



DEPARTMENT OF THE NAVY  
NAVAL RESERVE OFFICERS TRAINING CORPS  
HAMPTON ROADS  
5215 HAMPTON BLVD  
NORFOLK, VA 23529-0120

NROTCUHRI  
NST 1533.9B  
RECRUITER  
01 Jun 21

NROTC UNIT HAMPTON ROADS INSTRUCTION 1533.9B

From: Commanding Officer, Naval Reserve Officers Training Corps Unit, Hampton Roads

Subj: HAMPTON ROADS NROTC ACCEPTANCE PROCEDURES AND CRITERIA FOR COLLEGE PROGRAM (BASIC COURSE) STUDENTS

Ref: (a) NSTC M-1533.2D  
(b) OPNAVINST 6110.1 J  
(c) MCO 6100.13

Encl: (1) HRNROTC College Program DOR Form  
(2) HRNROTC College Program Application Checklist  
(3) NSTC 1533/133, NROTC College Program Application  
(4) NSTC 1533/101, NROTC Drug Statement  
(5) NSTC 1533/153, NROTC Drug and Alcohol Understanding  
(6) DD2807-2, Report of Medical History  
(7) HRNROTC Physical Readiness Test Acknowledgment Statement  
(8) Entrance PRT Self-Assessment Sheet  
(9) Uniform Fitting Sheet  
(10) NROTCHR 1533/5 Privacy Act Statement

1. Purpose. These procedures formalize the application and acceptance process for the Naval Reserve Officers Training Corps (NROTC) College Program (Basic Course) per reference (a).

2. Cancellation. NROTCUHRINST 1533.9A.

3. Background.

a. The NROTC College Program exists for college students who wish to serve their country as commissioned officers, but who have not been awarded any form of a NROTC scholarship. College Program students are selected from those who have applied for enrollment at NROTC Unit Hampton Roads and sign a contract in which they agree to complete certain Naval Science courses, New Student Orientation (NSO), and one summer training period (if selected for a Scholarship or Advanced Standing). NSO is conducted in the summer upon entry into the first semester of the program. During the first two years in the College Program (Basic Course), students have the status of civilians who have entered into a contract with the Navy. During this period, they may hold concurrent status in the reserve component of any branch of service. To be eligible to apply for a scholarship or the College Program (Advanced Standing), they must have a signed conditional release from their Reserve Unit. The Navy provides all College Program

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students, both Basic Course and Advanced Standing, with uniforms and Naval Science textbooks during their time in the program. An NROTC student, upon graduation and completion of Naval Science requirements, is commissioned as an Ensign in the Navy or as a Second Lieutenant in the Marine Corps. Failure to be selected for a scholarship or the College Program (Advanced Standing) by the beginning of junior year will result in disenrollment from the NROTC program.

b. NROTC Unit Hampton Roads consortium is a four-year Navy or Marine Corps officer training program consisting of Old Dominion University (ODU), Norfolk State University (NSU), and Hampton University (HU) with headquarters at ODU. The consortium also has cross-town agreements with Tidewater Community College (TCC) and Regent University (RU). Students attending any of the universities within the consortium, including the cross-town universities, are eligible for participation. TCC students are required to transfer to NSU or ODU prior to the start of their junior year. Students interested in HU or NSU should contact the Recruiting Officer or OIC about Minority Serving Institution Scholarship Reservation (MSISR) opportunities.

c. The primary objective of the NROTC College Program is to educate and train students for commissioning as officers in the United States Navy or Marine Corps. Navy midshipmen graduating from NROTC are eligible to serve in any of the unrestricted line warfare specialties. Marine midshipmen graduating from NROTC are eligible for any Marine Officer career field.

d. If accepted into the NROTC College Program, students will be issued the uniform of a midshipman, to be worn to lab period or other designated times. Students will be required to enroll in and complete the appropriate Naval Science courses (one three- hour credit course per semester, totaling 8 courses), participate in NROTC drill (one, one-hour lab period per week) and attend all Battalion activities, including physical fitness sessions.

e. The NROTC College Program is a non-scholarship commissioning program that may lead each student down one of two tracks. Both programs are competitive and only a select number of students will be selected for either program:

(1) Scholarship Program: A military advisor will work with each student to ensure the requirements for the scholarship program are met. Students who do not possess the potential for meeting the scholarship program's requirements are not admitted into the College Program (Basic Course). Two semesters of calculus and two semesters of physics are required if accepted for the scholarship program. Students offered a scholarship must either accept the scholarship or be disenrolled from the unit.

(2) College Program (Advanced Standing): For students not selected for scholarship, the College Program (Advanced Standing) provides the opportunity to continue with the NROTC program after sophomore year. If selected, students will earn a commission without the financial benefits of a NROTC scholarship.

4. Action. When an existing student inquires about the NROTC College Program, they will complete an application in accordance with section 8 of this instruction. The Recruiting Officer or Officer-in-Charge (OIC) will review all applications from any student desiring to become a College Programmer for completeness and submit it to the chain of command along with all other applications received prior to the university's semester application deadline. A special

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focus will be given to those pursuing Tier 1 or Tier 2 majors per reference (a) Chapter 3. If a student is admitted as a College Program midshipman and no longer wishes to remain in the program, enclosure (1) accompanied by a Special Request Chit (SRC) requesting permission in writing from the CO is required. For additional Drop-on-Request (DOR) guidance refer to reference (a) Chapter 6.

