



# Facilitator Notes



*Freedom's Front Door*

- Print this presentation in “Notes View” to see the content the Facilitator will present and directions the Producer will follow
- Add your own notes to the pages as you prepare for your session

# RECRUITERS' TASKS



**Briefer's Full Name and Rank**  
**Briefer's Title**

2018





# INTRODUCTION



*Freedom's Front Door*





# PURPOSE & OBJECTIVES



*Freedom's Front Door*

**Purpose:** The purpose of this session is to provide an overview of your tasks as a recruiter, and in partnership with USMEPCOM.

## **Objectives:**

At the end of this session, participants will be able to:

- Distinguish between Forms used for MEPS applicant processing (USMEPCOM Form 680-3A-E, DD Form 2807-2, and DD Form 1966/5, Medical Consults, and Medical Waivers).
- Describe the tools and resources available to prepare applicants for their Day at the MEPS.
- Demonstrate how to project applicants through records (ASVAB, Prescreen, Medical Examination, Same Day Process, Special Purpose Testing, and Shipping).

# Data Collection







# USMEPCOM FORM 680-3A-E



Freedom's Front Door

**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  
Sep 30, 2017

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 60064-3034.

Read Privacy Act Statement on back before completing form.

**A. SERVICE PROCESSING FOR** **B. PRIOR SERVICE**  Yes  No **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** (Street, City, County, State, Country, ZIP Code) **4. HOME OF RECORD ADDRESS** (Street, City, County, State, Country, ZIP Code)

**5. CITIZENSHIP (X one)**  
 a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))  
 (1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S)  
 b. U.S. NATURALIZED  
 c. U.S. NON-CITIZEN NATIONAL  
 d. IMMIGRANT ALIEN (Specify)  
 e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)

**6. SEX (X one)**  
 a. MALE  b. FEMALE  **7. ETHNIC CATEGORY** (1) HISPANIC OR LATINO (Specify)

**8. MARITAL STATUS** (Specify)

**9. ALIEN REGISTRATION NUMBER (As applicable)** **10. DATE OF BIRTH (YYYYMMDD)** **11. RELIGIOUS PREFERENCE (Specify)**

**14. VALID DRIVER'S LICENSE (X one) (If Yes, specify license number)**  
 Yes  No

**15. APTITUDE:** a. AGENT  b. AGENT  c. AGENT

**16. SIGNATURE OF APPLICANT** (Signature of Applicant) (Social Security Number) (Date)

**17. PRINTED NAME** (Printed Name of Applicant)

**18. ADDRESS** (Street, City, State, Country, ZIP Code)

**19. SCHOOL** (School, City, and State)

**20. DATE TESTED** (Most Recent Date Tested) (School, City, and State)

**21. CURRENT SCHOOL** (High School) OR (13 Digit Code)

**22. MEDICAL RECORDS RELEASE AUTHORITY:** I request and authorize individuals, businesses or organizations to release to Representatives of USMEPCOM my complete medical records. This release of medical information is for the sole purpose of further evaluation of my medical acceptability into the Armed Services. Hard-copy records are to be obtained by me at no cost to the Government and made available for medical pre-screening review. USMEPCOM has my permission to access/obtain all electronic medical records for this purpose.

**23. APPLICANT'S CURRENT MEDICAL INSURER NAME** (If none, sign your complete name to affirm you have no current medical insurer):

**24. APPLICANT'S CURRENT MEDICAL PROVIDER NAME** (If none, sign your complete name to affirm you have no current medical provider):

**25. MEDICAL INSURER ADDRESS** (Street, City, State, Country, ZIP Code)

**26. 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 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)

IF SECOND ATTEMPT IS REQUIRED:  
Turn form over (Top of form on the bottom).  
Affix right thumbprint on upper right corner, thumbprint pointed to the left.

**Recruiters and applicants, verify that you are signing in the correct area. PCM data needs to be filled out.**

## Request for Examination

*Purpose:*

- Most important document
- Contains Personally Identifiable Information (PII)
- Data in USMIRS



# USMEPCOM FORM 680-3A-E



Freedom's Front Door

February 2015

**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  
Sep 30, 2017

The public reporting burden for this collection of information is estimated to average 32 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 60064-3034.

Read Privacy Act Statement on back before completing form.

**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 (Street, City, County, State, Country, ZIP Code) 4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)

5. CITIZENSHIP (X one) 5.a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) 5.b. U.S. NATURALIZED 5.c. U.S. NON-CITIZEN NATIONAL 5.d. IMMIGRANT ALIEN (Specify) 5.e. NON-IMMIGRANT FOREIGN NATIONAL (Specify) 5.f. ALIEN REGISTRATION NUMBER (As applicable) 6. SEX (X one) 6.a. MALE 6.b. FEMALE 7.a. ETHNIC CATEGORY (X one) 7.b. RACIAL CATEGORY (X all that apply) 7.c. MARITAL STATUS (Specify) 7.d. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Specify) 7.e. NATIVE AMERICAN INDIAN/ALASKA NATIVE (Specify) 7.f. BLACK OR AFRICAN AMERICAN (Specify) 7.g. ASIAN (Specify) 7.h. WHITE (Specify)

8. DATE OF BIRTH (YYYYMMDD) 9. RELIGIOUS PREFERENCE (Optional) 10. EDUCATION (Yrs/Highest Ed Gr completed) 11. PROFICIENT IN ENGLISH (Specify) 12. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) 13. PLACE OF BIRTH (Country, State, City, County, ZIP Code)

14. APPTITUDE: 14.a. ASVAB REQUIRED TO ENLIST: (X one) Yes No 14.b. TEST TYPE: INITIAL SPECIAL CONFIRMATION 14.c. RETEST TYPE: 1ST RETEST 14.d. ENLIST UNDER STUDENT TEST (X one) Yes No 14.e. RECRUITER ID/ISSN 14.f. STATION ID 14.g. SIGNATURE

15. MEDICAL: 15.a. MEPS MEDICAL EXAM REQUIRED (X one) Yes No 15.b. DATE LAST FULL MEDICAL EXAM (YYYYMMDD) 15.c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)

16. APPLICANT'S SIGNATURE 17. MEPS CODING

18. RECRUITING PERSONNEL: 18.a. I request and authorize individuals, businesses or organizations to release to Representatives of USMEPCOM my complete medical records. This release of medical information is for the sole purpose of further evaluation of my medical acceptability into the Armed Services. Hard-copy records are to be obtained by me at no cost to the Government and made available for medical pre-screening review. USMEPCOM has my permission to access/obtain all electronic medical records for this purpose. 18.b. 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.

19. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm you have no current medical insurer): 20. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm you have no current medical provider):

21. MEDICAL INSURER ADDRESS (Street, City, State, Country, ZIP Code) 22. MEDICAL PROVIDER ADDRESS (Street, City, State, Country, ZIP Code)

23. 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.

24. APPLICANT SSN

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

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

(Recruter ID/ISSN) (Local Recruiting Activity) (SSN, NRD, SA or RS Location)

Check, check, and re-check!

## PROCEDURES FOR COMPLETING USMEPCOM FORM 680-3A-E, REQUEST FOR EXAMINATION (OCT 05)

**1. General.** The USMEPCOM Form 680-3A-E is the first and most important document completed on each applicant processing for application of enlistment into the Armed Forces. The form containing the applicant's personally identifiable information (PII) is considered the authoritative source document establishing their personal data in USMIRS. It is essential that each data block on the UMF 680-3A-E is accurately completed in its entirety using blue, black or blue/black ink only; inclusive of the applicant's legible and legal signature (comparable to how a check is signed or is displayed on an Identification Document (ID)); for example: *John F. Smith*. USMEPCOM Regulation 680-3, paragraphs 3-2a and 3-6b contain general filing guidance. These completion procedures can be found on [680-3-A-E Instructions SPEAR](http://www.mepcom.army.mil/docs/680-3a-e_instructions_Feb_15.pdf) and on the public website at [http://www.mepcom.army.mil/docs/680-3a-e\\_instructions\\_Feb\\_15.pdf](http://www.mepcom.army.mil/docs/680-3a-e_instructions_Feb_15.pdf)

**NOTE:** Recruiting Service automated versions of UMF 680-3A-E will be reviewed by J-3/MEOP-AD before use to ensure compliance with Department of Defense (DoD) standards.

**2. Procedures:** MEPS are responsible to verify the data presented on UMF 680-3A-E is completed in accordance with (IAW) the instructions below. Additionally, MEPS are responsible to verify or enter the information provided by the sponsoring Service from UMF 680-3A-E into USMIRS.

**a. Item A - SERVICE PROCESSING FOR:** Services - Enter the specific Service/component code for which the applicant is processing (i.e., Regular Army, Army National Guard, Regular Air Force, Air Force Reserve, Air National Guard, etc.) IAW [USMEPCOM Data Dictionary](#), Service Processing For (SPF) (attached)

**b. Item B - PRIOR SERVICE**

(1) **Yes / No:** Services - Enter an "X" in either the "YES" or "NO" block, based on input from the applicant and the respective recruiting Service definition of "Prior Military Service (PMS)" IAW with their Service directives.

