

Auburn-Tuskegee Consortium College Program Application

MEDICAL ACCEPTANCE CRITERIA GUIDANCE

1. Acceptance is based upon ability to participate in strenuous physical activity and the absence of 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 readiness testing.
2. Special attention should be given to orthopedic and cardiovascular conditions or complaints.
3. Conditions that are considered disqualifying include:
 - a. Symptomatic or recurrent orthopedic complaints
 - b. Allergies or hypersensitivity to foods, medications, or insect bites/stings
 - c. History of asthma, seizures or convulsions, head injuries requiring hospitalization, loss of consciousness
 - d. Diabetes requiring dietary restrictions or medication.
 - e. History of chronic motion sickness, sleepwalking, or bed wetting since age 9
 - f. Use of certain forms of medication
4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hematocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.
5. For the purpose of this examination, there is no specific limit for defective vision. However, applicants who wear glasses or contact lenses but cannot participate in training activities that require removal of glasses (or contacts) should be reviewed on a case-by-case basis.
6. There is no provision for "waiver" of the acceptance criteria for participating in the NROTC College Program. Examining physicians may submit appropriate statements for consideration of acceptance when the examiner is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the program. Conditions that will require medication or treatment during the period of training should be considered as not meeting the criteria for qualification.
7. Final authority for acceptance of applicants is the Commanding Officer, NROTC Unit, Auburn University.

Auburn-Tuskegee Consortium College Program Application

University (Check One): AU TU Last Name: _____ First Name: _____
Student ID# (NONE or 904...902...) _____ University (or other) Email: _____
_____ Navy Option _____ Marine Option

If you have questions, please Call (334) 844-4364

Complete numbers 1-14 on the instruction sheet. Mark each portion completed to the right to confirm you have successfully completed the requirement.

1. Complete NSTC Form 1533/133 NROTC College Program Application

NOTE: Anyone who is a legal adult may sign as a witness EXCEPT family members.

2. Complete and sign Drug Statement for NROTC Application NSTC 1533/101.

3. Complete and Sign NROTC Drug and Alcohol Statement of Understanding NSTC 1533/153.

NOTE: Numbers 4 is completed with a Physician

CAUTION: The following disqualifying items are commonly overlooked:

- a. NROTC students cannot be colorblind. (Waivers available for Marine options.)
- b. Visual acuity must be correctable to 20/20 in each eye.

4. Complete and sign the Preparation Physical Evaluation Physical Examination

5. Complete Navy Physical Fitness Assessment or Marines Physical Fitness Test

6. Complete 100 Word Essay

7. Standardized Testing Scores (SAT/ACT) If taken.

8. Most Recent High School/College Transcript

9. Immunization Records

10. Submit a full-length color photo. The applicant should be in business casual attire with a plain background.

11. Complete NSI Application 1533/171, 1533/174, 1533/173

12. Complete DTS Profile Sheet

13. Submit COPY of Birth Certificate and SSN Card.

NOTE: Will require originals of both before any future scholarship can be started

14. Do you have any Tattoos (Check One)? YES: NO:

MOTE: Tattoos are not disqualifying for acceptance, but will require an additional form.

NROTC USE ONLY

PNS DECISION ON APPLICATION: APPROVED: _____ DISAPPROVED: _____

PNS SIGNATURE: _____ DATE: _____

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

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/30/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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 READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

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): The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC College Program 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. The following systems of records notices cover the collection of this information: N01131-1 located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570316/n01131-1/>.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants 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; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide 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 there. 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: The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

More information on the SORNs can be found at the following link(s):
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

PERSONAL INFORMATION

Name (First, MI, Last) _____ SSN (last 4) _____ Phone () _____ Cell Phone () _____

Current Mailing Address _____

Name of Parent/Guardian 1 _____ Name of Parent/Guardian 2 _____

Contact Information of Parent/Guardian 1 _____

Contact Information of Parent/Guardian 2 _____

Place of Birth _____ Date of Birth _____

Are you a US Citizen? Yes No If naturalized, give date, place, court of jurisdiction, and certificate number. _____

Select Service Navy USMC _____

Military Experience and Training (Past and Present, if any)	Dates of Service	Highest Rank	EAOS	Type of Discharge
Service				

Training Program	Position(s) Held	Awards	Grades of Participation			
			9	10	11	12
Select			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JROTC			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Air Patrol			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (NDCC etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			
			9	10	11	12
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			
				9	10	11	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.