5. College Program Eligibility Requirements. To be eligible to participate in the College Program, a student must:

- a. Be a United States citizen, naturalized U.S. citizen, or have submitted naturalization papers. Applicants with dual citizenship may apply and if selected for a scholarship or the College Program (Advanced Standing), must acknowledge that they are prepared to renounce their non-U.S. citizenship should they be required to do so.
- b. Have no moral obligations or personal convictions that will prevent bearing of arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic or to taking an oath to perform such acts.
- c. Be at least 17 years of age and not yet 23 on or before 1 September of the year of enrollment and less than 27 years of age upon commissioning. Those with prior or current active duty in the Armed Forces may be granted age waivers equal to the number of months served.
- d. Have the ability to meet Navy and Marine Corps height/weight requirements.
- e. Possess a high school diploma or equivalent certificate.
- f. Be accepted for admission as a full-time student at ODU, NSU, HU, RU, or TCC.
- g. Have no felony conviction or conviction by courts-martial.
- h. Not be awaiting criminal trial or sentencing, be under any other type of military or civil restraint as a result of violation of law or regulation or have been convicted of an offense the nature of which renders the applicant unfit for commissioned service.
- i. Have no body piercings or tattoos that violate Navy (Navy Uniform Regulations) or Marine Corps (Marine Corps Tattoo) policy, as applicable.
- j. Have no apparent physically disqualifying factors based on a review of the Report of Medical History DD Form 2807-2.
- k. Meet DoN requirements concerning use of drugs or alcohol in accordance with OPNAVINST 5350.8 (series). Each student, as part of the application process, shall sign the Drug and Alcohol Statement of Understanding NSTC 1533/153.
- l. Have more than two years of college coursework remaining until degree conferral.

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m. Complete and sign Drug Statement for Naval Reserve Officer Corps Application NSTC 1533/101.

6. Scholarship and College Program (Advanced Standing) Transition Requirements. Selection for a scholarship or acceptance into the College Program (Advanced Standing) is required prior to the beginning of junior year to continue in the NROTC program. Failure to be selected for either of these programs before the start of junior year will result in disenrollment from the NROTC program.

a. Scholarship Program: College Program (Basic Course) students in good standing become eligible for a full scholarship after completion of one to two semesters of college level courses. Scholarships are awarded by either NSTC N04 (Navy) or Marine Corps Recruiting Command (MCRC) and provide full tuition, monthly allowance up to \$400, and a book stipend per semester for course materials, textbooks and lab fees. Minimum eligibility requirements to compete for the nationally competitive scholarships are as follows:

- (1) Active participation in the Unit for at least one semester.
- (2) A cumulative GPA of at least 2.5 while taking a minimum of 15 credit hours, which includes a 3 credit Naval Science course.
- (3) Recommendation from the PNS.
- (4) Complete two semesters of college-level Calculus by the end of the second year in the NROTC program and two semesters of Calculus-based Physics by the end of third year in the NROTC program.
  - (a) While these courses are only required of Scholarship recipients, College Program (Basic Course) students are strongly encouraged to pursue calculus and physics courses in order to be more competitive for a NROTC Scholarship.

(5) Be within the Navy or Marine Corps' physical fitness and body composition standards.

(6) Applications are submitted annually in the month of June.

b. College Program (Advanced Standing): College Program (Basic Course) students who are not selected for a scholarship by the "Summer Board" will automatically have their package placed before the Advanced Standing Board. Every student selected for Advanced Standing must enlist in the Naval or Marine Corps Reserve prior to commencing the Advanced Course. In return for enlistment and acceptance into the Advanced Course, the Navy will provide each Advanced Standing student uniforms, Naval Science textbooks, and a subsistence allowance for a maximum of 20 months. Minimum eligibility requirements to compete for the nationally competitive College Program (Advanced Standing) are as follows:

- (1) Active participation in the Unit for at least one semester.

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(2) A cumulative GPA of at least 2.5 while taking a minimum of 15 credit hours, which includes a 3 credit Naval Science course.

(3) Recommendation from the PNS.

(4) Complete two semesters of college-level Algebra or above and two semesters of Physical Science (ie; Chemistry, Physics, Biology, Geology, etc.) prior to graduation.

(5) Be within the Navy or Marine Corps' physical fitness and body composition standards.

(6) Applications are submitted annually in the month of June.

7. Physical Fitness Requirements. Must be in good overall health. Applicants must be able to participate in strenuous physical activity and not have any contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical fitness testing. While a member of the NROTC unit, midshipmen are expected to excel physically as follows:

a. Navy Option students shall attain a Physical Fitness Assessment score of "GOOD LOW" or above in all categories to include the height/weight (BCA) standards, as defined by Navy standards per references (a) and (b), by the end of the first complete semester in the NROTC program.

b. Marine Option students shall attain a Physical Fitness Test score of 235 or above as defined by the Navy and Marine Corps standards per references (a) and (c), by the end of the first complete semester in the NROTC program.

8. College Program (Basic Course) Application Procedure. Applications are due annually by May 1<sup>st</sup> for preferred entrance into the College Program (Basic Course) during the fall semester. Applications received after May 1<sup>st</sup> will be considered on a case-by-case basis. Applicants not accepted following their first application are reconsidered for entry following successful completion of their first semester at their university. Reconsideration for the College Program requires students to contact the HRNROTC Recruiting Officer to express continued interest, but does not require an entirely new application. To complete the College Program application, complete the steps as listed below:

a. Read and understand this instruction in its entirety. Candidates not meeting the eligibility requirements of section 5 will not be considered.

b. Utilize the HRNROTC College Program Application Checklist (enclosure 2) as a guide to ensure all required documents are submitted with the application.

c. Complete the NROTC College Program Application, the NROTC Drug Statement, the NROTC Drug and Alcohol Understanding, the Privacy Act Statement, the HRNROTC Physical Readiness Test Acknowledgment Statement, and the Uniform Fitting Sheet.

**NOTE: The witnessing official on applicable forms shall not be a family member. Any school or military official may act as the witnessing official.**

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d. Complete sections I through IV of the DD 2807-2. Schedule a sports physical with a local physician and have the physician fill out sections VII and VIII during the appointment. The physician's name, signature, and date must be completed on the final page of the form. If extenuating circumstances preclude the completion of this requirement, contact the Recruiting Officer and submit an application with a statement explaining why this requirement was not met.

**NOTE: Sections VII and VIII must be completed by a physician for the form to be considered complete. No physical report forms, other than DD Form 2807-2, are acceptable.**

e. Perform a self-assessed Navy Physical Readiness Test and complete the Entrance PRT Self-Assessment Sheet after being cleared for physical activity by a physician. Instructions are enclosed.

