AFROTC
DETACHMENT 90

CADET MEMBERSHIP APPLICATION DOCUMENTS

CADETS NAME: _________________________________________ AS YEAR: _________________
(LAST, FIRST, FULL MIDDLE) (100, 200, 250)

AIR FORCE ROTC

90

ALL DOCUMENTS REQUESTED MUST BE RETURNED IN ORDER TO BE AN ACTIVE AFROTC CADET
APPLICATION FOR AFROTC MEMBERSHIP

*OMB No. 0701-0105 Expires 20070531*

(Please read Privacy Act Statement on reverse before completing this form.)

**APPLICATION FOR AFROTC MEMBERSHIP**

**OMB No. 0701-0105**

Expires 20070531

(Please read Privacy Act Statement on reverse before completing this form.)

**Please DO NOT RETURN your form to the above address. Return completed form to your AFROTC detachment.**

**GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA**

I. **NAME** (Last, First, Middle Initial)

   **SOCIAL SECURITY NUMBER**

   **DATE OF BIRTH**

   **GENDER**

   ☐ FEMALE ☐ MALE

**ETHNIC GROUP**

☐ ASIAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ HAWAIIAN ☐ BLACK, NOT OF HISPANIC ORIGIN ☐ WHITE, NOT OF HISPANIC ORIGIN ☐ HISPANIC ☐ DECLINE TO RESPOND

**MARITAL STATUS**

☐ MARRIED ☐ SINGLE ☐ DIVORCED

**PLACE OF BIRTH (City/State)**

**NUMBER OF DEPENDENTS**

**COLLEGE/UNIVERSITY** (Include Student ID Number if different from SSN)

**PROJECTED GRADUATION DATE**

**ACADEMIC MAJOR**

**PERMANENT MAILING ADDRESS** (Street, City, State, ZIP Code, and Telephone Number and E-mail Address)

**IN CASE OF EMERGENCY CONTACT**

**TELEPHONE NUMBER EMERGENCY CONTACT** (Include Area Code)

**BACKGROUND EXPERIENCE**

**CURRENT MAILING ADDRESS** (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code)

**SELECTIVE SERVICE NUMBER** (Males Only)

**MILITARY SERVICE OF PARENT OR GUARDIAN**

☐ AIR FORCE ☐ NAVY ☐ COAST GUARD ☐ MERCHANT MARINE

☐ ARMY ☐ MARINES ☐ COAST GUARD ☐ MERCHANT MARINE

**YEARS OF SERVICE**

**HIGHEST GRADE**

**CURRENT STATUS OF PARENT OR GUARDIAN**

☐ CIVILIAN ☐ RETIRED ☐ ACTIVE DUTY

**YES** ☐ NO

**BRANCH OF SERVICE**

**FROM (Mo/Yr)**

**TO (Mo/Yr)**

**TYPE OF DISCHARGE**

**YEARS REMAINING ON ENLISTMENT**

**HIGHEST GRADE**

**ANSWER THE FOLLOWING QUESTIONS** (Check the applicable blocks. If yes, explain on reverse.)

1. Have you ever applied for, been enrolled, or on contract in an Officer Training Program of the US Army, USAF, USMC, USCG, USN, Merchant Marine, or preparatory schools? (If yes, indicate in remarks where and when.)

2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USAF, USN, USA, USMC, USCG, Merchant Marine)?

3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?

4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?

5. Are you a U.S. Citizen? If yes, how obtained:

☐ BIRTH ☐ NATURALIZED

   (If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTCI 36-2011.)

6. Have you ever taken the AFOQT? (If yes, indicate in remarks section where and when.)

7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate in remarks section where and when.)

8. Have you ever been denied enlistment into the armed forces?

9. Do you already have a degree (BA, BS, etc.)?

10. Are you an AFROTC Scholarship Designee? ☐ NO ☐ YES (Check one) 4-year ☐ 3-year

11. Are you a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympatheticly associated with any such organization, movement, or members thereof? (If yes, please describe.)