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

From	To	Employer Name and Address	Hours/Week	Type of Work Performed

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

From	To	School Name and Address	Major	Degree

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="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> |

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.)

4. Are you currently awaiting trial or sentencing, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?

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.)

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?

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.)

8. Have you ever been arrested or convicted of trafficking illegal drugs?

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.)

- 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 application 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

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

**DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS
(NROTC) APPLICATION**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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:

Naval Service Training Command NROTC
Selection and Placement, N92
320A Dewey Avenue
Bldg 3, Rm 106
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE 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 Notices (SORNs) N01130-1 and N01080-3.

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 SORNS can be found at the following link(s):
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Complete all sections on this form (required). *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

NSTC N9 USE ONLY

Approve _____ Disapprove _____

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

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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:

Naval Service Training Command NROTC

Selection and Placement, N92
320A Dewey Avenue
Bldg 3, Rm 106
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE 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 Notices (SORNs) N01130-1 and N01080-3.

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 SORNs can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

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), NROTC Preparatory Program (NPP) 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 OFFICAL 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:

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots
 Three shots Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)			Yes	No
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- _____
- _____
- Medically eligible for certain sports

- _____
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

NROTC Physical Fitness Assessment (PFA) (Navy Option)

Section I – Body Composition Assessment (BCA)

Name: _____

Date: _____

Gender: _____

Age: _____

Height: _____ (inches)

Weight: _____ (lbs)

BCA Measurements (if over the maximum weight)

	1st Measurement	2nd Measurement	3rd Measurement
Neck			
Waist			
Hip (female only)			

Male (Waist - Neck = *Circumference Value*): _____

Female (Waist + Hip - Neck Abdomen = *Circumference Value*): _____

Is Navy Candidate within Height and Weight Standards per Navy Physical Readiness Program?
Yes / No