(2) **Number of Days:** Services - Enter number of active duty days if item B is "YES"; must enter at least 1 day of prior service IAW appropriate Service directives.

**c. Item C - SELECTIVE SERVICE CLASSIFICATION.** Leave blank, unless directed by HQ USMEPCOM. Information will be entered by the MEPS in this item only during mobilization or induction.

**d. Item D - SELECTIVE SERVICE REGISTRATION NUMBER.** Leave blank, unless directed by HQ USMEPCOM. Information will be entered by the MEPS in this item only during mobilization or induction.



# USMEPCOM FORM 680-3A-E



*Freedom's Front Door*

## REQUEST FOR EXAMINATION

THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.

OMB No. 0704-0173  
OMB approval expires  
Sep 30, 2017

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.

**Before obtaining a signature, the Applicant must read all notices and warnings!**

**Check, check, and re-check!**

**AUTHORITY:** 10 U.S.C. 136, Uniformed Services University of the Health Sciences Act of 1964, as amended (SSN).

**PRINCIPAL PURPOSE(S):** Military recruiters use the information you provide on this form to collect additional information from the individuals, schools, and employers you list so that we can determine if you meet recruitment standards. If you do meet these standards and enlist, the information you provide on this form starts your Official Military Personnel File. During the recruiting process we use the information on this form to verify your identity. This form also contains a section where you are asked to provide your signed consent for your medical provider(s) to release your medical records to the DoD. For more information on the Services the primary SORN maintained by each of the Services, visit <http://dpcl.dod.mil/Privacy/SORNs>

**ROUTINE USE(S):** Information is disclosed to the Selective Service System (SSS) to update the SSS registrant database and may also be disclosed to local and state Government agencies for compliance with laws and regulations governing control of communicable diseases. The specific DoD Blanket Routine Uses identified below (and also found at <http://dpcl.dod.mil/Privacy/SORNsIndex/BlanketRoutineUses.aspx>) also apply to this collection.

**01. Law Enforcement Routine Use:** If a system of records maintained by a DoD Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order issued pursuant thereto.

qualified; 505, Regular components: grade; and 632, Functions and Qualification Standards for 75E, and COMDTINST M 1100.2E, AFPD 36-20; and E.O. 9397, as file SORNs maintained by each of [usmecom-dod.aspx](http://usmecom-dod.aspx)



# DD FORM 2807-2

Freedom's Front Door

ACCESSIONS MEDICAL PRESCREEN REPORT		OMB No. 0704-0413 OMB approval expires Oct 31, 2017	
The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0413). 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 FORM TO THE ABOVE ADDRESS.			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN). <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. <b>ROUTINE USE(S):</b> DoD Blanket Routine Uses found at <a href="http://dtpold.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx">http://dtpold.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx</a> apply to the use of this data. <b>DISCLOSURE:</b> Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. <b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge.			
<b>SECTION I - APPLICANT</b>			
1. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)		2. AGE	3. DATE OF BIRTH (YYYYMMDD)
			4. SOCIAL SECURITY NUMBER
5. HEIGHT (inches)	6. WEIGHT (lbs.)	7. MAX WEIGHT (lbs.)	8. SERVICE AND COMPONENT (X as applicable)
			<input type="checkbox"/> Army <input type="checkbox"/> USMC <input type="checkbox"/> Regular <input type="checkbox"/> Navy <input type="checkbox"/> USCG <input type="checkbox"/> Reserve Component <input type="checkbox"/> USAF <input type="checkbox"/> Other: _____ <input type="checkbox"/> National Guard
			9. DATE (YYYYMMDD)
10. PURPOSE OF EXAMINATION (X as applicable)		11. POSITION (If a current Federal Employee) (Job Title, Grade, Component)	
<input type="checkbox"/> Enlistment <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Retention <input type="checkbox"/> Other (Specify) _____			
12. USUAL OCCUPATION			
<b>SECTION II - MEDICAL HISTORY. Initial each item "Yes" or "No". All "Yes" items must be fully explained in Section III (Pages 4 and 5).</b>			
<b>CURRENTLY HAVE OR ANY HISTORY OF:</b>		<b>YES</b>	<b>NO</b>
<b>EYES</b>		<b>CURRENTLY HAVE OR ANY HISTORY OF:</b>	
		<b>YES</b>	
		<b>NO</b>	
<b>LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM</b>			
1. Double vision		22. Asthma	
2. Detached retina or surgery to repair a detached retina		23. Wheezing	
3. Cataracts or surgery for cataracts		24. Shortness of breath	
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)		25. Bronchitis	
5. Night blindness		26. Other breathing problems worsened by exercise, weather, pollens, etc.	
6. Glaucoma		27. Used Inhaler(s) or steroids for breathing problem(s)	
7. Strabismus or "lazy eye" or any surgery to correct these		28. Chronic cough or frequent coughing at night	
8. Any other eye condition, injury or surgery		29. Collapsed lung or other lung condition	
<b>VISION</b>			
9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)		30. History of chest, chest wall, or breast surgery	
10. Loss of vision in either eye		<b>HEART</b>	
11. Color vision deficiency or color blindness		31. Heart murmur, valve problem or mitral valve prolapse	
<b>EARS</b>			
12. Perforated ear drum or tubes in ear drum(s)		32. Palpitation, pounding heart or abnormal heartbeat	
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum		33. Heart surgery	
14. Loss of balance or vertigo		34. Pain or pressure in the chest	
<b>HEARING</b>			
15. Hearing loss or wear a hearing aid		35. An abnormal electrocardiogram (EKG)	
<b>NOSE, SINUSES, MOUTH, AND LARYNX</b>			
16. Ear, nose, or throat trouble including tonsillectomy		36. Any other heart problems	
17. Chronic sinus infections or recurrent nose bleeds		<b>ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM</b>	
18. Absence of, or disturbance of, sense of smell		37. Stomach, esophageal or intestinal ulcer	
19. Any surgery of your face, mandible or jaw		38. Difficulty swallowing	
<b>DENTAL</b>			
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date; release form sample format can be found in the Recruiters Medical Guide.)		39. Frequent indigestion or heartburn	
21. Tooth or gum problems (other than cavities)		40. Gall bladder trouble or gallstones	
		41. Jaundice (except neonatal) or hepatitis (liver disease)	
		42. Rupture/hernia	
		43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)	
		44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease	
		45. Rectal disease, hemorrhoids, or blood from the rectum	
		46. Hemorrhoid surgery	
		47. Bariatric surgery (weight loss surgery)	

## Accessions Medical Prescreen Report

- Purpose:*
- Determination of medical fitness for enlistment
  - Medical boards
  - Completed by applicant (w/ assistance)