**NOTE: Marine Option applicants will be assessed based on the Navy Physical Readiness Test for program acceptance only. Once enrolled in the NROTC program, all Marine Option midshipmen will be required to perform the Marine Corps Physical Fitness Test each semester in accordance with references (a) and (c).**

f. Obtain an unofficial copy of SAT and/or ACT score report. This is not required for students already in college. There is no minimum SAT or ACT score required for College Program (Basic Course) eligibility, however minimum competitive scores are as follows:

(1) SAT: 540 Math, 550 Verbal Evidence Based Reading & Writing, AND 1100 Combined.

(2) ACT: 21 Math, 22 English, AND 44 Combined.

(3) If you did not take the SAT or ACT, you are required to submit a statement from your high school guidance counselor or senior JROTC instructor certifying that SAT and ACT testing was not reasonably available.

g. Obtain a copy of high school or college transcripts (official or unofficial). High school transcripts are not required for students already in college. Competitive transcripts will include:

(1) A cumulative high school GPA of at least 2.75 (on a 4.0 scale) AND a minimum 2.0 grade (on a 4.0 scale) in Algebra II (or equivalent course).

h. At least one and no more than three letters of recommendation. Letters must be from individuals who are not related to the applicant. They should focus on leadership potential, work ethic, and academics.

i. (Optional) A personal statement of no more than 500 words describing why the applicant desires to serve in the military.

j. Submit all required documents as outlined in enclosure (2) by one of the following:

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(1) Hand deliver to Room 202 of the NROTC building at Old Dominion University (Crittenton Hall), 5214 Bluestone Avenue, Norfolk, VA.

(2) Mail to:

NROTC Unit Hampton Roads - Old Dominion University  
ATTN: Recruiting Officer  
5215 Hampton Blvd  
Norfolk, VA 23529-0120

k. Failure to submit all required documents as listed above will result in your application being considered incomplete. Incomplete applications will not be considered for program admittance.

l. Letters of acceptance/rejection will be mailed out annually in the month of June. Accepted applicants will receive an information packet containing details that will assist them in preparing for New Student Orientation. New Student Orientation will normally take place the week prior to the university's class start date.

9. College Program Housing Requirements. College Program students attending ODU are required to live in the ODU Living Learning Community reserved for incoming first-year ROTC students. ODU students who are local to the Hampton Roads area or are transfer students to ODU that already have housing in place may be exempted from this requirement by submitting a request to the CO, via SRC. Incoming first year students attending NSU, HU, RU, or TCC are exempt from this requirement.

10. Non-Selections or DOR. College Program students that have not been selected for either Scholarship or Advanced Standing before the beginning of their junior year will be disenrolled from the NROTC Program. If a MIDN wishes to DOR, a MIDN is entitled to do so utilizing enclosure (1) and accompanying it with a special request chit to present their intentions to the CO in writing. A Performance Review Board (PRB) is not required if the MIDN has not signed either a DD Form 4 or a scholarship agreement.



M.C. BRATLEY





# Privacy Act Data Cover Sheet

To be used on  
all documents  
containing personal  
information

## DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," November 16, 2004.)

# Privacy Act Data Cover Sheet



# NROTC HAMPTON ROADS CONSORTIUM DROP ON REQUEST (DOR) FORM

## Privacy Act Statement

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

**Principal Purpose(s):** The information you provide will be transferred to Naval Service Training Command, OD4, Student Operations for the Naval Reserve Officers Training Corps (NROTC) Program. Once the information is given to OD4, each disenrollee will be contacted by the Hampton Roads Unit should any additional information be required.

**Routine Use(s):** Information you provide on this form 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:** Providing the requested information is voluntary. However, failure to do so may result in a delay in receiving approval of your drop on request from the NROTC program. Should you have any questions regarding this form or the NROTC program, contact the unit's administrative office, at 757-683-5577.

## Personnel Data

First Name:	Middle Initial:	Last Name:	SSN: (Last four only)
Class/Year:	School/University:		
Initial:	<i>(Freshman or College Program only)</i> I intend to voluntarily Drop on Request (DOR) and not incur any monetary obligation to the United States Navy.		
Initial:	I intend to voluntarily Drop on Request (DOR) and I understand I will either incur a monetary obligation or immediate enlisted active duty service to the United States Navy.		

Reason for voluntary dropping the program:

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I certify that the information listed above is true and accurate to the best of my ability.

Signature		Date:
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# HRNROTC College Program Application Checklist



Print Name (Last, First): \_\_\_\_\_

I plan to attend (circle one): **Old Dominion University**

**Regent University**

**Tidewater Community College**

**Hampton University**

**Norfolk State University**

I have (circle one): **Been accepted to the university**

**Submitted my application**

**Have been rejected from the university**

**Have not submitted my application**

I intend to pursue (circle one): **Navy Option**      **Marine Option**

I intend to major in \_\_\_\_\_ (fill in the blank).

NSTC 1533/133	NROTC College Program Application
NSTC 1533/101	NROTC Drug Statement
NSTC 1533/153	NROTC Drug and Alcohol Understanding
DD2807-2	Report of Medical History
NROTCHR 1533/5	Privacy Act Statement
<b>HRNROTC Physical Readiness Test Acknowledgement Statement</b>	
<b>Entrance PRT Self-Assessment Sheet</b>	
<b>Uniform Fitting Sheet</b>	
<b>SAT/ACT Report</b>	
<b>High School/College Transcripts</b>	
<b>Letters of Recommendation</b>	
<b>Personal Statement (OPTIONAL)</b>	

**NAVAL RESERVE OFFICERS TRAINING CROPS  
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 applicant 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, accessible at <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)	Phone	Cell Phone
Current Mailing Address		Name of Parent/Guardian		
		Address of Parent/Guardian		
Place of Birth	Date of Birth			
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No		If naturalized, give date, place, court of jurisdiction, and certificate number.		
Select Service <input type="radio"/> Navy <input type="radio"/> USMC				

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

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Program	Position(s) Held	Awards		Grades of Participation
JROTC				<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	Hours/Week	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 in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

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

**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.

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

**EMPLOYMENT**

List in reverse 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	Hours/Week	Type of Work Performed
From	To			

**EDUCATION**

List in reverse 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: _____	GPA: _____
ACT	Verbal: _____	Math: _____	Class Size: _____	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 'Yes', list the date, place of application, program applied for and current status of application.)	<input type="radio"/>	<input type="radio"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)	<input type="radio"/>	<input type="radio"/>
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 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="radio"/>	<input type="radio"/>
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 '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="radio"/>	<input type="radio"/>

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 applicant at any time.  
 I understand that I am voluntarily applying for a military training program that may lead to an opportunity for commissioning as an officer in the U.S. Navy or U.S. Marine Corps. While participating in the program, I will be required to adhere to U.S. Navy and/or U.S. Marine Corps regulations as they apply to this program. The U.S. Navy and the U.S. Marine Corps have medical and physical qualifications that I must satisfy before I am offered an opportunity to commission. By allowing me to participate in the program, neither the U.S. Navy nor the U.S. Marine Corps are making any representations that I will be offered an opportunity for commissioning as an officer.