Section II – Physical Fitness Test

Date Completed: _____

Push-Ups: _____ Points: _____

Plank: _____ Points: _____

1.5-Mile Run: _____ Points: _____

Total Points: _____

Section III – Administration Information

Name: _____

Rank: _____

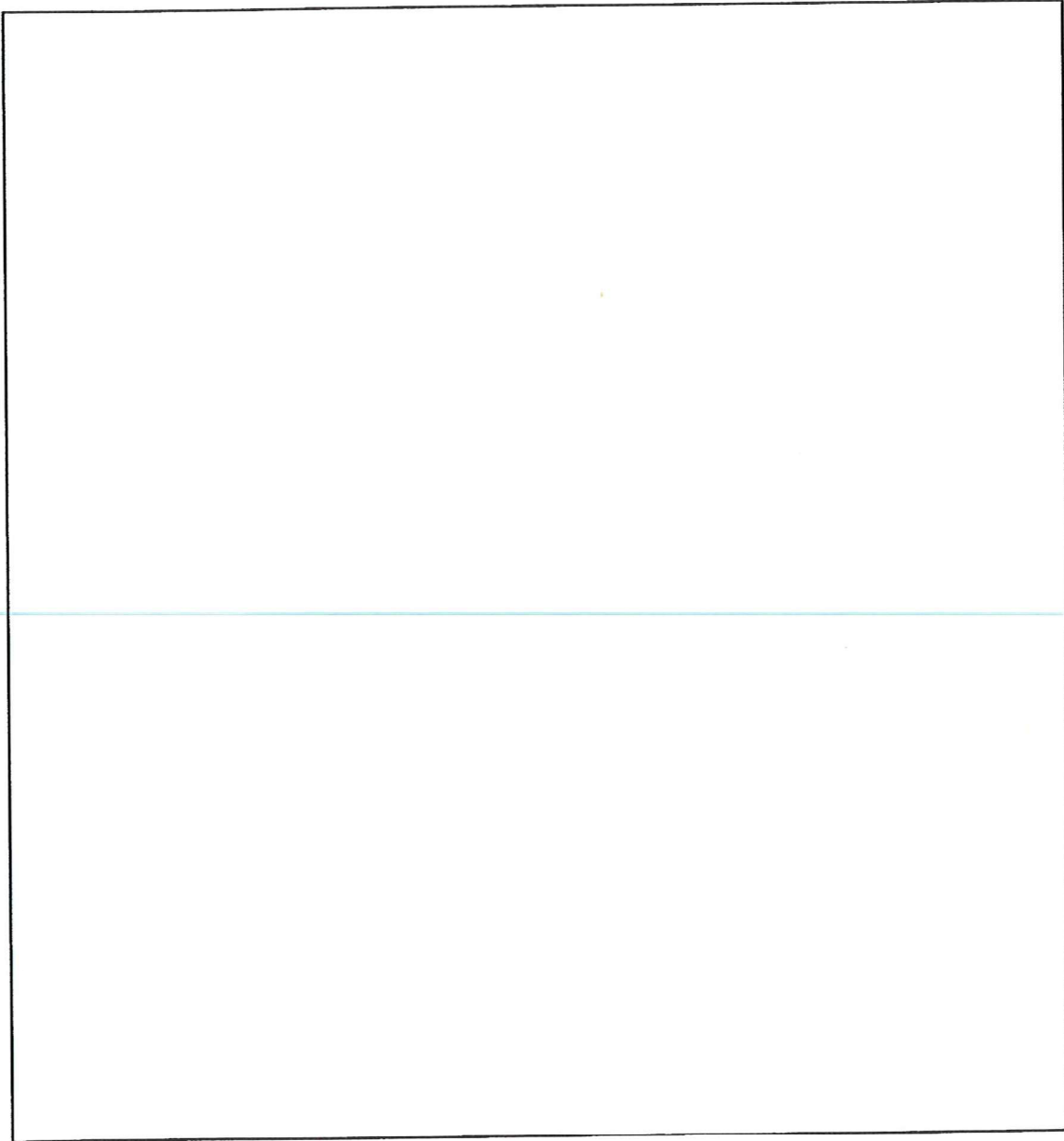
Unit: _____

Phone Number: _____

Essay

In 100 words or less answer the below question. Essay will be hand written in the below box and signed with ink.

Why do you want to be a Navy or Marine Corps Officer?



Signature: _____

**Naval Reserve Officers Training Corps (NROTC)
New Student Indoctrination (NSI) Package Checklist**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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:

Naval Service Training Command
Candidate Midshipman Guidance Office (CMGO)
Building 3, Room 106
320A Dewey Avenue
Great Lakes, IL 60088-2911

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE 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 Notices (SORNs) N01130-1 and N01080-3.

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 SORNS can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Initial in each box to certify that the MANDATORY documents listed are contained within your NSI submission package. Affix this completed page to the top of your submission package, and mail to the address above. All medical documentation must include legal first and last names and date of birth.

INITIALS DOCUMENTS INCLUDED

_____ 1533/174 NSI New Student Information Sheet

_____ 1533/173 NROTC Standard Release Form

_____ American Academy of Family Physicians Preparticipation (Sports) Physical Evaluation History (2023) AND Physical Examination Forms, 2019 version (This is a 4 page document that is valid for 365 days and must not expire during NSI)

_____ Copy of immunization record with documentation of the four (4) following vaccines:

_____ *One Dose of ACWY Meningococcal Vaccine (for example MCV vaccine) on or after 16th birthday

_____ *Two Doses of Mumps, Measles, Rubella (MMR) Vaccine at least 28 days apart

_____ *Two Doses of Varicella (Chicken Pox) Vaccine or Titer Test From Lab Documenting Immunity

_____ *One Dose of TDaP Vaccine within the last 10 years

_____ Newborn Sickle Cell Blood Test

_____ Provider notes stating a student's Sickle Cell Trait status **WILL NOT** be accepted, only lab results.

** I _____ acknowledge that the Sports Physical is a requirement to attend New Student Indoctrination (NSI) and DOES NOT meet the military accessions physical examination requirement to activate my NROTC Scholarship. I acknowledge and understand that in order to meet the military accessions physical examination requirement, to activate my NROTC Scholarship, I must be found physically qualified by the Department of Defense Medical Evaluation Board (DoDMERB) OR receive an approved medical waiver from the Bureau of Medicine and Surgery (BUMED) AND Naval Service Training Command (NSTC).

