS



DEPENDENCY



DPR INFO SERVICE: ACTIVE DUTY RESERVE ENL/AFFIL

INT CODE: PH RL RD RA RC RI RS PD PN MO WI RP

APT SET DATE: _____ INT DATE: _____ EST: _____

RE-CODE: _____

ASVAB: _____ DATE: _____ DATE ON DECK: _____

EDUC. LEVEL: 11S 12L 14D 16K ED VER: Y N

MEPS PHYSICAL: PASS FAIL OOM APRVL: _____

WAIVERS: _____

DISPO: _____ NEW CONTRACT: _____