High level questions asked:

Name: First, middle, last, suffix, maiden

SSN: 9 digits

Screen shots of pages in the applicant record in PRIDE

<u>General</u>

Field	Value
Marital Status:*	Single
# of Dependents:*	0
# of Dependents in custody of Applicant:*	SELECT
All immediate family US citizens?	SELECT
Recruit Type:*	Active Non-Prior Service
Citizenship:*	U.S. at Birth, Native Born
Dual citizenship:	SELECT
Both parents U.S born?	SELECT
Race:*	Black/A. American, A. Indian/N. Alask
Ethnicity:*	SELECT
Affinity Group:	SELECT
Sec. Clearance Eligible?	SELECT
DD Form 368 Required?	SELECT
Email:	
Drivers License #:	
DL State:	SELECT
DL Exp. Date:	
Date of Birth:*	20001029
Gender:	M
Prior military service?	No
Selective Service Classification:	
Selective Service #:*	
DEP PQS Code:	SELECT
RTC ROM Status:	SELECT
Submarine Volunteer:	SELECT
Religious Preference:*	SELECT
SPECWAR:	☐
SPECWAR NFMC:	SELECT
College First Program:	☐

Place of Birth*

Field	Value
City:*	
State:*	
Country*	

Current Address*

Field	Value
Street:*	104 River Bend
City:*	
County:*	N/A
State:*	Pennsylvania
Country*	United States
ZIP:*	98259

☐ Copy Current Address

Home of Record*

Field	Value
Street:*	104 River Bend
City:*	
County:*	N/A
State:*	Pennsylvania
Country*	United States
ZIP:*	98259

Field	Value
Home Phone #:	
Work Phone #:	
Mobile Phone #:	

Education

High School Algebra:
[SELECT ▾] *

High School Trigonometry:
[SELECT ▾] *

Civilian Education Years:
[13 ▾] *

Civilian Education Code:
[5-Other Non-Traditional High School Cred ▾] *

Civilian Graduation Date:
[   ] *

Midyear Education Code:
[SELECT ▾] *

Secondary Education Code:
[No college ▾]

Special College:
[SELECT ▾] *

Prior Experience:
☐ JROTC

☐ Civil Air Patrol, Sea Cadet

Heritage Language

Heritage Language 1:
[SELECT ▾]

Listening Proficiency 1:
[SELECT ▾]

Reading Proficiency 1:
[SELECT ▾]

Speaking Proficiency 1:
[SELECT ▾]

Writing Proficiency 1:
[SELECT ▾]

Heritage Language 2:
[SELECT ▾]

Listening Proficiency 2:
[SELECT ▾]

Reading Proficiency 2:
[SELECT ▾]

Speaking Proficiency 2:
[SELECT ▾]

Writing Proficiency 2:
[SELECT ▾]

Legal and Moral

Moral Turpitude Offenses:
[SELECT ▾] *

Criminal History:
[SELECT ▾] *

Adverse Personal History:
[SELECT ▾] *

History of Drug Use:
[SELECT ▾] *

Alcohol Abuse:
[SELECT ▾] *

Prior Military Service

Current Service Information

Branch of Service:* [SELECT ▾]	Re-enlistment Code: [SELECT ▾]	Date of Discharge: [_____] 📅
Pay Grade: [SELECT ▾]	Release Date: [_____] 📅	
ADSD: [_____] 📅	Service UIC: [_____]	
Enlisted Specialty: [_____]	Date of Rank: [_____] 📅	Total Years Service: [SELECT ▾]
	State of Service: [N/A ▾]	

Test Scores

SAT:

Cumulative Score	[_____] 400-1600	Date [_____]
Math	[_____] 200-800	
Reading	[_____] 200-800	

ACT:

Cumulative Score	[_____] 1-36	Date [_____]
Math	[_____] 1-36	
Reading	[_____] 1-36	

Medical

High level questions:

- Height
- Weight
- Date of last PAP smear
- First day of last menstrual period

Screen Shots

Medical History

▾ Medical History		
Issue Type	**Yes/No**	
ⓘ 3: Double Vision	○ Yes	○ No
ⓘ 4: Detached retina or surgery to repair a detached retina	○ Yes	○ No
ⓘ 5: Keratoconus, glaucoma, cataracts or surgery for cataracts	○ Yes	○ No
ⓘ 6: Vision correction procedure such as Lasik, PRK, or lens implant	○ Yes	○ No
ⓘ 7: Night blindness	○ Yes	○ No
ⓘ 8: Any other eye condition, injury, or surgery/procedure	○ Yes	○ No
ⓘ 9: Cholesteatoma	○ Yes	○ No
ⓘ 10: Ear drum perforation or tubes inserted into the ear drum(s) in the past ...	○ Yes	○ No
ⓘ 11: Any other ear surgery or procedure including mastoidectomy	○ Yes	○ No
ⓘ 12: Loss of balance or vertigo	○ Yes	○ No
ⓘ 13: Hearing loss or use of hearing aid(s)	○ Yes	○ No
ⓘ 14: Ear, nose, or throat conditions such as vocal cord dysfunction	○ Yes	○ No
ⓘ 15: Recurrent nose bleeds, chronic sinus infections, or sinus surgery	○ Yes	○ No
ⓘ 16: Absence of, or disturbance of sense of smell	○ Yes	○ No
ⓘ 17: Any surgery of the face, throat, or jaw	○ Yes	○ No
ⓘ 18: Braces or aligners	○ Yes	○ No
ⓘ 19: Any tooth or gum problems	○ Yes	○ No
ⓘ 20: Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other br...	○ Yes	○ No
ⓘ 21: Prescription for an inhaler, steroids, or any other medication for breat...	○ Yes	○ No
ⓘ 22: Pneumonia	○ Yes	○ No
ⓘ 23: Chronic cough or frequent coughing at night	○ Yes	○ No
ⓘ 24: Collapsed lung or other lung condition(s)	○ Yes	○ No
ⓘ 25: History of chest, chest wall, or breast surgery	○ Yes	○ No
ⓘ 26: Heart murmur or valve problem(s)	○ Yes	○ No
ⓘ 27: Palpitations, skipped/abnormal heartbeats, or pounding heart	○ Yes	○ No
1 2 3 4 5		

Medical History

Issue Type	Yes/No
ⓘ 28: Chest pain/pressure or an abnormal electrocardiogram (EKG)	○ Yes ○ No
ⓘ 29: Heart Surgery	○ Yes ○ No
ⓘ 30: Any other heart condition	○ Yes ○ No
ⓘ 31: Problems of the stomach, esophagus, or intestine such as ulcer(s)	○ Yes ○ No
ⓘ 32: Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic e...	○ Yes ○ No
ⓘ 33: Gallbladder disease or gallstones	○ Yes ○ No
ⓘ 34: Hepatitis or jaundice (except neonatal jaundice)	○ Yes ○ No
ⓘ 35: Hernia	○ Yes ○ No
ⓘ 36: Any abdominal surgery/endoscopy such as appendectomy, bowel resection, h...	○ Yes ○ No
ⓘ 37: Weight loss surgery such as gastric bypass or lap banding	○ Yes ○ No
ⓘ 38: Chronic or recurrent intestinal disease such as irritable bowel syndrome...	○ Yes ○ No
ⓘ 39: Anorectal disease, blood from the rectum, or hemorrhoids	○ Yes ○ No
ⓘ 41: A change of menstrual pattern (other than pregnancy)	○ Yes ○ No
ⓘ 42: Pregnancy	○ Yes ○ No
ⓘ 43: Any abnormal PAP test	○ Yes ○ No
ⓘ 44: Endometriosis, uterine fibroid, or ovarian cyst	○ Yes ○ No
ⓘ 45: Any other gynecological disorder that required evaluation, treatment, or...	○ Yes ○ No
ⓘ 46: Undescended/absent testicle(s), or testicular implant	○ Yes ○ No
ⓘ 47: Any scrotal mass, swelling, or pain	○ Yes ○ No
ⓘ 48: Prostate problems	○ Yes ○ No
ⓘ 49: Absence of, or a congenital abnormality of a kidney such as horseshoe kidney	○ Yes ○ No
ⓘ 50: Blood or protein in urine	○ Yes ○ No
ⓘ 51: Painful or difficult urination	○ Yes ○ No
ⓘ 52: Kidney stone	○ Yes ○ No
ⓘ 53: Kidney or urinary tract disease, surgery, or infection	○ Yes ○ No

Medical History

Issue Type	Yes/No
ⓘ 54: Bedwetting or treatment for bedwetting in the past 12 months	○ Yes ○ No
ⓘ 55: Back or neck pain, or herniated disc	○ Yes ○ No
ⓘ 56: Abnormal curvature of any part of the spine	○ Yes ○ No
ⓘ 57: Vertebral fracture or stress injury of the spine such as spondylolysis	○ Yes ○ No
ⓘ 58: Back or neck surgery	○ Yes ○ No
ⓘ 59: Any pain, swelling, weakness, numbness, or stiffness of the shoulder, el...	○ Yes ○ No
ⓘ 60: Dislocated shoulder, elbow, or wrist	○ Yes ○ No
ⓘ 61: Foot conditions such as plantar fasciitis, heel spur, or painful bunions	○ Yes ○ No
ⓘ 62: Knee injury resulting in ligament/cartilage tear, instability, or locking	○ Yes ○ No
ⓘ 63: Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, a...	○ Yes ○ No
ⓘ 64: Dislocated hip, knee, ankle, or foot	○ Yes ○ No
ⓘ 65: Bone, muscle, or joint deformity, injury, or persistent pain/swelling	○ Yes ○ No
ⓘ 66: Impaired use of arms, hands, fingers, legs, feet, or toes (any reason)	○ Yes ○ No
ⓘ 67: Joint swelling/inflammation such as arthritis, gout, or bursitis	○ Yes ○ No
ⓘ 68: Compartment syndrome, shin splints, or stress reaction/fracture	○ Yes ○ No
ⓘ 69: Any surgery of the bone or joint such as placing a screw, plate, rod, pi...	○ Yes ○ No
ⓘ 70: Any use of prescribed corrective/prosthetic devices such as a brace, bac...	○ Yes ○ No
ⓘ 71: Abnormal (high or low) blood pressure	○ Yes ○ No
ⓘ 72: Pale, blue, or numb fingers or toes with exposure to cold such as Raynau...	○ Yes ○ No
ⓘ 73: Kawasaki disease	○ Yes ○ No
ⓘ 74: Acne that required prescription medication(s)	○ Yes ○ No
ⓘ 75: Skin rash such as atopic dermatitis, eczema, or psoriasis	○ Yes ○ No
ⓘ 76: Any other skin condition such as recurrent hives, abscesses (hidradeniti...	○ Yes ○ No
ⓘ 77: Anemia such as iron deficiency, sickle cell, or thalassemia	○ Yes ○ No
ⓘ 78: Blood clot(s), a clotting disorder, or history of taking a blood thinner	○ Yes ○ No