# DD FORM 2807-2



## Freedom's Front Door

<b>ACCESSIONS MEDICAL PRESCREEN REPORT</b>		OMB No. 0704-0413 OMB approval expires Oct 31, 2017
<small>The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Directives Division, 4803 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0413). 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 FORM TO THE ABOVE ADDRESS.</small>		
<b>PRIVACY ACT STATEMENT</b>		
AUTHORITY: 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN). PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants		
<b>INSTRUCTIONS FOR COMPLETING DD FORM 2807-2, ACCESSIONS MEDICAL PRESCREEN REPORT</b>		
1. This form is to be completed by each individual who requires medical processing in accordance with Department of Defense Instruction (DODI) 6130.03, "Physical Standards for Appointment, Enlistment, or Induction" and DODI 1304.02, "Accession Processing Data Collection Forms." This form must be completed by the applicant with the assistance of the recruiter, parent(s), or guardian, as needed.		
2. Replaces the existing medical prescreen form (DD Form 2807-2, AUG 2011). Additional questions have been added to improve its usefulness to the accession medical pre-screening process. The questions are intended to provide the U.S. Military Entrance Processing Command (USMEPCOM) with health history information necessary to identify conditions commonly related to medical causes for separation during basic and follow-on training (per P.L. 105-85, Div. A, Title V, S 532).		
3. Use of medical history information facilitates efficient, timely, and accurate medical processing of individuals applying for Service in the United States Armed Forces or United States Coast Guard. Positive responses do not automatically result in disqualification but are necessary to prompt further explanation that will be used to determine medical qualification. Medical history information assists USMEPCOM medical personnel in the medical prescreening of applicants. Accurate responses to all questions are critical and all positive responses must be fully explained. Applicant responses to questions may be verified using electronically obtained medical history by the USMEPCOM. Medical history information will be used by the Department of Defense for continuity of care purposes if and when an applicant accesses into the Armed Forces or Coast Guard. Supporting medical information in the form of historical medical records may also be attached to the Service member's medical record. Medical history information collected by the USMEPCOM during accession medical processing will serve as the foundation for a Service member's lifecycle medical treatment record.		
4. The completed DD Form 2807-2 along with all substantiating and supporting medical documents must be delivered to USMEPCOM for review prior to scheduling the applicant for medical examination. All documents must be submitted for review in accordance with standards below. After review, the Military Entrance Processing Station (MEPS) will notify the Recruiting Service of the applicant's status. <ul style="list-style-type: none"> <li>- 1 processing day prior for applicants with no positive medical history (all items marked "NO" with the exception of items 9 (glasses/contacts), 11 (defective color vision), and 20 (braces) which can be "YES").</li> <li>- 2 processing days prior for applicants with ANY positive medical history (other than those noted above) and 5 OR LESS single-sided pages of supporting medical documents.</li> <li>- 3 processing days prior for applicants with ANY positive medical history (other than those noted above) and MORE THAN 5 single-sided pages of supporting medical documents.</li> </ul> Secure electronic submission is preferable; if not feasible bring mail to the nearest MEPS which can be found at <a href="http://www.mepcom.army.mil/battalions/index.html">http://www.mepcom.army.mil/battalions/index.html</a> . All supporting medical documentation must be present with the DD Form 2807-2 to meet the above timeframes for review. After review by a USMEPCOM provider, appropriate processing notification will be made.		
5. If an applicant has been seen by any Health Care Provider (HCP) and/or has been hospitalized for any reason, medical records/documentation must be obtained and submitted along with a medical release to USMEPCOM. Provide all medical documents via secure electronic submission (if possible) to the nearest MEPS. If hand-carried or mailed, ensure they are sealed in an envelope marked: "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT". <ol style="list-style-type: none"> <li>a. If the applicant was evaluated and/or treated on an out-patient basis, obtain a copy of actual treatment records of the private medical doctor/HCP including:             <ol style="list-style-type: none"> <li>(1) office or clinic assessment and progress notes, including the initial assessment documents, subsequent evaluation and treatment documents, and record of date when released from care to full, unrestricted activity;</li> <li>(2) emergency room (ER) report(s);</li> <li>(3) study reports (e.g. x-ray, magnetic resonance imaging (MRI), Computerized Tomography (CT), etc.);</li> <li>(4) procedure reports (e.g., arthroscopy, electroencephalogram (EEG; brain wave test), echocardiogram (ultrasound of the heart), etc.);</li> <li>(5) pathology reports (e.g., tissue specimens sent to lab for microscopic diagnosis, abnormal PAP smear cytology, etc.);</li> <li>(6) specialty consultation records (e.g., neurologist, cardiologist, OB/GYN, gastroenterologist, orthopedic surgeon, pulmonologist, allergist, etc.).</li> </ol> </li> <li>b. If the applicant was hospitalized, obtain a copy of the inpatient hospital record, to include (if any): ER report, admission history and physical, study reports, procedure reports, operative report (example: surgery to bone or joint), pathology report, specialty consultation reports, and discharge summary.</li> <li>c. If an applicant has been diagnosed or treated for any attention disorder (Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), etc.), academic skills or perceptual defect, or had an Individualized Education Plan or 504 Plan, call/contact the MEPS medical department for additional instructions.</li> <li>d. Obtain any and all documents relating to any evaluation, treatment or consultation with a psychiatrist, psychologist counselor, or therapist, on an inpatient or out-patient basis for any reason, including but not limited to counseling or treatment for adjustment or mood disorder, family or marriage problems, depression, treatment or rehabilitation for alcohol, drug, or substance abuse.</li> </ol>		

### Procedure:

- Read instructions
- All documents submitted for review
- MEPS will notify Recruiting Service of status



# DD FORM 2807-2



## Freedom's Front Door

LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)	SOCIAL SECURITY NUMBER (Last 4)
--	---------------------------------

### SECTION V - APPLICANT VALIDATION, AUTHORIZATION AND SIGNATURE

#### STOP AND READ: THE FOLLOWING STATEMENTS APPLY TO SIGNATURES IN SECTION V (BELOW)

- I (we), the undersigned:
- Certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history.
- Authorize and understand that a physical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), and that I will have blood work and/or other medical tests, procedures and/or specialty consultations performed as part of my processing. I understand that the results of the examination, tests, and consults will be reviewed and considered as part of my application file and are not performed as part of an individual healthcare treatment plan. The MEPS medical staff are not my healthcare providers. If I do not receive notice of an abnormal test or consult, I am not to assume that the results are normal. Furthermore, if any test or consult results are abnormal, I am responsible for obtaining those results from the MEPS and for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS to discuss medical results, it is my responsibility to take quick action to return to the MEPS to speak with the Chief Medical Officer (CMO). Any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.
- Authorize the Department of Defense (DoD) to request holders of medical/behavioral health data (including but not limited to healthcare providers, clinics, hospitals, insurance companies, pharmacy benefit managers, pharmacies, health information exchanges, and federal and state agencies) to release to the DoD medical authority a complete transcript of my health data for purposes of processing my application for Military Service. I also authorize holders of my health data to report to the DoD whether any data they hold or have held about me has been amended or restricted. I agree that all personal information or data disclosed by myself or others on my behalf with my consent during this process may be further disseminated as needed during the accession process and that my medical information is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules.
- Authorize release of records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA) USMEPCOM is authorized to receive all my education/disciplinary records for evaluation of my acceptability for Service in the Armed Forces.
- Understand that I have the right to refuse to sign this authorization but also understand that failure to do so may cause me to be found disqualified for further processing.
- Understand this authorization will expire two years from the date of the signature below or sooner if written request is received by USMEPCOM Staff Judge Advocate's Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

<b>1. APPLICANT</b>			
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)		
<b>2. PARENT OR GUARDIAN SIGNATURE IS MANDATORY FOR MINOR APPLICANT. SIGNATURE IS OPTIONAL IF APPLICANT IS OF AGE</b>			
a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
<b>3. RECRUITING REPRESENTATIVE: (If a representative was used)</b> I certify all information is complete and true to the best of my knowledge.			
a. NAME (Last, First, Middle Initial)	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

GREEN REPORT	OMB No. 0704-0413 OMB approval expires Oct 31, 2017
--------------	---

onse, including the time for reviewing instructions, searching existing data sources, gathering and  
ts regarding this burden estimate or any other aspect of this collection of information, including  
Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100  
shall be subject to any penalty for failing to comply with a collection of information if it does not display a  
VE ADDRESS.

T STATEMENT  
E.O. 9397 (SSN)

**Applicant, parent/guardian  
(if minor applicant), and  
Recruiting Representative  
sign and date**

2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4. SOCIAL SECURITY NUMBER
--------	-----------------------------	---------------------------

COMPONENT (X as applicable)	9. DATE (YYYYMMDD)
<input type="checkbox"/> Regular <input type="checkbox"/> Reserve Component	





# DD FORM 1966/5



## Freedom's Front Door

38. NAME (Last, First, Middle Initial)		39. SOCIAL SECURITY NUMBER
USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.		
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT		
40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)		
<p>a. I/we certify that (Enter name of applicant) _____</p> <p>has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service) _____</p> <p>I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that <u>no promises of any kind</u> have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment <u>as an inducement</u> to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.</p>		
<p>b. FOR ENLISTMENT IN A RESERVE COMPONENT.</p> <p>I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.</p>		
c. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
d. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
e. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
f. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
41. VERIFICATION OF SINGLE SIGNATURE CONSENT		

*Procedure:*

- Read parent/guardian Statement(s)
- Signed and dated by parent/guardian and a witness



# DD FORM 1966/5

## Freedom's Front Door

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 504, Persons Not Qualified; 505, Regular components: qualifications, term, grade; and 12102, Reserve Components: Qualifications; 14 U.S.C. 351, Enlistments; term, grade; and 632, Functions and powers vested in the Commandant; DoDI 1304.2, Accession Processing Data Collection Forms; DoDI 1304.26, Qualification Standards for Enlistment, Appointment, and Induction; AR 601-270, OPNAVINST 1100.4C Ch-2, AFI 36-2003\_IP, MCO 1100.75E, and COMDTINST M 1100.2E, Military Entrance Processing Station (MEPS); AR 601-210, Active and Reserve Components Enlistment Program; AFD 36-20, ; and E.O. 9397, as amended (SSN).

**PRINCIPAL PURPOSE(S):** Military recruiters use the information you provide on this form to collect additional information from the individuals, schools, and employers you list so that we can determine if you meet recruitment standards. If you do meet these standards and enlist, the information you provide on this form starts your Official Military Personnel File. During the recruiting process we use the information on this form to verify your identity. This form also contains a section where you are asked to provide your signed consent for your medical provider(s) to release your medical records to the DoD. While completed forms are covered by recruiting and official military personnel file SORNs maintained by each of the Services the primary SORN may be found at: <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6156/a0601-270-usmepcom-dod.aspx>.

**ROUTINE USE(S):** Information is disclosed to the Selective Service System (SSS) to update the SSS registrant database and may also be disclosed to local and state Government agencies for compliance with laws and regulations governing control of communicable diseases. The specific DoD Blanket Routine Uses identified below (and also found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>) also apply to this collection.

01. Law Enforcement Routine Use: If a system of records maintained by a DoD Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred to as a routine use to the agency concerned, whether federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation.

02. Disclosure When Requesting Information Routine Use: The DoD may disclose your record to the National Archives and Records Administration under authority of 44 U.S.C. 2904 and 2906.15. Data Breach Remediation Routine Use: The DoD may disclose your record to a federal, state, local, or foreign agency, entity, or person when (1) The DoD suspects or has confirmed that the information, system, or asset has been compromised; (2) the DoD has determined that as a result of the compromise, there is a risk to the security or integrity of the information, system, or asset; (3) the information, system, or asset is necessary to assist in connection with efforts to respond to the suspected or confirmed compromise; and (4) the disclosure is necessary to protect the national defense.