Candidate Signature: _____

Date: _____

NROTC NEW STUDENT INDOCTRINATION (NSI) INFORMATION SHEET

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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 READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers), and System of Records Notice(s) (SORN) N01131-1 and N0180-3.

PURPOSE(S): The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information 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): These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and 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 may be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. 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. Information provided on this form 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.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Please complete all items legibly.

All fields ARE REQUIRED to register NSI participants in training and healthcare systems prior to the start of training.

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____

Social Security Number: _____
Enter FULL 9 digit number

Date of Birth: _____
Enter as MM/DD/YYYY

Place of Birth: _____

Marital Status: _____
Single, Married, Divorced, Widowed

Ethnicity:
Check the boxes below

Ethnic Code: You may select as many of the ethnic categories that you feel apply to you. This data is used solely for statistical purposes	<input type="checkbox"/> (1) Other Hispanic Descent	<input type="checkbox"/> (6) Mexican	<input type="checkbox"/> (G) Chinese	<input type="checkbox"/> (S) Latin American with Hispanic Descent
	<input type="checkbox"/> (2) U.S./Canadian Indian Tribes	<input type="checkbox"/> (7) Eskimo	<input type="checkbox"/> (H) Guamanian	<input type="checkbox"/> (V) Vietnamese
	<input type="checkbox"/> (3) Other Asian Descent	<input type="checkbox"/> (8) Aleut	<input type="checkbox"/> (J) Japanese	<input type="checkbox"/> (W) Micronesian
	<input type="checkbox"/> (4) Puerto Rican	<input type="checkbox"/> (9) Cuban	<input type="checkbox"/> (K) Korean	<input type="checkbox"/> (X) Caucasian/White
	<input type="checkbox"/> (5) Filipino	<input type="checkbox"/> (D) Indian/Pakistani	<input type="checkbox"/> (L) Polynesian	<input type="checkbox"/> (Y) Black/African American
	<input type="checkbox"/> (E) Melanesian	<input type="checkbox"/> (Q) Other Pacific Island Descent		

Religious Preference: _____
Sex (for berthing purposes): Male Female

Home of Record (HOR)
(Often Parent's address):

Street _____
City, State, ZIP Code _____
Cell Phone #: _____
Residence Phone #: _____

Parent/Guardian 1 Full Name: _____
Address (If different from above): _____
Parent/Guardian 1 Contact Phone #: _____ Phone Type? _____
Parent/Guardian 2 Full Name: _____
Address (If different from above): _____
Parent/Guardian 2 Contact Phone #: _____ Phone Type? _____

NROTC OPTION: Check one Navy Nurse Marine Corps

Date of High School Graduation: _____
Do you have any commitments that prevent you from attending any of the NSI training iterations? YES NO
If YES, for which dates are you unavailable? _____
DoD Identification Number (for military dependents only): _____

Midshipman Candidate Signature: _____ Date: _____
Printed Name: _____

**NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC)
STANDARD RELEASE FORM**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, 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. 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 READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers), and System of Records Notice(s) (SORN) N01131-1.and N0180-3.

PURPOSE(S): The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information 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): These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and 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 may be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. 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. Information provided on this form 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.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

1. I, _____, a Midshipman Candidate (MC) of the Naval Reserve Officers Training Corps (NROTC), in consideration of basic participation in NROTC sponsored extracurricular activities, to wit NROTC New Student Indoctrination in June, July, or August 2026, do hereby release the government of the United States and all its officers, representatives, and agents acting officially, and also all local, regional, and national Navy Officials of the United States, from any and all claims, demands, actions, or causes of action, death, injury, or illness, except as provided under 10 USC 1074b, Medical and dental care: Academy cadets and midshipmen; members of, and designated applicants for membership in, Senior ROTC.