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 the office on which I am about to enter. So help me God.

Signature	Date
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# DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB CONTROL NUMBER: 0703-0026  
OMB EXPIRATION DATE: 01/31/2023

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0702-0026, is estimated to average 3 hours and 35 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). 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 RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Commander  
Naval Service Training Command  
2601 A Paul Jones Street  
Great Lakes, IL 60088

## PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

Naval Station Training Command 1533/101 (11-19) Drug Statement For Naval Reserve Officer Training Corps Application

### PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notice (SORN) N01130-1.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORN can be found at the following link: <https://dpcl.dod.mil/Privacy/SORNsIndex/?Page=32>

Complete all required sections on this form. *Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?  
 Yes  No
2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals?  
 Yes  No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

- a. Type of drug(s) used:
- b. Approximate number of times used:
- c. Amount taken:
- d. Method by which taken:
- e. Inclusive dates of use (be specific):
- f. Were you convicted or arrested for the drug use admitted?
- g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. (Initial): \_\_\_\_\_ I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

\_\_\_\_\_  
SIGNATURE OF WITNESSING OFFICIAL

\_\_\_\_\_  
PRINTED NAME OF WITNESSING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

**NAVAL RESERVE OFFICERS TRAINING CORPS  
DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING**

**Privacy Act Statement**

**Authority:** 5 USC §301 (Authorizing Forms and Regulations); 10 USC §§ 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training) and 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9397 (Use of Social Security Numbers), OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2A at 5-27 and 5-28

**Principal Purpose(s):** To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.

**Routine Use(s):** Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

**Disclosure:** Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

**STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_ understand the following:

*Full Name (First MI Last)*

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.
2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.
3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.
4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2D. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.
5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

**CERTIFICATION**

**I have read and fully understand all the information contained on this form.**

Typed/Printed Name (last, first middle) \_\_\_\_\_

Signature

Date:

**CERTIFYING OFFICIAL AND WITNESS**

**I certify the above individual signed this certificate in my presence.**

Typed/Printed Name and Title of Official Certifying \_\_\_\_\_

Signature

Date:

Typed/Printed Name and Title of Witness \_\_\_\_\_

Signature

Date:



**INSTRUCTIONS FOR COMPLETING DD FORM 2807-2,  
ACCESSIONS MEDICAL HISTORY REPORT**

1. This form is to be completed by each individual who requires medical processing in accordance with Department of Defense Instruction (DODI) 6130.03, "Physical Standards for Appointment, Enlistment, or Induction" and DODI 1304.02, "Accession Processing Data Collection Forms." This form must be completed by the applicant with the assistance of the recruiter, parent(s), or guardian, as needed.
2. Replaces the existing medical prescreen form (DD Form 2807-2, MAR 2015) and the DoD Medical Examination Review Board Report of Medical History (DD Form 2492, MAR 2008). Additional questions have been added to improve its usefulness to the accessions medical pre-screening process. The questions are intended to provide the U.S. Military Entrance Processing Command (USMEPCOM) and Department of Defense Medical Examination Review Board (DoDMERB) with health history information necessary to identify conditions commonly related to medical causes for separation during basic and follow-on training (per P.L. 105-85, Div. A, Title V, S 532).
3. Use of medical history information facilitates efficient, timely, and accurate medical processing of individuals applying for Service in the United States Armed Forces or United States Coast Guard. Positive responses do not automatically result in disqualification but are necessary to prompt further explanation that will be used to determine medical qualification. Medical history information assists USMEPCOM/DoDMERB medical personnel in the medical prescreening of applicants. Accurate responses to all questions are critical and all positive responses must be fully explained. Applicant responses to questions may be verified using electronically obtained medical history by the USMEPCOM/DoDMERB. Medical history information will be used by the Department of Defense for continuity of care purposes if and when an applicant accesses into the Armed Forces or Coast Guard. Supporting medical information in the form of historical medical records may also be attached to the Service member's medical record. Medical history information collected by the USMEPCOM/DoDMERB during accession medical processing will serve as the foundation for a Service member's lifecycle electronic medical treatment.
4. If processing at a MEPS: The completed DD Form 2807-2 along with all substantiating and supporting medical documents must be delivered to USMEPCOM for review prior to scheduling the applicant for medical examination. All documents must be submitted for review in accordance with standards below. After review, the Military Entrance Processing Station (MEPS) will notify the Recruiting Service of the applicant's status.
  - 1 processing day prior for applicants with no positive medical history (all items marked "NO" with the exception of items 9 (glasses/contacts), 11 (defective color vision), and 20 (braces) which can be "YES").
  - 2 processing days prior; for applicants with ANY positive medical history (other than those noted above) and 5 OR LESS single-sided pages of supporting medical documents.
  - 3 processing days prior; for applicants with ANY positive medical history (other than those noted above) and MORE THAN 5 single-sided pages of supporting medical documents.Secure electronic submission is preferable; if not feasible bring/mail to the nearest MEPS which can be found at <http://www.mepcom.army.mil/battalions/index.html>. All supporting medical documentation must be present with the DD Form 2807-2 to meet the above timeframes for review. After review by a USMEPCOM provider, appropriate processing notification will be made.
5. If processing at a MEPS: If an applicant has been seen by any Health Care Provider (HCP) and/or has been hospitalized for any reason, medical records/documentation must be obtained and submitted along with a medical release to USMEPCOM. Provide all medical documents via secure electronic submission (if possible) to the nearest MEPS. If hand-carried or mailed, ensure they are sealed in an envelope marked: "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT".
  - a. If the applicant was evaluated and/or treated on an out-patient basis, obtain a copy of actual treatment records of the private medical doctor/HCP including:
    - (1) office or clinic assessment and progress notes, including the initial assessment documents, subsequent evaluation and treatment documents, and record of date when released from care to full, unrestricted activity;
    - (2) emergency room (ER) report(s);
    - (3) study reports (e.g. x-ray, magnetic resonance imaging (MRI), Computerized Tomography (CT), etc.);
    - (4) procedure reports (e.g., arthroscopy, electroencephalogram (EEG; brain wave test), echocardiogram (ultrasound of the heart), etc.);
    - (5) pathology reports (e.g., tissue specimens sent to lab for microscopic diagnosis, abnormal PAP smear cytology, etc.);
    - (6) specialty consultation records (e.g., neurologist, cardiologist, OB/GYN, gastroenterologist, orthopedic surgeon, pulmonologist, allergist, etc.).
  - b. If the applicant was hospitalized, obtain a copy of the inpatient hospital record, to include (if any): ER report, admission history and physical, study reports, procedure reports, operative report (example: surgery to bone or joint), pathology report, specialty consultation reports, and discharge summary.
  - c. If an applicant has been diagnosed or treated for any attention disorder (Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), etc.), academic skills or perceptual defect, or had an Individualized Education Plan or 504 Plan, call/contact the MEPS medical department for additional instructions.
  - d. Obtain any and all documents relating to any evaluation, treatment or consultation with a psychiatrist, psychologist counselor, or therapist, on an inpatient or out-patient basis for any reason, including but not limited to counseling or treatment for adjustment or mood disorder, family or marriage problems, depression, treatment or rehabilitation for alcohol, drug, or substance abuse.
6. MEPS Chief Medical Officers (CMOs) or DoDMERB may locally modify the above instructions and instruct recruiters on what supporting medical documents they require to complete the DD Form 2807-2 medical prescreen review, if doing so enhances the efficiency of medical processing and is consistent with DODI 6130.03 and USMEPCOM/DoDMERB guidance.
7. If all attempts to obtain required substantiating and supporting medical documents fail, the recruiter must contact the appropriate medical department, MEPS medical department for enlistment applicants and DoDMERB for officer applicants, for guidance prior to submitting an incomplete medical prescreen packet.

# ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413  
OMB approval expires  
September, 30 2021

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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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 ADDRESS.**

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507, **Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days; retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days; temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

**ROUTINE USE(S):** The Routine Uses are listed in the applicable system of records notice found at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/>

**DISCLOSURE:** Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$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 may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge."

## SECTION I - APPLICANT

1. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)		2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER		
5. (X one) a. SEX (at birth)    b. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female		6. HEIGHT (inches)	7. WEIGHT (lbs.)	8.a. SERVICE (X as applicable) <input type="checkbox"/> Army <input type="checkbox"/> USMC <input type="checkbox"/> Navy <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> Other: _____		b. COMPONENT (X as applicable) <input type="checkbox"/> Regular <input type="checkbox"/> Reserve Component <input type="checkbox"/> National Guard
10. PURPOSE OF EXAMINATION (X as applicable) <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Other (Specify) _____			11. POSITION (If a current Federal Employee) (Job Title, Grade, Component)		12. USUAL OCCUPATION	

## SECTION II - AUTHORIZATION STATEMENT

I (we), the undersigned:

- I Have read and understand the warning and penalties that are associated with providing a false statement.
- I Certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history.
- I Authorize and understand that a physical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), and Department of Defense Medical Examination Review Board (DoDMERB) contracted medical centers and that I may have blood work and/or other medical tests, procedures and/or specialty consultations performed as part of my processing. I understand that the results of the examination, tests, and consults will be reviewed and considered as part of my application file and are not performed as part of an individual healthcare treatment plan. The MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal test or consult, I am not to assume that the results are normal. Furthermore, if any test or consult results are abnormal, I am responsible for obtaining those results from the MEPS and for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB to speak with the Chief Medical Officer (CMO). Any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- I Understand that neither USMEPCOM or DoDMERB are financially responsible for costs associated with any necessary follow-up evaluations and/or treatment based on my screening evaluation. Any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s)
- I Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.
- I agree that all personal information or data disclosed by myself or others on my behalf with my consent during this process may be further disseminated as needed during the accession process and that my medical information is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules.
- I Authorize release of records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA) USMEPCOM/DoDMERB is authorized to receive all my education/disciplinary records for evaluation of my acceptability for Service in the Armed Forces.
- I Understand that I have the right to refuse to sign this authorization but also understand that failure to do so may cause me to be found disqualified for further processing.
- I Understand this authorization will expire four years from the date of the signature below or sooner if written request is received by USMEPCOM/DoDMERB Staff Judge Advocate's Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

### 1. APPLICANT

a. Signature	b. Date Signed (YYYYMMDD)
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### 2. PARENT OR GUARDIAN SIGNATURE IS MANDATORY FOR MINOR APPLICANT, SIGNATURE IS OPTIONAL IF APPLICANT IS OF AGE

a. Name (Last, First, Middle Initial)	b. Signature	c. Date Signed (YYYYMMDD)
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## SECTION III - MEDICAL HISTORY. Check each item "Yes" or "No". All "Yes" items must be fully explained in Section IV (Pages 4 and 5).