04. Congressional Inquiries Disclosure Routine Use: The DoD may disclose your record to a member of Congress or a congressional committee in response to an inquiry at your request.

09. Disclosure to the Department of Justice for Litigation Routine Use: The DoD may disclose your record to the Department of Justice, or any officer, employee or agent of the Department of Defense, or any other federal, state, local, or foreign government, or any other person, for the purpose of representing the Department of Defense, or any other person, in a legal proceeding.

12. Disclosure of Information to the National Archives and Records Administration Routine Use: The DoD may disclose your record to the National Archives and Records Administration under authority of 44 U.S.C. 2904 and 2906.15. Data Breach Remediation Routine Use: The DoD may disclose your record to a federal, state, local, or foreign agency, entity, or person when (1) The DoD suspects or has confirmed that the information, system, or asset has been compromised; (2) the DoD has determined that as a result of the compromise, there is a risk to the security or integrity of the information, system, or asset; (3) the information, system, or asset is necessary to assist in connection with efforts to respond to the suspected or confirmed compromise; and (4) the disclosure is necessary to protect the national defense.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information, we may not be able to conduct background screening (e.g., check your work status, etc.), keep all of your records together during the enlistment process.

**Applicable SORNs:**  
 Accession:  
 U.S. Military Processing Command:  
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6156/a0601-270-usmepcom-dod.aspx>  
 Army <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6131/a0600-8-104-ahrc.aspx>  
 Navy <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6411/n01131-1.aspx>;  
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6413/n01133-2.aspx>  
 Marine Corps <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6777/m01133-3.aspx>  
 Air Force <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5820/r036-aetc-r.aspx>  
 Coast Guard <http://edocket.access.gpo.gov/2008/E8-29845.htm>  
 Official Military Personnel Files:  
 Army <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6128/a0600-8-104b-ahrc.aspx>;  
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6129/a0600-8-104b-nqb.aspx>  
 Navy <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6405/m01070-3.aspx>  
 Marine Corps <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6775/m01070-6.aspx>  
 Air Force <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5876/r036-af-pc.aspx>  
 Coast Guard <http://edocket.access.gpo.gov/2008/E8-29793.htm>

### WARNING

**Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved. YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.**

### INSTRUCTIONS

*(Read carefully BEFORE filling out this form.)*

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable", so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2014 is written 20140601.



# DATA COLLECTION



Freedom's Front Door



## Form



USMEPCOM Form 680-3A-E, Request for Examination



DD Form 2807-2, Accessions Medical Prescreen Report



DD Form 1966/5 Parental Consent

- Purpose
- Procedure of Completion
- Disclaimers/ Reminders

38. NAME (Last, First, Middle Initial)	39. SOCIAL SECURITY NUMBER
USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.	
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT	
40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)	
a. I/we certify that (Enter name of applicant) _____	
has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service)	
_____	
I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that <u>no promises of any kind</u> have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment <u>as an inducement</u> to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance	



# Process Preparation





# PROCESS PREPARATION TOOLS & RESOURCES



Freedom's Front Door

<http://www.mepcom.army.mil/>



USMEPCOM  
UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND

Search U.S. Military Entrance

- HOME
- COMMAND
- HEADQUARTERS
- UNITS
- ABOUT US
- CONTACT
- SITE MAP

## For Applicants

Welcome to Freedom's Front Door USMEPCOM is the first joint military and civilian organization providing a gateway through which applicants enter the armed service. You are now at Freedom's Front Door. While the door is open to everyone, only qualified applicants succeed. As for many young Americans, this may be your first major career decision. But the challenges and opportunities that await you are abundant and wide-ranging.

Applicants



HQ phones

MEPS phones

Webmaster



Share us

## USMEPCOM

FREEDOM'S FRONT DOOR



Official U.S. Government Website

### PUBLICATIONS & FORMS

HURRICANE ASSISTANCE

BATTALIONS-MEPS MAP

ASVAB CAREER EXPLORATION PROGRAM

WELLNESS & READINESS

**PUBLICATIONS & FORMS**

USMEPCOM JOBS

OFFICIAL EMPLOYMENT VERIFICATION SITE

FREEDOM OF INFORMATION ACT

LINKS

SECURITY & PRIVACY

**USMEPCOM VIDEOS**

### A DAY AT THE MEPS



# PROCESS PREPARATION TOOLS & RESOURCES



Freedom's Front Door

<http://www.mepcom.army.mil/>



ARMY



MARINES



NAVY



AIR FORCE



COAST GUARD

For HQ USMEPCOM status:  
847-688-3680 ext. 2300

## Battalions/MEPS Map



## Each individual MEPS

- Address, phone number
- Map
- Commander and Senior Enlisted Advisor



# APPLICANT PRE-ARRIVAL ORIENTATION



Freedom's Front Door

## PRE-ARRIVAL ORIENTATION OUTLINE

May 2011

Below are topics for Recruiters to brief to Applicants prior to their arrival to the MEPS

### I. Introduction

- a. Recognize the important decision they are considering and congratulate them on their decision.
- b. Explain the MEPS mission in terms an applicant can understand.
- c. Explain the relationship between MEPS and the military.
- d. Describe who works at a MEPS.
- e. Explain the importance of the MEPS process.
- f. Discuss the importance of reporting to basic training.

### II. Items to Bring

- a. Clothing appropriate for MEPS processing.
- b. Luggage (also, address MEPS storage capability).
- c. Reading material.
- d. Small bills or change for use in vending machines.

### III. Prohibited Items

Firearms/ammunition	Items with the appearance of weapons (e.g. lighter that looks like a gun/knife)
Flammable items:	Knives, including pocket knives
Self-defense weapons:	Fireworks
Illicit drugs	Bongs/syringes/roach clips/rolling papers
Bow and arrows:	Leatherman/Gerber type tools
Explosive materials:	Razor-type blades/utility knives

**Conduct expected.  
Dress correctly.**

- I. Introduction
- II. Items to Bring
- III. Prohibited Items
- IV. Transportation
- V. Lodging Facility
- VI. Typical Day (Applicant & Shipper)
- VII. Additional Information
- VIII. Additional Resources





# APPLICANT PRE-ARRIVAL FACT SHEET



Freedom's Front Door

## APPLICANT PRE-ARRIVAL FACT SHEET

(Recruiting Service Personnel/Local MEPS Handout)

April 2016

Welcome to the \_\_\_\_\_ Military Entrance Processing Station (MEPS). Though not a part of the recruiting service, we play an important role in their mission; that of providing young men and women with the opportunity to serve their country as members of the Armed Forces. Our specific mission is to determine your qualifications in relation to physical, aptitude, and moral standards set down by each branch of military service. With this understanding in mind, let me take a few moments to explain what you can expect, and what you should be aware of during your visit with us.

**1. ITEMS TO BRING.** Please keep the amount of money you are coming to the MEPS for the first month of your service. You will need one change of clothing and an extra pair of shoes. You should be aware of the following:

a. Shoes and undergarments are mandatory.

**Shoes are required and undergarments are mandatory**

b. Reading material. If you wish to bring reading material of your own.

**3. STORAGE.** The MEPS does not have a locked storage area for personal property. Personnel are not responsible for loss or damage to your personal property. You are highly encouraged not to bring the following items with you to the MEPS:

a. Large amounts of cash -- The MEPS will provide you with meals, lodging, and transportation. Therefore, you do not need to bring a lot of money with you to the MEPS.

b. Valuable items, such as, any type of electronic equipment (i-Phone, Tablets, etc.) jewelry, expensive sunglasses.

c. Weapons or contraband of any kind (including pocketknives). Individuals entering a Federal Facility are subject to search for contraband. You will not be permitted to enter the MEPS if you have a weapon (even if you have a license or permit to carry the weapon) or any other illegal item with you. Examples of prohibited items include:

- I. Items to Bring
- II. Items You Should Not Bring
- III. Transportation
- IV. Lodging Facility NOTE: Your processing at the MEPS could be delayed if you fail to clear all charges at the lodging facility
- V. Armed Services Vocational Aptitude Battery (ASVAB)
- VI. Processing at the MEPS
- VII. Additional Facts



# “A DAY AT THE MEPS” VIDEO



*Freedom's Front Door*

1. **Aptitude Testing**
2. **Medical Examination**
3. **Job Search**
4. **Background Screening**
5. **Oath of Enlistment**
6. **What to bring/not to bring**



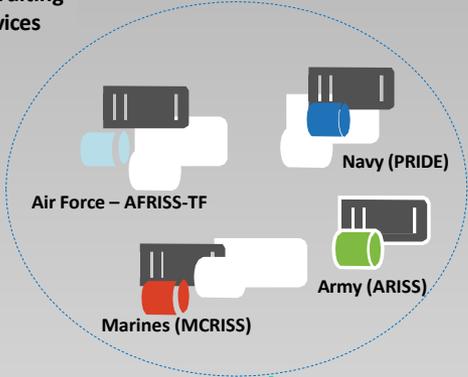
0:00:00



0:05:48

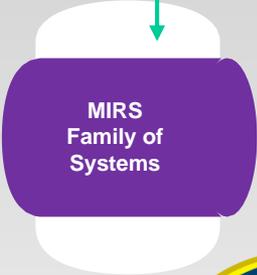
# Projections

Recruiting Services



MEPS

Personal Data





# PROJECTION



## *Freedom's Front Door*

The projection process is centralized at the Centralized Relational Database (CRDB) (global). Only one owner (permanent or temporary owner) will be allowed to add, delete, or change data for a specific SSN.

