

REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: To request administration of enlistment aptitude and/or medical qualification examinations. Social Security Number is used to positively identify examination results. ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.

A. SERVICE PROCESSING FOR USMC		B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		C. SELECTIVE SERVICE CLASSIFICATION		D. SELECTIVE SERVICE REGISTRATION NUMBER	
A. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)					
3. CURRENT ADDRESS (Street, City, County, State, Country, Zip Code)				4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, Zip Code) SAME AS ITEM 3			
5. CITIZENSHIP (X One)		6. SEX (X One)		7. a. RACIAL CATEGORY (X one or more)			
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))		a. MALE		(1) AMERICAN INDIAN/ ALASKAN NATIVE		(4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
(1) NATIVE BORN		b. FEMALE		(2) ASIAN		(5) WHITE	
(2) BORN ABROAD OF U.S. PARENT(S)		8. MARITAL STATUS (Specify)		(3) BLACK OR AFRICAN AMERICAN			
b. U.S. NATURALIZED		9. NUMBER OF DEPENDENTS		7. b. ETHNIC CATEGORY (X One)			
c. U.S. NON-CITIZEN				(1) HISPANIC OR LATINO		(2) NOT HISPANIC OR LATINO	
d. IMMIGRANT ALIEN (Specify)							
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)							
f. ALIEN REGISTRATION NUMBER (as applicable)							
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed Gr Completed)		13. PROFICIENT IN FOREIGN LANGUAGE (If yes, specify. If No, enter NONE):	
						1st 2nd	
14. VALID DRIVER'S LICENSE (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date)				15. PLACE OF BIRTH (City, State, and Country)			
16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		c. TEST TYPE <input checked="" type="checkbox"/> INITIAL		d. RETEST <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST		e. PREVIOUS TEST VERSIONS 1. 2.	
b. ENLIST UNDER STUDENT TEST SCORES? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SPECIAL		<input type="checkbox"/> 2ND RETEST		f. PREVIOUS TEST DATES (YYYYMMDD) 1. 2.	
		<input type="checkbox"/> CONFIRMATION		<input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED			
17. a. RECRUITER ID /SSN		b. STATION ID OSO-999		18. TEST ADMINISTRATOR SSN/ID		19. TEST ADMINISTRATOR SIGNATURE	
20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. EXAM TYPE <input type="checkbox"/> FULL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RE-EXAM		c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)			
21. APPLICANT'S SIGNATURE				22. MIRS CODING			
				WKID ST DATE INT DATE INT			
23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR I certify that I am the person identified on this form:				Photo ID? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		24. RIGHT THUMBPRINT	
				If yes, type/organization _____		RIGHT THUMBPRINT, FIRST ATTEMPT (AFFIX THUMBPRINT WITH THUMBNAIL POINTED TO THE LEFT)	
				ID Number _____			
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and that the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:							
a. <input type="checkbox"/> I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.							
b. <input type="checkbox"/> I was tested with the ASVAB on or about _____ at _____ (Most Recent Date Tested) (School, City, and State)							
c. <input type="checkbox"/> Request for student test scores (high school look-up) _____ at _____ (Most Recent Date Tested) (School, City, and State)							
d. <input type="checkbox"/> Yes, I want to keep my AFQT scores from the student test listed in "c" above.							
e. Current or last high school attended _____ / _____ OR _____ / _____ (High School) (13 Digit Code)							
f. _____ / _____ / _____ (Signature of Applicant) (Social Security Number) (Date)						IF SECOND ATTEMPT IS REQUIRED, TURN FORM OVER (TOP OF FORM ON THE BOTTOM) AFFIX RIGHT THUMBPRINT ON UPPER RIGHT CORNER, THUMBNAIL POINTED TO THE LEFT	
MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.							
26. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm that you have no current medical insurer):				27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm that you have no current medical provider):			
28. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code)				29. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)			
30. CERTIFICATION BY RECRUITING PERSONNEL I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:						APPLICANT SSN	
_____ (Signature of Recruiter (or rep, if auth)) / _____ (Printed/Typed Name of Recruiter or Rep) / _____ (Date)							
_____ (Printed/Typed Name of Recruiter (if not recorded above))							
_____ (Recruiter ID/SSN)		OSO RIVERSIDE (Local Recruiting Activity)		SAN DIEGO (Bn NRD, Sq or RS Location)			