I hereby authorize personnel of the Department of the Defense, Armed Forces, Public Health Service, and/or civilian physicians, to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that if I am injured in the line of duty during this training evolution, I may file a claim under the Federal Employee's Compensation Act (FECA 5 USC 8101, et seq.). The claim will be administered by the U.S. Department of Labor (DOL). If any such claim is denied, I may be responsible for the cost of all medical care.

I understand that care at a military medical treatment facility (MTF) for non-military dependents will be rendered on a temporary (emergency) basis only; if further care is indicated, I will be transferred to non-military care as soon as possible. Emergency care provided at an MTF to MC who are not military dependents may be subject to reimbursement, and I may be billed for the care provided. For Navy MTF, such care is authorized by BUMED INSTRUCTION 6320.103.

I have no known medical conditions that might preclude, or limit in any way, participation in NROTC sponsored extracurricular activities.

HIPAA Privacy Authorization Form for Use or Disclosure of Protected Health Information

Required by the Health Insurance Portability and Accountability Act (HIPAA)
45 CFR Parts 160 and 164

Authorization

I authorize NSI personnel and/or a Federal Health Care Center (FHCC) to use and disclose my Protected Health Information (PHI) described below to the entity(ies) noted below:

BUMED
FAX: 571-316-1527
OR VIA
DOD SAFE (<https://safe.apps.mil/>)

DoDMERB
email: dha.ncr.dod-merb.mbx.helpdesk@health.mil

For additional recipients:

Provide Name, Address, Contact Telephone Number, and Relationship to yourself for each authorized individual)

CONSENT OF PARENT(S) OR GUARDIAN(S)
(To be completed and notarized if the MC is under 18 years of age)

I certify that I am the parent or legal guardian of the MC who has signed this form in the above signature block.

I have read and understand this form.

Parent/Guardian Signature: _____

Printed Name: _____

Address: _____

Telephone: _____ mobile or landline? (Circle Type)

Notary Public Verification of Parent/Legal Guardian Signature

State of _____

County of _____

Signed and sworn (or affirmed) before me on the _____ day of _____, 202____.

[SEAL]

Signature of Notary Public

Title of Office: _____

My commission expires: _____

2. Effective Period

This authorization for release of information covers the period from:

a. _____ to _____.

OR

b. All past, present, and future periods.

3. Extent of Authorization

a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

OR

b. I authorize the release of my complete health record with the *exception* of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

4. This medical information may be used by the individual(s) I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization, or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature: _____

Printed name: _____

Date: _____

Defense Travel System (DTS) Profile Information

Social Security Number	
*First Name	
*Middle Name	
*Last Name	
Military Email Address	N63296@AUBURN.EDU
Gender and DOB	Male <input type="checkbox"/> Female <input type="checkbox"/> DOB:
Military Rank	MC-00
Home of Record Address	
Option	<input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY
Student Cell Phone Number	
Emergency Contact Phone #	(334) 844-3426
Duty Station Name	NROTC AUBURN-TUSKEGEE CONSORTIUM
Unit Identification Code	63296
Duty Station Phone Number	(334) 844-4364
Govt Travel Card Holder	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Govt Travel Card (GTC) #	N/A
GTC Date of Expiration	N/A
EFT Account Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank Routing Number	
Bank Account Number	
Signature: _____ Date: _____	
<small>AUTHORITY: 10 U.S.C, 3013 E.O. 9397, 5 U.S.C., Section 301, 552 a (b), 5701 and 5702, 31 U.S.C. 3511, 3512, 3523 PRINCIPLE PURPOSE: In processing procedure for profiles in the Defense Travel System (DTS) ROUTINE USE: Information from this form is used to create/update DTS Profiles DISCLOSURE: Voluntary, however, failure to provide the information will result in the inability to process travel document for the traveler.</small>	

*** Please type in legal name from your Social Security Card. It must match!**