Only one projection will exist for the same SSN record for a specific processing date (no more duplicates projections) unless the previous projection is deleted. Creating a projection for someone who is already projected (two for the same day) will cause the first projection to be deleted and a new one will be the valid projection.

More than one projection can be made per applicant (same SSN) as long as they are for different processing dates.



# PROJECTION TYPES VS. PROCESSING TYPES



*Freedom's Front Door*

## Projection Types

<b>P</b>	Projection
<b>W</b>	Walk-in
<b>H</b>	Holdover, next day processor
<b>N</b>	Night test
<b>T</b>	Night test, next day projection
<b>S</b>	Same day processor
<b>K</b>	Walk-in, same day processor
<b>M</b>	MET site testing

## Processing Types

<b>D</b>	DEP-in
<b>A</b>	Access only
<b>B</b>	Access and ship
<b>C</b>	Ship only
<b>S</b>	Non-MEPS shipper
<b>X</b>	Other processing



# SAME DAY PROCESS



*Freedom's Front Door*

## ✓ Qualification Testing



## ✓ Medical Examination



## ✓ Sworn In



### **Note:**

- Projection type: **S**
- Medical brief before ASVAB testing
- Medical data entered into ERM and PULHES annotation on profile, if the applicant:
  - Does not return from ASVAB test
  - Front-loaded
- This must be documented on the DD Form 2808



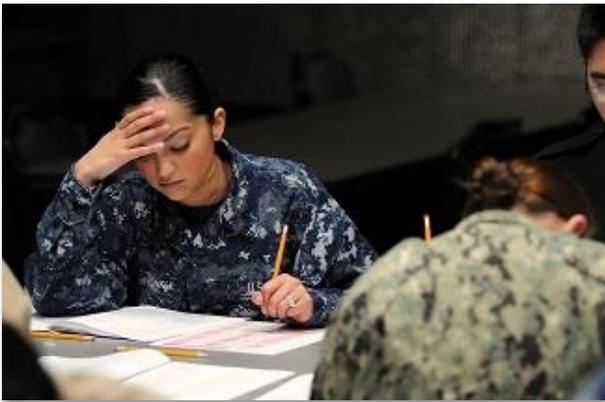
# ASVAB



*Freedom's Front Door*



- Multiple aptitude test battery
- One of several criteria to determine eligibility to enlist in the Armed Forces
- Career exploration partially determined by test scores





# ASVAB



*Freedom's Front Door*

## ASVAB

- Complete UMF 680-3A-E (Provide instructions)
- Data entry
- Projection Types

## Retest Procedures

- First Retest
- Second and Subsequent Retest
- Confirmation Tests
- Confirmation Scores



# Additional ASVAB Tools



*Freedom's Front Door*

**Additional  
Tool/Test**

## AFQT Predictor Test:

Used to predict performance on the Armed Forces Qualification Test (AFQT)

- To register, visit iCAT Authorization & Reporting page by copying and pasting the following link onto your URL:
- <https://www.dmdc.osd.mil/icat-ar/>

PiCAT and Verification Test.

CEP-Career Exploration Program or Student testing.

Note: Our service to the school is consistent, regardless of release option.



# SPECIAL PURPOSE TESTING



*Freedom's Front Door*

ASVAB administered prior to special purpose tests (except AFCQT)

MEPS personnel will establish a schedule for the most common tests

The computerized Defense Language Aptitude Battery (C-DLAB) (tests administered via the CAT-ASVAB system will also be available whenever the system is available)

Special purpose testing will not interfere with ASVAB testing

**Special purpose testing at locations other than the MEPS is not authorized (exception of those special purpose tests conducted by the Services overseas)**



# SPECIAL PURPOSE TESTING



## *Freedom's Front Door*

- Submit MFR from their unit commander requesting the MEPS Commander to administer/authorize the test
- MFR must include:
  - Reason for taking the test
  - Statement that the member's personnel records indicates eligibility to take a particular test
  - An address to send the results
  - Active Duty Marines (including officer programs) must get permission in writing from the Commandant of the Marine Corps
- Military personnel who are changing components or services can be administered a special test at the MEPS without a MFR.
  - Completed USMEPCOM 680-3A-E is required

## Military Service Members

- Who are not changing components or service on ETP basis only
- Arrange test at a military installation for in-service purposes



# SPECIAL PURPOSE TESTING



Freedom's Front Door

## Note:

- Military personnel who are changing components (or services) can be administered a special test at the MEPS without a MFR
- Completed USMEPCOM 680-3A-E is required

FOR USE OF THIS FORM, SEE USMEPCOM REG 880-3 FOR OFFICIAL USE ONLY		REQUEST FOR EXAMINATION THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.		OMB No. 0704-0173 OMB approval expires Sep 30, 2017	
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 60064-3034.					
Read Privacy Act Statement on back before completing form.					
A. SERVICE PROCESSING FOR NUMBER OF DAYS		B. PRIOR SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No		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 (Street, City, County, State, Country, ZIP Code)			4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)		
5. CITIZENSHIP (X one)		6. SEX (X one)		7.a. ETHNIC CATEGORY (X one)	
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))		a. MALE <input type="checkbox"/> b. FEMALE <input type="checkbox"/>		(1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO	
(1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/>		8. MARITAL STATUS (Specify)		7.b. RACIAL CATEGORY (X all that apply)	
b. U.S. NATURALIZED <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/>				(1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN	
d. IMMIGRANT ALIEN (Specify)		9. NUMBER OF DEPENDENTS		(3) BLACK OR AFRICAN AMERICAN	
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)				(4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
f. ALIEN REGISTRATION NUMBER (As applicable)				(5) WHITE	
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed/Gr completed)	
13. PROFICIENT IN FOREIGN LANGUAGE (X one)		1st		2nd	
Yes <input type="checkbox"/> No <input type="checkbox"/>		(If Yes, specify)			
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date)			15. PLACE OF BIRTH (City, State, and Country)		
Yes <input type="checkbox"/> No <input type="checkbox"/>					
16. APTITUDE:		c. TEST TYPE		d. RETEST TYPE	
a. ASVAB REQUIRED TO ENLIST? (X one) Yes <input type="checkbox"/> No <input type="checkbox"/>		INITIAL SPECIAL CONFIRMATION		1ST RETEST <input type="checkbox"/> 2ND RETEST <input type="checkbox"/>	
b. ENLIST UNDER STUDENT TEST (X one) Yes <input type="checkbox"/> No <input type="checkbox"/>				5 MONTH RETEST <input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED <input type="checkbox"/>	
17.a. RECRUITER ID#SN		b. STATION ID		18. TEST ADMINISTRATOR #SN/ID	
19. TEST ADMINISTRATOR SIGNATURE					
20. MEDICAL:		b. EXAM TYPE		c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)	
a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X one) Yes <input type="checkbox"/> No <input type="checkbox"/>		FULL INSPECT <input type="checkbox"/> SPECIAL CONSULT <input type="checkbox"/>		RE-EXAM OTHER <input type="checkbox"/>	
21. APPLICANT'S SIGNATURE		22. MIRS CODING			
		WKID		ST	
		DATE		INT	
		DATE		INT	



# USMEPCOM Medical Program



*Freedom's Front Door*

- **Subtitle A - General Military Law, PART II – PERSONNEL, Chapter 31 Enlistments:**
- **The Secretary concerned may accept original enlistments in the Regular Army, Regular Navy, Regular Air Force, Regular Marine Corps, or Regular Coast Guard, as the case may be, of qualified, effective, and able-bodied persons who are not less than seventeen years of age nor more than forty-two years of age. However, no person under eighteen years of age may be originally enlisted without the written consent of his parent or guardian, if he has a parent or guardian entitled to his custody and control.**





# DOD INSTRUCTION 6130.03 POLICY



## *Freedom's Front Door*

- **Medical Standards for Appointment, Enlistment, Or Induction into the Military Services**
- Medical accession standards which USMEPCOM medical providers apply.
- Overall intent is for individuals considered for appointment, enlistment, or induction into the Military Services are:
  - (1) Free of contagious diseases that may endanger the health of other personnel.
  - (2) Free of medical conditions or physical defects that may reasonably be expected to require excessive time lost from duty for necessary treatment or hospitalization, or may result in separation from the Military Service for medical unfitness.
  - (3) Medically capable of satisfactorily completing required training and initial period of contracted service.
  - (4) Medically adaptable to the military environment without geographical area limitations.
  - (5) Medically capable of performing duties without aggravating existing physical defects or medical conditions.