AFROTC FORM 20, 20060901, V1

PREVIOUS EDITIONS ARE OBSOLETE.
13. Do you understand that participation in Air Force ROTC requires strenuous physical activity? (You will be required to obtain medical clearance from a physician prior to program entry.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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</table>

**II. STATEMENT OF UNDERSTANDING**

I understand that membership in the General Military Course (GMC) or attendance at Field Training (FT) does not guarantee that I will be accepted into the Professional Officer Course (POC). I understand that if I am not on scholarship, attendance at FT does not guarantee or commit me to enter the POC. GMC scholarship cadets who attend the first AS 200 class or Leadership Laboratory incur an Active Duty Service Commitment and are liable to call to extended active duty or recoupment (which includes payback of scholarship benefits received during the AS 100 year).

**SIGNATURE OF APPLICANT**

**DATE**

**III. OATH OF ALLEGIANCE**

I do solemnly □ swear or □ affirm that I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation or purpose of evasion.

**SIGNATURE OF APPLICANT**

**DATE**

**REMARKS**

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**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 33, Appointment in Regular Component; 10 U.S.C. 103, Senior Reserve Officers’ Training Corps as implemented by AFROTC; 36-2011, Air Force Reserve Officers’ Training Corps; and E.O. 9397 (SSN). **PURPOSE:** To process and manage selected students for acceptance into the USAF ROTC program. **ROUTINE USES:** This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency’s decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation. **DISCLOSURE:** Furnishing the information is voluntary. Failure to provide requested information will hinder processing.
# Record of Emergency Data

## Privacy Act Statement

**Authority:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).  
**Principal Purposes:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency.  
**Disclosure:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

## Instructions to Service Member

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiance), and, to designate beneficiaries for certain benefits if you die. **It is your responsibility** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

## Instructions to Civilians

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. **Not every item on this form is applicable to you.** This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

## Important

This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **Read the instructions on pages 3 and 4 before completing this form.**

## Section 1 - Emergency Contact Information

### 1. Name (Last, First, Middle Initial)

### 2. SSN

### 3a. Service/Civilian Category

- [ ] Army  - [ ] Navy  - [ ] Marine Corps  - [ ] Air Force  - [ ] DoD  - [ ] Civilian  - [ ] Contractor

### 4a. Spouse Name (If applicable) (Last, First, Middle Initial)

### 4b. Address (Include Zip Code) and Telephone Number

- [ ] Single  - [ ] Divorced  - [ ] Widowed

### 5. Children

#### a. Name (Last, First, Middle Initial)

#### b. Relationship

#### c. Date of Birth (YYYYMMDD)

#### d. Address (Include Zip Code) and Telephone Number

### 6a. Father Name (Last, First, Middle Initial)

### 6b. Address (Include Zip Code) and Telephone Number

### 7a. Mother Name (Last, First, Middle Initial)

### 7b. Address (Include Zip Code) and Telephone Number

### 8a. Do Not Notify Due to Ill Health

### 8b. Notify Instead

### 9a. Designated Person(s) (Military only)

### 9b. Address (Include Zip Code) and Telephone Number

### 10. Contracting Agency and Telephone Number (Contractors only)
<table>
<thead>
<tr>
<th><strong>SECTION 2 - BENEFITS RELATED INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</strong></td>
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<tr>
<td><em>(Military only)</em></td>
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<tr>
<td><strong>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</strong></td>
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<tr>
<td><em>(Military only)</em></td>
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<tr>
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<tr>
<td><strong>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</strong></td>
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<td><em>(Military only)</em></td>
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<tr>
<td><strong>14. CONTINUATION/REMARKS</strong></td>
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</tbody>
</table>

| **15. SIGNATURE OF SERVICE MEMBER/CIVILIAN** |
|*(Include rank, rate, or grade if applicable)* |
|-------------------|------------------------|-------------------------------------------------|-----------------|
| **16. SIGNATURE OF WITNESS** |
|*(Include rank, rate, or grade as appropriate)* |
|-------------------|------------------------|-------------------------------------------------|-----------------|
| **17. DATE SIGNED** |
|*(YYYYMMDD)* |
|-------------------|------------------------|-------------------------------------------------|-----------------|

DD FORM 93 (BACK), JAN 2008
INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr., "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. Military: Mark X in appropriate block. Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.


ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.
   a. List relationship, e.g., "Mother," of person(s) listed in items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None.
   b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 555. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

ITEM 10. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratitude (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

1) To the surviving spouse of the person, if any;
2) To any surviving children of the person and the descendants of any deceased children by representation;
3) To the surviving parents or the survivor of them;
4) To the duly appointed executor or administrator of the estate of the person;
5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.
ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

Item 11b. Relationship NOT APPLICABLE to civilians.

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

ITEM 13b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.
**CERTIFICATION OF INVOLVEMENTS WITH CIVIL, MILITARY OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS**

**I. STATEMENT TO THE APPLICANT/CADET**

A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials regardless of its insignificance, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear does not constitute authority to leave the involvement off of the certification.

B. In the future, if you are arrested, detained, convicted, etc., you must report the incident to the Detachment Commander or his/her designated representatives within 72 hours following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.

C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

**CERTIFICATE**

CERTIFY THAT THE INFORMATION CONTAINED IN THE FOLLOWING CERTIFICATIONS INCLUDES ALL ARRESTS, DETentions, CONVICTIONS, INVOLVEMENTS, ETC., THAT I HAVE HAD WITH CIVIL, MILITARY (INCLUDING ART.158) OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION OR SEEMING INSIGNIFICANCE. THE LISTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**II. CERTIFICATION I**

<table>
<thead>
<tr>
<th>TYPE OF INVOLVEMENT / ORIGINAL CITATION</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
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WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE?  
☐ YES  ☐ NO

WAS THE USE OF DRUGS OR ALCOHOL CITED?  
☐ YES  ☐ NO

ACTION  
☐ NO ACTION REQUIRED  ☐ CORROBORATION REQUESTED
☐ WAIVER GRANTED  ☐ CORROBORATION RECEIVED
☐ WAIVER DENIED  ☐ REQUEST FOR WAIVER FORWARDED TO AFROTC/RRFP
☐ APPROVED  ☐ DISAPPROVED

SIGNATURE OF CADET

REMARKS/COUNSELING

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement:

SIGNATURE OF AUTHORIZED REPRESENTATIVE  \[ \]

GRADE  \[ \]

DATE  \[ \]

AFROTC FORM 35, 201000719  PREVIOUS EDITIONS ARE OBSOLETE.
### Certification II

<table>
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<tr>
<th>Type of Involvement / Original Citation</th>
<th>Date of Involvement</th>
<th>Name and Address of Arresting Authority/Court</th>
<th>Disposition/Finding and Sentence</th>
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**Were you detained, confined, or placed on probation for any of the above?**
- [ ] Yes
- [ ] No

**Was the use of drugs or alcohol cited?**
- [ ] Yes
- [ ] No

**Action**
- [ ] No action required
- [ ] Corroboration requested
- [ ] Corroboration received
- [ ] Waiver granted
- [ ] Waiver denied
- [ ] Request for waiver forwarded
- [ ] To AFROTC/RRFP

**Signature of Cadet**

**Date**

**Remarks/Counseling**

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. 