Medical History

Issue Type	Yes/No
ⓘ 79: Absence or removal of the spleen	○ Yes ○ No
ⓘ 80: Prolonged bleeding such as after an injury or dental procedure	○ Yes ○ No
ⓘ 81: Any other blood or circulation condition	○ Yes ○ No
ⓘ 82: Severe allergic reaction to any substance requiring emergency care	○ Yes ○ No
ⓘ 83: Tested positive for tuberculosis (skin or blood test), or lived with som...	○ Yes ○ No
ⓘ 84: Immune system condition such as rheumatoid arthritis, lupus, multiple sc...	○ Yes ○ No
ⓘ 85: Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamy...	○ Yes ○ No
ⓘ 86: Rhabdomyolysis	○ Yes ○ No
ⓘ 87: Thyroid conditions such as goiter or hypo/hyperthyroidism	○ Yes ○ No
ⓘ 88: Diabetes or hypoglycemia (low blood sugar)	○ Yes ○ No
ⓘ 89: Any other endocrine (hormone) condition such as growth hormone deficienc...	○ Yes ○ No
ⓘ 90: Stroke, aneurysm, or bleeding in or around the brain	○ Yes ○ No
ⓘ 91: Frequent or severe headaches such as migraines, cluster, or tension	○ Yes ○ No
ⓘ 92: A head injury, concussion, or skull fracture	○ Yes ○ No
ⓘ 93: Infection of the brain or spinal cord such as abscess, meningitis, or en...	○ Yes ○ No
ⓘ 94: Seizures, epilepsy, or convulsions	○ Yes ○ No
ⓘ 95: Syncope or fainting spells	○ Yes ○ No
ⓘ 96: Any other neurologic condition such as paralysis, myasthenia gravis, Tou...	○ Yes ○ No
ⓘ 97: Sleep apnea	○ Yes ○ No
ⓘ 98: Sleepwalking, narcolepsy, or difficulty with sleep such as falling/stayi...	○ Yes ○ No
ⓘ 99: Attention Deficit or Hyperactivity disorder (ADD/ADHD), dyslexia, autism...	○ Yes ○ No
ⓘ 100: A behavioral/mental health condition such as anxiety/panic attacks, depr...	○ Yes ○ No
ⓘ 101: Evaluation or treatment either with medication or counseling for any beh...	○ Yes ○ No
ⓘ 102: Eating disorder such as anorexia or bulimia	○ Yes ○ No
ⓘ 103: Self-inflicted injury such as cutting or burning	○ Yes ○ No

Medical History			
Issue Type			**Yes/No**
(i) 104: Suicidal thoughts, gesture, or attempt		○ Yes	○ No
(i) 105: Admission to a hospital for any behavioral/mental health condition		○ Yes	○ No
(i) 106: Any cancer, malignancy, tumor, or cyst		○ Yes	○ No
(i) 107: Cold/heat intolerance or injury such as frostbite or heatstroke		○ Yes	○ No
(i) 108: Prosthetic body part or joint		○ Yes	○ No
(i) 109: Any medical treatment/surgery from a Hospital, Emergency Room, Surgical ...		○ Yes	○ No
(i) 110: Previous medical disqualification for Military Service		○ Yes	○ No
(i) 111: Discharge from Military Service for any reason (provide reason, date, an...		○ Yes	○ No
(i) 112: Disability award or compensation for an injury or other medical condition		○ Yes	○ No
	1 2 3 4 5		

Primary Care

Name: _____

Phone Number: _____

Current: ☐

Street:* _____

City:* _____

County:* [▼]

State:* [▼]

Country* [▼]

ZIP:* _____

Medical Insurance Information

Name:

Phone Number:

Previous: ☐

Current: ☐

Additional: ☐

Street:*

City:*

County:* N/A ▾

State:* N/A ▾

Country* N/A ▾

ZIP:*