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
<b>EYES</b>			<b>EYES (Continued)</b>		
1. Double vision			4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)		
2. Detached retina or surgery to repair a detached retina			5. Night blindness		
3. Cataracts or surgery for cataracts			6. Glaucoma		

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)			SOCIAL SECURITY NUMBER (Last 4)		
<b>SECTION III - MEDICAL HISTORY (Continued). Check each item "Yes" or "No". All "Yes" items must be fully explained in Section IV.</b>					
CURRENTLY HAVE OR ANY HISTORY OF:			CURRENTLY HAVE OR ANY HISTORY OF:		
YES			YES		
NO			NO		
<b>EYES (Continued)</b>			<b>FEMALES ONLY:</b>		
7. Strabismus or "lazy eye" or any surgery to correct these			48. A change of menstrual pattern (other than pregnancy)		
8. Any other eye condition, injury or surgery			49. Pregnancy, abortion or miscarriage		
<b>VISION</b>			50. Any abnormal PAP smear(s)		
9. Worn/wear contact lenses or glasses (Bring your eyeglasses no matter how old they are.)			51. Date of last PAP smear (YYYYMMDD)		
10. Loss of vision in either eye			52. Diagnosed with endometriosis or ovarian cysts		
11. Color vision deficiency or color blindness			53. Evaluation, treatment or surgery for any other gynecological (female) disorder		
<b>EARS</b>			54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)		
12. Perforated ear drum or tubes in ear drum(s)			55. First day of last menstrual period (YYYYMMDD)		
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum			<b>MALES ONLY:</b>		
14. Loss of balance or vertigo			56. Missing a testicle, testicular implant, or undescended testicle		
<b>HEARING</b>			57. Varicocele, hydrocele, or any scrotal mass, swelling or pain		
15. Hearing loss or wear a hearing aid			58. Prostate problems		
<b>NOSE, SINUSES, MOUTH, AND LARYNX</b>			59. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)		
16. Ear, nose, or throat trouble including tonsillectomy			<b>URINARY SYSTEM</b>		
17. Chronic sinus infections or recurrent nose bleeds			60. Missing a kidney		
18. Absence of, or disturbance of sense of smell			61. Kidney stone, infection or disease		
19. Any surgery of your face, mandible or jaw			62. Kidney or urinary tract surgery of any kind		
<b>DENTAL</b>			63. Blood or protein in urine		
20. Do you wear dental braces or Invisalign, or plan to wear braces or Invisalign?			64. Painful or difficult urination		
21. Tooth or gum problems (other than cavities)			65. Bedwetting or treatment for bedwetting (previous 12 months)		
<b>LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM</b>			66. Hernia		
22. Asthma			<b>SPINE AND SACROILIAC JOINTS</b>		
23. Wheezing			67. Back pain or back problem		
24. Shortness of breath			68. Herniated disk		
25. Bronchitis			69. Neck pain		
26. Other breathing problems worsened by exercise, weather, pollens, etc.			70. Back or neck surgery		
27. Used inhaler(s) or steroids for breathing problem(s)			71. Abnormal curvature of your spine (any part)		
28. Chronic cough or frequent coughing at night			<b>UPPER EXTREMITIES</b>		
29. Collapsed lung or other lung condition			72. Painful shoulder, elbow, wrist, hand or fingers		
30. History of chest, chest wall, or breast surgery			73. Dislocated shoulder, elbow, wrist, hand or fingers		
<b>HEART</b>			<b>LOWER EXTREMITIES</b>		
31. Heart murmur, valve problem or mitral valve prolapse			74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)		
32. Palpitation, pounding heart or abnormal heartbeat			75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)		
33. Heart surgery			76. Painful hip, knee, ankle, foot or toes		
34. Pain or pressure in the chest			77. Dislocated hip, knee, ankle, foot or toes		
35. An abnormal electrocardiogram (EKG)			<b>MISCELLANEOUS CONDITIONS OF THE EXTREMITIES</b>		
36. Any other heart problems			78. Bone, joint, or other orthopedic deformity		
<b>ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM</b>			79. Loss of finger or toe, or extra finger or toe		
37. Stomach, esophageal or intestinal ulcer			80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint		
38. Difficulty swallowing			81. Impaired use of arms, hands, legs, or feet (any reason)		
39. Frequent indigestion or heartburn			82. Arthritis, rheumatism, gout, or bursitis		
40. Gall bladder trouble or gallstones			83. Any swollen joint(s)		
41. Jaundice (except neonatal) or hepatitis (liver disease)			84. Surgery on any joint/bone (including arthroscopy)		
42. Rupture/hernia			85. Plate(s), screw(s), rod(s) or pin(s) in any bone		
43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)			86. Pain or swelling at the site of an old fracture		
44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease			87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics		
45. Rectal disease, hemorrhoids, or blood from the rectum			88. Any other orthopedic, muscle, or sports injury problems		
46. Hemorrhoid surgery			<b>VASCULAR</b>		
47. Bariatric surgery (weight loss surgery)			89. High or low blood pressure		
			90. Raynaud's phenomenon or disease		
			91. Deep Vein Thrombosis (blood clot; leg or elsewhere)		
			92. Pulmonary embolism (blood clot in lung)		