**Cadet’s initials of acknowledgement:**

**Signature of Authorized Representative**

**Grade**

**Date**

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### Certification III

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<tr>
<th>Type of Involvement / Original Citation</th>
<th>Date of Involvement</th>
<th>Name and Address of Arresting Authority/Court</th>
<th>Disposition/Finding and Sentence</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Were you detained, confined, or placed on probation for any of the above?**
- [ ] Yes
- [ ] No

**Was the use of drugs or alcohol cited?**
- [ ] Yes
- [ ] No

**Action**
- [ ] No action required
- [ ] Corroboration requested
- [ ] Corroboration received
- [ ] Waiver granted
- [ ] Waiver denied
- [ ] Request for waiver forwarded
- [ ] To AFROTC/RRFP

**Signature of Cadet**

**Date**

**Remarks/Counseling**

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. 

**Cadet’s initials of acknowledgement:**

**Signature of Authorized Representative**

**Grade**

**Date**

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AFROTC FORM 35, 20100719, REVERSE
SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (adult or juvenile) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.


ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others); opium, morphine, heroin, dilladul,ocodein, Demerol, inhalants (paint, glue, and others); amphetamines (speed); methamphetamine (ice); barbiturates (downers) and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salvia divinorum or salvinorin or any product known under such names as “Spice”, “Genie”, “DaScents”, “Zohia”, “K-2”, and “KO Knockout 2” or variant thereof by whatsoever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

I have read and understand the definition of the terms above. YES NO

Have you ever used or experimented with marijuana? (Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.)

Have you ever experimented with, used, or possessed any illegal drug or narcotic? YES NO

Have you ever been treated or undergone rehabilitation for drug or alcohol abuse? YES NO

Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics? YES NO

During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or any alcohol abuse as described above, FROM THIS DATE FORWARD, renders me ineligible for the Air Force.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE NAME (Last, First, M.I.) AND SSN OF APPLICANT SIGNATURE
FOR THE COMMANDER (initial appropriate block/s:)

___ Preapplication limited experimental use of marijuana, unlikely to reoccur. I wave use and grant program entry.

___ Member has been briefed and agrees to abide by Air Force policy regarding the prohibited use of Hemp derivatives. Entry authorized.

___ Waiver denied. Member is denied entry into program. ___ Waiver request will be sent to HQ AFROTC for determination.

KIP B. TURAIN, Colonel, USAF
Commander

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.

AF FORM 2030, 20121107 PREVIOUS EDITIONS ARE OBSOLETE PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974
RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:
   a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.
   b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.
   c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.
   d. A member may be separated for failure to meet service weight control standards or physical fitness standards.
   e. A member may be separated for harassment of or violence against any service member.

DATE OF APPLICATION  NAME (Last, First, MI)  SIGNATURE

DATE OF ENLISTMENT  NAME (Last, First, MI)  SIGNATURE

DATE OF COMMISSION  NAME (Last, First, MI)  SIGNATURE

AFROTC FORM 500, 20110804  PREVIOUS EDITIONS ARE OBSOLETE.
I. MARITAL STATUS
☐ SINGLE ☐ MARRIED (Civilian) ☐ MARRIED (Military) ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

II. STATEMENT OF UNDERSTANDING

I understand:
My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 
1. A spouse. 
2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. Includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 
3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock. 
4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. 
5. FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his. 

It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my dependent(s) may result in disciplinary action, to include involuntary discharge. 

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability. 

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment but there is no guarantee they will be assigned together. 

III. REMARKS

IV. APPLICANT CERTIFICATION

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

DATE
NAME (Last, First, Middle Initial)
SSN
SIGNATURE

V. RECRUITER CERTIFICATION

I certify the information on this form was explained to the applicant and I verified the applicant’s dependent(s) and marital status from appropriate source documents.

DATE
RECRUITER’S NAME/GRADE
SIGNATURE

VI. APPLICANT FINAL CERTIFICATION

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

DATE
SIGNATURE

VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION

I have verified all known changes to the applicant’s marital or dependent status since initiation of this form and certify they are explained in Section III.

DATE
NAME/GRADE OF AIR FORCE REPRESENTATIVE
SIGNATURE

AF IMT 3010, 19930701, V2

PREVIOUS EDITIONS ARE OBSOLETE.
INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFI 36-2002 and the following instructions:

Section I, Marital Status.