# DOD INSTRUCTION 6130.03 POLICY



## *Freedom's Front Door*

- **Applicants for appointment, enlistment, or induction into the Military Services will:**
  - (1) Fully disclose all medical history.
  - (2) Submit all medical documentation related to medical history as requested to USMEPCOM, including the names of their medical insurer and past medical providers.
  - (3) Provide authorization for the DoD Components to request and obtain their medical records.
    - (a) Authorize the DoD to request medical or behavioral health data holders release complete transcripts of health data to the DoD medical authority.
    - (b) Authorize holders of their health data to report to the DoD whether any data they hold or have held about them has been amended or restricted.
  - (4) Acknowledge that information provided constitutes an official statement, and that any persons making false statements could face fines, penalties, and imprisonments pursuant to Section 1001 of Title 18, U.S.C. If the applicant is selected for enlistment, commission, or entrance into a commissioning program based on a false statement, the applicant can be tried by court-martial or meet an administrative board for discharge and could receive a less than honorable discharge.
- **Allow applicants who do not meet the physical and medical standards in this issuance to be considered for a medical waiver. (Note: Medical waivers are a Service responsibility.)**



# Stage 1 Medical Prescreen



*Freedom's Front Door*



**Manage medical prescreens so recruiting partners know the status of their applicants**

**Conduct a medical prescreen program as established by the CMO**



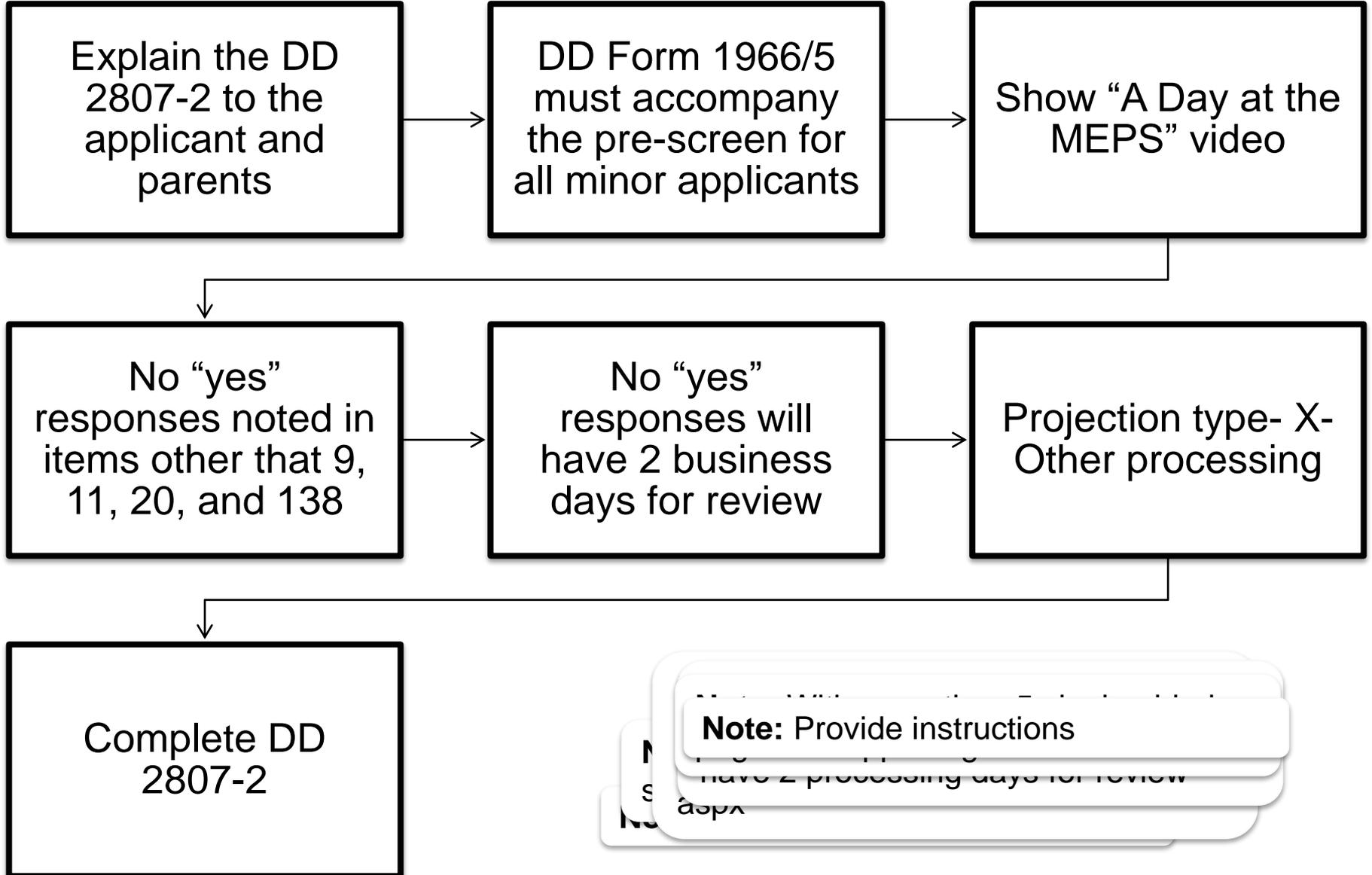
**If there are workload issues, the MEPS Commander and CMO will work with the service liaison and IRC**



# SIMPLE PRESCREEN



## Freedom's Front Door





# COMPLEX PRESCREEN



*Freedom's Front Door*

## Maximum Number of Business Days to Complete Review of Complex Prescreens

# of pages of supporting medical documents / 6 pages per business day = number of business days to complete Prescreen review.

Number of Pages of Supporting Medical Documents	Maximum Number of Business Days to Complete Review of Complex Prescreens by COB
0 - 5	2
6 - 20	3
21 - 26	4
27 - 32	5
33 - 38	6
39 - 44	7
45 - 50	8
51 - 56	9
57 - 62	10
63 - 68	11
69 - 74	12
75 - 80	13
81 - 86	14

87 - 92	15
93 - 98	16
99 - 104	17
105 - 110	18
111 - 116	19
117 - 122	20
123 - 128	21
129 - 134	22
135 - 140	23
141 - 146	24
147 - 152	25
153 - 158	26
159 - 164	27
165 - 170	28
171 - 176	29
177 or >	30

Note – the maximum number of days starts with Day 1 and will not exceed 30 days regardless of the number of pages.



# PRESCREEN

Freedom's Front Door

ACCESSIONS MEDICAL PRESCREEN REPORT		OMB No. 0704-0413 OMB approval expires Oct 31, 2017	
<p>The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 1215 Jefferson Davis Highway, Alexandria, VA 22304-3100 (0704-0413). 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 FORM TO THE ABOVE ADDRESS.</p>			
<b>PRIVACY ACT STATEMENT</b>			
<p><b>AUTHORITY:</b> 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN).  <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.  <b>ROUTINE USE(S):</b> DoD Blanket Routine Uses found at <a href="http://dpcid.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx">http://dpcid.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx</a> apply to the use of this data.  <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.  <b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you could receive a less favorable rating.</p>			
<b>SECTION I - APPLICANT INFORMATION</b>			
1. LAST NAME - FIRST			
5. HEIGHT (inches)			
10. PURPOSE OF ENLISTMENT			
<input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention			
<b>SECTION II - MEDICAL HISTORY</b>			
<b>CURRENTLY HAVE</b>			
<b>EYES</b>			
1. Double vision			
2. Detached retina or			
3. Cataracts or surgery			
4. Eye surgery to improve			
5. Night blindness			
6. Glaucoma			
7. Strabismus or "lazy			
8. Any other eye condition			
<b>VISION</b>			
9. Worn/wear contact lenses and solution so you can see better how old is your			
10. Loss of vision in either eye			
11. Color vision deficiency			
<b>EARS</b>			
12. Perforated ear drum			
13. Ear surgery, to include ear drum			
14. Loss of balance or vertigo			
<b>HEARING</b>			
15. Hearing loss or wear a hearing aid			
<b>NOSE, SINUSES, MOUTH, AND LARYNX</b>			
16. Ear, nose, or throat trouble including tonsillectomy			
17. Chronic sinus infections or recurrent nose bleeds			
18. Absence of, or disturbance of sense of smell			
19. Any surgery of your face, mandible or jaw			
<b>DENTAL</b>			
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date; release form sample format can be found in the Recruiters Medical Guide.)			
21. Tooth or gum problems (other than cavities)			
37. Crohn's, esophageal or intestinal ulcer		38. Difficulty swallowing	
39. Frequent indigestion or heartburn		40. Gall bladder trouble or gallstones	
41. Jaundice (except neonatal) or hepatitis (liver disease)		42. Rupture/hemata	
43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)		44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease	
45. Rectal disease, hemorrhoids, or blood from the rectum		46. Hemorrhoid surgery	
47. Bariatric surgery (weight loss surgery)			

The Prescreen SOP is located At:  
<https://spear.mepcom.army.mil/Headquarters/J-7%20MEMD/ClinicOps/Medical%20Prescreening/USMEPCOM%20Medical%20Prescreen%20Program%20SOP%20v20180522.pdf>

Complete DD 2807-2.  
 (Provide instructions)

a) Warning statement for releasing all medical history. Significant medical history. Significant medical history (medical documents required) Provide previous medically discharged applicants. and Alcohol test acknowledgement. Arrest or law enforcement under indicates a behavioral health issue requires prescreen review by a MEPS medical provider.