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)			SOCIAL SECURITY NUMBER (Last 4)				
<b>SECTION III - MEDICAL HISTORY (Continued).</b> Check each item "Yes" or "No". All "Yes" items must be fully explained in Section IV.							
CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO
<b>SKIN AND CELLULAR</b>				<b>LEARNING, PSYCHIATRIC, AND BEHAVIORAL (Continued)</b>			
93. Acne				136. Been expelled or suspended from school			
94. Atopic dermatitis or Eczema				137. Been kicked out or removed from your home			
95. Psoriasis				138. Been arrested or other encounters with law enforcement			
96. Large or painful scars				139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry			
97. Any other skin problems				140. Nervous trouble of any sort (anxiety or panic attacks)			
<b>BLOOD AND BLOOD FORMING TISSUES</b>				141. Anorexia, bulimia, or other eating disorder			
98. Anemia (iron deficiency, sickle cell, thalassemia)				142. Habitual stammering or stuttering			
99. Blood clots requiring blood thinner medicine				143. Have you ever purposely cut or harmed yourself			
100. Absence or removal of the spleen				144. Have you ever attempted or considered suicide			
101. Prolonged bleeding (after an injury or tooth extraction)				145. Used illegal drugs or abused prescription drugs			
102. Any other blood or circulation problems				146. Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)			
<b>SYSTEMIC</b>				147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction			
103. Adverse reaction to medication (describe reaction in Section IV)				148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience			
104. Adverse reaction to serum, insect bites, or stings				149. Any other learning, psychiatric, or behavioral problems			
105. Allergy to foods (milk, eggs, fish, meat, nuts, etc.)				<b>TUMORS AND MALIGNANCIES</b>			
106. Allergy to wool, latex, or other material				150. Tumor, growth, cyst, or cancer of any type			
107. Tuberculosis or lived with someone who had tuberculosis				<b>MISCELLANEOUS</b>			
108. Positive test for tuberculosis (PPD or blood test)				151. Cold injury, frostbite or cold intolerance			
109. Malaria				152. Heat injury, heat stroke or heat intolerance			
110. Disorder(s) of your immune system (including HIV)				<b>SUPPLEMENTAL QUESTIONS</b>			
111. Car, train, sea, or air sickness				153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all in Section IV.)			
<b>ENDOCRINE AND METABOLIC</b>				154. Any recent unexplained gain or loss of weight			
112. Thyroid trouble or goiter				155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)			
113. High or low blood sugar				156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section IV.)			
114. Diabetes or told that you should be tested for diabetes				157. Have you ever been treated in an Emergency Room? (If "yes", explain in Section IV.)			
<b>NEUROLOGIC</b>				158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and name of doctor and complete address of hospital in Section IV.)			
115. Cerebrovascular incident (stroke)				159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which occurred in Section IV.)			
116. Frequent or severe headaches, including migraines				160. Have you ever been rejected for military Service for any reason? (If "yes", give date and reason in Section IV.)			
117. Taking medication to prevent headaches				161. Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section IV.)			
118. Lost time from work or school due to frequent or severe headaches				162. Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section IV.)			
119. A skull fracture				a. Sensitivity to chemicals, dust, sunlight, etc.			
120. A head injury, memory loss, or amnesia				b. Inability to perform certain motions			
121. A period of unconsciousness or concussion				c. Inability to stand, sit, kneel, lie down, etc.			
122. Loss of memory or amnesia, or neurological symptoms				d. Other medical reasons			
123. Paralysis				163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details in Section IV.)			
124. Meningitis, encephalitis, or other neurological problems				164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section IV.)			
125. Seizures, convulsions, epilepsy or fits							
126. Dizziness or fainting spells							
127. Any other neurologic problems							
<b>SLEEP DISORDERS</b>							
128. Sleepwalking or narcolepsy							
129. Frequent trouble sleeping							
130. Sleep apnea or severe snoring							
<b>LEARNING, PSYCHIATRIC, AND BEHAVIORAL</b>							
131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)							
132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance							
133. Diagnosed with a learning disorder, to include dyslexia							
134. Received counseling of any type							
135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)							

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

SOCIAL SECURITY NUMBER (Last 4)

**SECTION IV - APPLICANT COMMENTS.** Explain all "Yes" answers to questions 1 - 164 above.

Begin with the Item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

SOCIAL SECURITY NUMBER (Last 4)

**SECTION V - HEALTH CARE PROVIDER/INSURANCE CARRIER CONTACT INFORMATION:**

Current Primary Care Physician(s)/Practitioner(s) and/or Clinic(s) where care is received and Current/Previous Insurance Carrier(s) information. Attach additional sheets if necessary.

THIS PAGE NOT USED



LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

SOCIAL SECURITY NUMBER (Last 4)

**SECTION VI - MEDICAL RECORDS RELEASE**

**THIS PAGE NOT USED**

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

SOCIAL SECURITY NUMBER (Last 4)

**SECTION VII - MEDICAL PROVIDER'S SUMMARY AND DESCRIPTION OF PERTINENT INFORMATION:**

Review and comment on all medical records, electronically provided medical history information, and other electronic data available in the Department of Defense Accessions Processing System. Medical providers may also develop any additional medical history deemed important and record significant findings here or by interview and document them on DD Form 2808, "Report of Medical Examination". Attach additional sheet(s) if necessary.

**COMMENTS:**

(Please Circle) Applicant is / is not cleared for participation in high-impact, full-body aerobic exercise.

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER <i>(Last 4)</i>	
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**SECTION VIII - MEDICAL PROVIDER'S PRESREEN DETERMINATION BASED ON AVAILABLE INFORMATION:**

*(This area is shaded gray, indicating it is a large text area for the medical provider's determination.)*

<b>4. EXAMINING PROVIDER</b>			
a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>	5. NUMBER OF ADDITIONAL SHEETS SUBMITTED

*(This area is blank, intended for the provider's signature and date.)*

NAVAL RESERVE OFFICERS TRAINING CORPS HAMPTON ROADS CONSORTIUM  
PHYSICAL READINESS TEST ACKNOWLEDGMENT STATEMENT

In accordance with NSTC M-1533.2B (Regulations for Officer Development) new midshipmen attending New Student Orientation will be evaluated for physical fitness and swim testing to determine readiness to meet NROTC Program and Navy/Marine Corps requirements. Any midshipman that fails to qualify as a 3<sup>rd</sup> Class swimmer (in accordance with MILPERSMAN 1414.010) within the first year is subject to a Performance Review Board convened by the HRNROTC Unit. All new midshipmen accepted by HRNROTC are required to pass the Navy Physical Readiness Test (PRT) with a score of "GOOD LOW" or better at New Student Orientation. The specific number of push-ups, sit-ups, and run times required are outlined in OPNAVINST 6110.1J. Any midshipman that fails to pass the PRT is subject to a Performance Review Board convened by the HRNROTC Unit. All incoming midshipmen are expected to follow the guidance of the NEHC pre-entry physical conditioning program found at <http://www.nrotc.navy.mil/faq.html>.

I, \_\_\_\_\_, SSN: XX – XXX - \_\_\_\_\_, fully understand the requirements listed above in regards to my initial physical fitness evaluation if I am accepted into the HRNROTC Program.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Witness:

\_\_\_\_\_  
(Printed Name/Rank)

\_\_\_\_\_  
(Signature)

# Entrance PRT Self-Assessment Sheet

The NROTC program standard for the Physical Readiness Test (PRT) is a “GOOD LOW” in all three categories (push ups, forearm plank, and and 1.5 mile run).

