

REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.

The public reporting burden for this collection of information is estimated to average 22 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 Headquarters, U.S. Military Entrance Processing Command, Operations Directorate, 2834 Green Bay Road, North Chicago, IL 60064-3094.

PRIVACY ACT STATEMENT: AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). 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 B. PRIOR SERVICE C. SELECTIVE SERVICE CLASSIFICATION D. SELECTIVE SERVICE REGISTRATION NUMBER

1. SOCIAL SECURITY NUMBER 2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)

3. CURRENT ADDRESS 4. HOME OF RECORD ADDRESS

5. CITIZENSHIP 6. SEX 7.a. ETHNIC CATEGORY

8. MARITAL STATUS 7.b. RACIAL CATEGORY

9. NUMBER OF DEPENDENTS

f. ALIEN REGISTRATION NUMBER 10. DATE OF BIRTH 11. RELIGIOUS PREFERENCE 12. EDUCATION 13. PROFICIENT IN FOREIGN LANGUAGE

14. VALID DRIVER'S LICENSE 15. PLACE OF BIRTH

16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? b. ENLIST UNDER STUDENT TEST c. TEST TYPE d. RETEST TYPE e. PREVIOUS TEST VERSIONS

17.a. RECRUITER ID/SSN b. STATION ID 18. TEST ADMINISTRATOR SSN/ID 19. TEST ADMINISTRATOR SIGNATURE

20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? b. EXAM TYPE c. DATE LAST FULL MEDICAL EXAM

21. APPLICANT'S SIGNATURE 22. MIRS CODING

23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR

24. RIGHT THUMBPRINT

25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL

26. APPLICANT'S CURRENT MEDICAL INSURER NAME 27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME

28. MEDICAL INSURER ADDRESS 29. MEDICAL PROVIDER ADDRESS

30. CERTIFICATION BY RECRUITING PERSONNEL

APPLICANT SSN

MEDICAL RECORDS RELEASE AUTHORITY:

MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records.

26. APPLICANT'S CURRENT MEDICAL INSURER NAME 27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME

28. MEDICAL INSURER ADDRESS 29. MEDICAL PROVIDER ADDRESS

30. CERTIFICATION BY RECRUITING PERSONNEL

(Signature of Recruiter (or representative, if authorized)) (Printed/Typed Name of Recruiter or representative) (Date)

(Printed/Typed Name of Recruiter (if not recorded above))

(Recruiter ID/SSN) (Local Recruiting Activity) (Bn, NRD, Sq or RS Location)