# PRESCREEN

## Freedom's Front Door

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3 FOR OFFICIAL USE ONLY	<b>REQUEST FOR EXAMINATION</b> THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.	OMB No. 0704-0173 OMB approval expires Sep 30, 2017
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.		
Read Privacy Act Statement on back before completing form.		
A. SERVICE PROCESSING FOR	B. PRIOR SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No NUMBER OF DAYS	C. SELECTIVE SERVICE CLASSIFICATION
D. SELECTIVE SERVICE REGISTRATION NUMBER		

**If the UMF 680-3A-E is illegible, unreadable, incomplete, or contains errors, then the applicant will be returned to the Service Liaison/Guidance Counselor to resolve the discrepancy.**

1. SOCIAL SECURITY NUMBER

2. NAME (Last, First, Middle name (and Maiden))

3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)

4. CITIZENSHIP (X one)

a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))

(1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S)

b. U.S. NATURALIZED c. U.S. NON-CITIZEN NATIONAL

d. IMMIGRANT ALIEN (Specify)

e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)

5. ALIEN REGISTRATION NUMBER (As applicable)

10. DATE OF BIRTH (YYYYMMDD) 11. RELIGIOUS PREFERENCE (Optional) 12. EDUCATION

14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date)

Yes  No

15. AFFLUENCE: a. ASVAB REQUIRED TO ENLIST? (X one) Yes  No  c. TEST TYPE INITIAL SPECIAL CONFIRMATION

b. ENLIST UNDER STUDENT TEST (X one) Yes  No

17. a. RECRUITER ID/ISSN b. STATION ID

20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X one) Yes  No  b. EXAM TYPE

21. APPLICANT'S SIGNATURE

23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR

I certify that I am the person identified on this form.

(Signature of Applicant)

26. 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:

a. 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. I was tested with the ASVAB on or about \_\_\_\_\_ at \_\_\_\_\_ (Most Recent Date Tested) (School, City, and State)

c. Request for student test scores (high school look-up) \_\_\_\_\_ at \_\_\_\_\_ (Most Recent Date Tested) (School, City, and State)

d. Yes, I want to keep my AFQT scores from the student test listed in "c" above.

e. Current or last high school attended \_\_\_\_\_ (High School) OR \_\_\_\_\_ (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, thumbprint pointed to the left.

**MEDICAL RECORDS RELEASE AUTHORITY:** I request and authorize individuals, businesses or organizations to release to Representatives of USMEPCOM my complete medical records. This release of medical information is for the sole purpose of further evaluation of my medical acceptability into the Armed Services. Hard-copy records are to be obtained by me at no cost to the Government and made available for medical pre-screening review. USMEPCOM has my permission to access/obtain all electronic medical records for this purpose.

28. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm you have no current medical insurer):

27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME (If none, sign your complete name to affirm 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 representative, if authorized)) (Printed/Typed Name of Recruiter or representative) (Date)

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

(Recruiter ID/ISSN) (Local Recruiting Activity) (BR, NRD, Co or RG Location)



# MEDICAL EXAMINATION



Freedom's Front Door

## DD Form 2807-2

## DD Form 1966/5

## Additional Documentation

- Over-40 Documentation
- Prior Service Documentation
- Refractive Eye Surgery Worksheet (LASIK Surgery)

**With substantiating and supporting medical documents and supporting USMEPCOM Medical Prescreen Documents List**

**All other documentation requested**

38. NAME (Last, First, Middle Initial)		39. SOCIAL SECURITY NUMBER	
USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.			
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT			
40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)			
<p>a. I/we, the undersigned, being the parent(s) or guardian(s) of the applicant, do hereby consent to the applicant's enlistment in the United States Armed Forces of the United States of America. I/we understand that the applicant is to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promoting the applicant to enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the United States Armed Forces to conduct background examinations, other examinations required, and to conduct records checks to determine fitness for employment. I/we relinquish all claim to higher service and to any wages or benefits payable to the applicant by any other employer. I/we understand that the applicant is to be housed at the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.</p>			
<p>b. FOR ENLISTMENT IN A RESERVE COMPONENT.</p> <p>I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.</p>			
c. PARENT		(3) DATE SIGNED (YYYYMMCC)	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE		
d. WITNESS		(3) DATE SIGNED (YYYYMMCC)	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE		
e. PARENT		(3) DATE SIGNED (YYYYMMCC)	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE		
f. WITNESS		(3) DATE SIGNED (YYYYMMCC)	
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE		
41. VERIFICATION OF SINGLE SIGNATURE CONSENT			

ACCESSIONS MEDICAL PRESCREEN REPORT		OMB No. 0704-0413 OMB approval expires Oct 31, 2017	
The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Alexandria, VA 22304-3022 (0704-0413). 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 FORM TO THE ABOVE ADDRESS.			
PRIVACY ACT STATEMENT			
AUTHORITY: 10 U.S.C. 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSN).			
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and medical fitness for retention for active duty personnel.			
ROUTINE USE(S): DoD Blanket Routine Uses found at <a href="http://dod.defense.gov/Privacy/2013/index/BlanketRoutineUses.aspx">http://dod.defense.gov/Privacy/2013/index/BlanketRoutineUses.aspx</a> apply to the use of this information.			
DISCLOSURE: Voluntary. This information is collected from individuals in a non-departmental setting and is shared with the Department of Defense and the United States Armed Forces.			
WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both) to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on this information, you may be subject to separation proceedings for discharge, and you may be subject to a court-martial or court-martial proceedings for discharge, and you may be subject to a court-martial or court-martial proceedings for discharge.			
SECTION I - APPLICANT			
1. LAST NAME - FIRST NAME - MIDDLE INITIAL (SURNAME)	2. AGE	3. DATE OF BIRTH (YYYYMMCC)	4. SOCIAL SECURITY NUMBER
5. HEIGHT (inches)	6. WEIGHT (pounds)	7. HAIR COLOR (Specify if Unnatural)	8. EYE COLOR (Specify if Unnatural)
9. CURRENT OCCUPATION (Specify if Federal Employee)	10. PURPOSE OF EXAMINATION (Enlistment, Commission, ROTC Schoolship, Retention, Other)	11. CURRENT STATUS (Active, Reserve, etc.)	12. USUAL OCCUPATION
SECTION II - MEDICAL			
CURRENTLY HAVE OR ARE YOU CURRENTLY BEING TREATED FOR ANY OF THE FOLLOWING CONDITIONS? YES NO			
EYES			
1. Does vision correct to 20/20 or better with glasses or contact lenses?	26. Other breast problems worsened by exercise, weather, etc. (e.g., mastitis, etc.)		
2. Does vision correct to 20/20 or better with glasses or contact lenses?	27. History of eye surgery (specify type and date)		
3. Does vision correct to 20/20 or better with glasses or contact lenses?	28. History of eye surgery (specify type and date)		
4. Eye surgery to improve vision (LASIK, PRK, etc.)	29. History of eye surgery (specify type and date)		
5. Night vision	30. History of chest, chest wall, or breast surgery		
6. Glaucoma	31. Heart murmur, valve problem or mitral valve prolapse		
7. Strabismus or "lazy eye" or injury to eye	32. Papillation, pounding heart or abnormal heartbeat		
8. Any other eye condition, injury or surgery	33. Heart disease (specify type and date)		
9. Worn contact lenses or glasses and (1) require removal or contact lenses for better than 20/20 vision (how old they are)	34. History of chest, chest wall, or breast surgery		
10. Loss of vision in either eye	35. History of chest, chest wall, or breast surgery		
11. Color vision deficiency	36. History of chest, chest wall, or breast surgery		
EARS			
12. Perforated ear drum or tube(s) in ear(s)	37. History of chest, chest wall, or breast surgery		
13. Ear surgery (specify type and date)	38. History of chest, chest wall, or breast surgery		
14. Loss of hearing in either ear	39. History of chest, chest wall, or breast surgery		
15. Hearing loss (specify type and date)	40. History of chest, chest wall, or breast surgery		
MOUTH AND THROAT			
16. Ear, nose, or throat trouble including tonsillotomy	41. Jaundice (except neonatal) or hepatitis (liver disease)		
17. Chronic sinus infections or recurrent nose bleeds	42. Rupture/hernia		
18. Absence of, or disturbance of, sense of smell	43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)		
19. Any surgery of your face, mandible or jaw	44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease		
DENTAL			
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date; release form sample format can be found in the Recruiter's Medical Guide.)	45. Rectal disease, hemorrhoids, or blood from the rectum		
21. Tooth or gum problems (other than cavities)	46. Hemorrhoid surgery		
	47. Bariatric surgery (weight loss surgery)		



# MEDICAL EXAMINATION



*Freedom's Front Door*

## Medical Read Process

- “Med read”
- Medical documentation that has been requested and/or supplied
- Following the initial physical examination
- Including medical waivers from SMWRA

## Medical Disclosures

- New medical information is revealed during MEPS processing
- Applicant placed on administrative hold status
- Applicant will be directed to the medical section for evaluation of the disclosure by a MEPS provider



# MEDICAL CONSULTS



*Freedom's Front Door*

## Medical Consultations

- **Specialty consultations with civilian medical experts**
- **Requested/obtained when the MEPS medical provider or your SMWRA needs further evaluation**
  - **Generally outsourced and can have a same day to 24 business day turn-around time for a scheduled appointment**

The first missed consultation appointment by the applicant can be rescheduled at the request of the Recruiting Service.