In order to better assess your current physical fitness level, you are required to perform a self-assessed PRT. To ensure your health and safety, do not perform your PRT until you have completed your sport’s physical and been cleared for physical activity. Please adhere to the PRT administration guidelines found at:

[https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Physical/Guide%205-Physical%20Readiness%20Test%20%20\(MAR%202021\).pdf?ver=ZDdLAWzZ\\_GJnePr1gOgkxA%3D%3D](https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Physical/Guide%205-Physical%20Readiness%20Test%20%20(MAR%202021).pdf?ver=ZDdLAWzZ_GJnePr1gOgkxA%3D%3D)

Upon completion of your self-assessed PRT, fill out the following:

Pushups: \_\_\_\_\_ (reps)

Forearm Plank: \_\_\_\_\_ (min:sec)

1.5 mile run: \_\_\_\_\_ (min:sec)

Navy PRT standards for males and females in the average applicant’s age range are below:

Performance		Points	Males: Age 17-19 Years		
Category	Level		Pushups	Forearm Planks	1.5 mile run
Outstanding	High	100	92	3:40	8:15
Outstanding	Medium	95	91	3:35	8:45
Outstanding	Low	90	86	3:30	9:00
Excellent	High	85	82	3:23	9:15
Excellent	Medium	80	79	3:17	9:30
Excellent	Low	75	76	3:10	9:45
Good	High	70	68	2:50	10:00
Good	Medium	65	60	2:30	10:30
Good	Low	60	51	2:10	11:00
Satisfactory	High	55	49	1:50	12:00
Satisfactory	Medium	50	46	1:30	12:15
Probationary		45	42	1:10	15:45

Performance		Points	Females: Age 17-19 Years		
Category	Level		Pushups	Forearm Planks	1.5 mile run
Outstanding	High	100	51	3:40	9:29
Outstanding	Medium	95	50	3:35	11:15
Outstanding	Low	90	47	3:30	11:30
Excellent	High	85	45	3:23	11:45
Excellent	Medium	80	43	3:17	12:00
Excellent	Low	75	42	3:10	12:30
Good	High	70	36	2:50	12:45
Good	Medium	65	30	2:30	13:00
Good	Low	60	24	2:10	13:30
Satisfactory	High	55	22	1:50	14:15
Satisfactory	Medium	50	20	1:30	14:45
Probationary		45	19	1:10	15:00

## Measuring and fitting Techniques for Military Uniforms

1. The measuring and fitting of military uniforms can be very challenging when you are not sure how to determine the right size. When garments are sized properly, they may need little or no alterations.
2. These are key points for physical measurements and fitting techniques to help determine the correct size and fit for military uniforms:
  - a) Head - The measurement is taken by placing the tape around the back of the head meeting at the forehead about one inch above the eyebrows, one inch below the hairline and one inch above the ears.
  - b) Neck - When measuring for the neck size, place the tape measure around the neck at the collar line and with one finger between the neck and the tape. This will allow the shirt collar to be fitted with one half inch of space for comfort.
  - c) Chest or Bust - To obtain these sizes, place the tape over the bulk of the shoulder-blades, under the arms, over the fullest part of the chest with ease.
  - d) Sleeve - Raise the right arm even with the shoulder with the elbow bent at an angle, forearm parallel with the floor, and palms down. Measure from the center of the back and round the bend of the elbow, down to one inch past the wrist bone.
  - e) Waist - The tape should be placed directly over the hipbone to get the best results. In cases where you cannot locate the hipbone, place the tape around the fullest part, as close to the top of the waistband as possible.
  - f) Hip - The measuring tape should be placed around the largest part of the hip area, across the lower pelvis or fly.
  - g) Inseam - Measure from the crotch to the heel of the shoe.
  - h) After you received your measurement, use the enclosed male and female sizing charts to determine your correct size. Following these instructions are very important for obtaining your uniform. Please submit uniform sizing sheet promptly.



UNIFORM SIZING SHEET

Circle One: HU NSU ODU

Name: \_\_\_\_\_ M/F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

**Shoe Size:** \_\_\_\_\_ (Specify if: N, R, W, XW, XXW)

**Men:**

Trouser: Waist: \_\_\_\_\_ Inseam: \_\_\_\_\_

Circle One: Short Reg Long X-Long

Shirt:

Long Sleeve: Neck: \_\_\_\_\_ Chest: \_\_\_\_\_ Sleeve Length: \_\_\_\_\_

Short Sleeve: Circle One: SM MED LG X-LG

Combination Cover (head) Size: \_\_\_\_\_

**Women:**

Slacks: Estimated Size: -- Inseam: \_\_\_\_\_ Waist: \_\_\_\_\_

Shirt: Neck Size: \_\_\_\_\_ Bust Size: \_\_\_\_\_ Sleeve Length: \_\_\_\_\_

Combination Cover (head) Size: \_\_\_\_\_ Hip: \_\_\_\_\_

**Note:** Ensure you measure carefully to get correct sizes for your uniforms to **prevent delays in ordering**. You can go to a tailor shop to get your correct measurements if you do not know.

NAVAL RESERVE OFFICER TRAINING CORPS HAMPTON ROAD CONSORTIUM  
PRIVACY ACT STATEMENT

Under the authority of the 5 U.S.C.A. sect. 562, 10 U.S.C.A. sect. 6011, U.S. Navy Regulations (articles 0802 and 0819) and NSTCNOTE 5210 information regarding your personal background may be requested in order to provide the Naval Service Training Command's Selection and Placement Directorate with additional information upon which to recommend you for the NROTC College Program. The information provided by you will become a permanent part of the NROTC College Program application and may be used by officials of the Department of the Navy in making recommendations or decisions regarding your acceptance and by employees and officials of the Department of Defense, the Veterans' Administration and/or other Federal or State agencies in the performance of their official duties. You are not required to provide this information; however, failure to do so could result in the failure to obtain approval for acceptance into the NROTC College Program.

I, \_\_\_\_\_, SSN: XX - XXX - \_\_\_\_\_, fully understand the privacy act statement listed above in regards to my NROTC College Program application.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Witness:

\_\_\_\_\_  
(Printed Name/Rank)

\_\_\_\_\_  
(Signature)