

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3 FOR OFFICIAL USE ONLY

REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.

OMB No. 0704-0173 OMB approval expires

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 7.b. RACIAL CATEGORY 8. MARITAL STATUS 9. NUMBER OF DEPENDENTS

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 f. PREVIOUS TEST DATES

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 I certify that I am the person identified on this form: 24. RIGHT THUMBPRINT

25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and 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:

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 27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME

28. MEDICAL INSURER ADDRESS 29. MEDICAL PROVIDER ADDRESS

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