If a second consultation appointment is missed, the MEPS Commander will notify the appropriate IRC level Commander in writing or by e-mail that the applicant's processing has been placed in an 'N' status.

Further appointments will not be scheduled without a written request from the IRC-level Commander.

If the applicant misses a third appointment, further processing will be discontinued unless directed by J-7/MEMD.



# MEDICAL WAIVER



*Freedom's Front Door*

- Even if USMEPCOM disqualifies an applicant;
- Medical waivers are a Service responsibility
- Your medical waiver authorities need the applicant's full medical history
- Medical records to facilitate waiver decisions
- The more informed the process is, the better the outcome will be for both your applicant and your Service
- Note: USMEPCOM is not a waiver authority



# Medical Qualification

## *Freedom's Front Door*

**QUALIFICATION/DISQUALIFICATION FOR SERVICE:** The medical examination is good for 2 years from initial examination date.

**PULHES** - A physical profile serial code representing different physical qualification categories.

P=General physical condition, stamina, or any problem not addressed below;

U=Upper extremities and upper (cervical and thoracic) spine;

L=Lower extremities and lower (lumbosacral) spine;

H=Hearing and ear conditions;

E=Eyesight and eye conditions;

S=Psychiatric conditions.

For example, an applicant who has a history of anaphylaxis to penicillin, is overweight, and has a history of asthma that was not disclosed on prescreen would have the following profile:

P	U	L	H	E	S	Initials	Date
3P/3T/O	1	1	1	1	1	CMO	YYMMDD



# SHIPPING



*Freedom's Front Door*

## **Recruiting Services:**

- Responsibility for the shippers will rest with the sponsoring Service and not the MEPS.
- The MEPS will provide transportation, meals, and lodging, but each Service is responsible for monitoring enlistees' behavior during a hold-over situation and ensuring the enlistees return to the MEPS for shipping when weather conditions permit.



# Hometown/Non MEPS Shipper



## *Freedom's Front Door*

- **Service/component specific requirements**
- Services will identify HTS/DS shippers by using the Processing Type "S"
- U.S. Army (Regular, Reserve, and National Guard) will not return HTS/DS packets to the MEPS for the shipper's QRP
- U.S. Navy (Regular and Reserve) and U.S. Air Force Regular: NET ten and NLT five processing days prior to shipping, the SL/GC will provide the MEPS all required copies of the HTS/DS shipper's enlistment packets assembled IAW the Recruiting Services respective Packet Breakdown.
- U.S. Army Regular, U.S. Navy (Regular and Reserve), and U.S. Air Force Regular: An encrypted digital copy of DD Form 1966/1 (Record of Military Processing – Armed Forces of the United States) with the completed accession data must be forwarded by the SL/GC to the HTS/DS supporting MEPS processing section NLT 1200 local MEPS time on the day of shipping.

# References





# REFERENCES

## *Freedom's Front Door*

### Aptitude Processing

- DoD Directive 1304.12E, Military Personnel Accession Testing Programs (Sep 05)
- AR 601-222, Armed Services Military Personnel Accession Testing Programs (Joint Service Reg) (Oct 05)
- USMEPCOM Reg 611-1, Enlistment Qualification Tests (Oct 17)
- USMEPCOM Reg 601-4, Student Testing Program (Sep 17)

### Medical Processing

- DoD Instruction 6130.3, Medical Standards for Appointment, Enlistment and Induction into the Military Services (Mar 18)
- AR 40-501, Standards of Medical Fitness (Joint Service Reg) (Jun 17)
- USMEPCOM Reg 40-1, Medical Processing & Examinations (Jul 17)
- USMEPCOM Reg 40-8, DoD HIV and DAT Program (Mar 17)
- USMEPCOM Medical Prescreen Program Standard Operating Procedure (June 18)

### Accession Processing

(Administrative and Enlistment)

- DoD Directive 1145.02E, USMEPCOM (Oct 12)
- DoD Instruction 1304.02, Accession Processing Data Collection Forms (Sep 11)
- AR 601-270, MEPS (Joint Service Reg) (Sep 11)
- USMEPCOM Reg 601-23, Enlistment Processing (Oct 17)
- USMEPCOM Reg 680-3, USMIRS (May 06)
- USMEPCOM Reg 55-2, Transportation and Travel

# Wrap-Up





# WRAP-UP



*Freedom's Front Door*

At the end of this session, participants are able to:

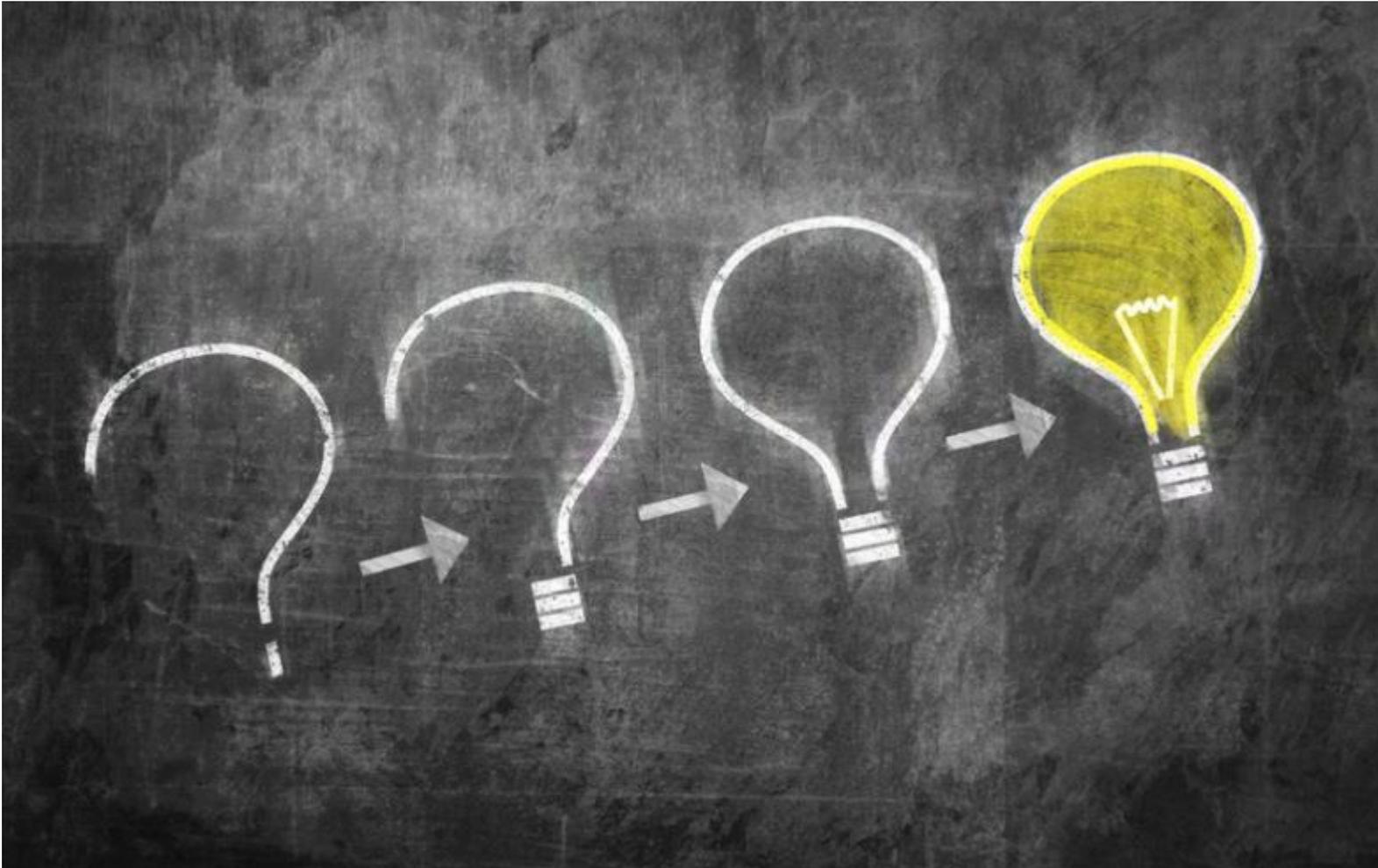
- ✓ Distinguish between Forms used for MEPS applicant processing (USMEPCOM Form 680-3A-E, DD Form 2807-2, and DD Form 1966/5, Medical Consults, and Medical Waivers).
- ✓ Describe the tools and resources available to prepare applicants for their Day at the MEPS.
- ✓ Demonstrate how to project applicant's records (ASVAB, Prescreen, Medical Examination, Same Day Process, Special Purpose Testing, and Shipping).



# QUESTIONS



*Freedom's Front Door*





# POINT OF CONTACTS



*Freedom's Front Door*

**J-3 Directorate**

**Current Operations Division**

**(847) 688-3680, ext. 7830**