Applicant marks the applicable marital status.

Section II, Statement of Understanding.

Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependant under 18-years of age through formal adoption, they will not be considered a dependant for accession purposes.)

Section III, Remarks.

If a dependency eligibility/waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter "None" and applicant must initial.

Section IV, Applicant Certification.

Self explanatory.

Section V, Recruiter Certification.

Self explanatory.

Section VI, Applicant Final Certification.

Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.) Ensure all changes to applicant's marital and dependent status are annotated in Section III.

Section VII, Air Force Representative.

Complete on date of final enlistment, commissioning, or appointment. (NOTE: Do not complete at time of DEP entry.) Ensure all changes to applicant's marital and dependent status are annotated in Section III.
Attachment 14

AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING

Figure A14.1. Air Force Dependency Policy Statement of Understanding.

I (Cadet’s Name) have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. **(Non-contract Cadet)** If I am/become unmarried or marry (to include a common-law spouse) a military member (including another AFROTC cadet), and become responsible for any family member incapable of self-care I must acquire and maintain an approved Family Care Plan IAW AFI 36-2908, *Family Care Plans*, that will adequately cover my time in AFROTC. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

b. **(Contract Cadet)** If I am disenrolled from AFROTC after becoming a contract cadet I am subject to call to EAD in my enlisted grade, recoupment of scholarship benefits or release. If I have more than two (three with an approved waiver) dependents incapable of self-care I do not meet enlisted accession standards and cannot be subject to EAD in my enlisted grade. I can only be subject to recoupment or release.

1st Ind, Application

<table>
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<th>Cadet Signature / Date</th>
<th>Cadre Signature</th>
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2nd Ind, Enlistment

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<tr>
<th>Cadet Signature / Date</th>
<th>Cadre Signature</th>
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</thead>
</table>

**NOTE:** Cadet and detachment representative must sign statement at time of application. Statement must be recertified by the cadet and detachment representative at time of enlistment.
### DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)  

#### MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY FOR CADETS PARTICIPATING IN SENIOR RESERVE OFFICER TRAINING CORPS (SROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

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<tr>
<th>Cadet Signature and Date</th>
<th>Parent/Guardian Signature and Date</th>
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<td>(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)</td>
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</tbody>
</table>

Printed Name and Signature Witness (or Notary) and Date
RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.

ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclp.defense.gov/Privacy/SORNslndex/BlanketRoutineUses.aspx apply to this document.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

   (Initial) a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.

   b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.

   c. Consume alcohol with a recruiter/trainer on a personal social basis.

   d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.

   e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.

   f. Gamble with a recruiter/trainer.

   g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.

   h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

   DESCRIPTION OF EXCEPTION(S):

   (Initial) 9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. APPROVED BY

   a. NAME (Last, First, Middle Initial)    b. TITLE    c. DATE SIGNED (YYYYMMDD)    d. SIGNATURE/RANK

DD FORM 2983, JAN 2015
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR          SSN OF MEMBER OR SPONSOR          DATE

DD FORM 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE.
MEMORANDUM FOR ____________________________ (University)

FROM: Cadet ________________________________

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) ____ to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det ____ personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

(Student's Signature) (Parent's Signature if student is under age 18 years of age)
1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

**AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement (IAW DoD) 1308.3.

3. CADET/APPLICANT MEASUREMENTS

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<th>WEIGHT</th>
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4. AIR FORCE WEIGHT STANDARDS
(found on reverse)

5. BODY FAT MEASUREMENT

6. BODY FAT STANDARDS:
   - FEMALE - 28%
   - MALE - 20%

7. CHECK APPLICABLE BOX
   - IS WITHIN AIR FORCE WEIGHT STANDARDS
   - EXCEEDS AIR FORCE WEIGHT STANDARDS
   - IS BELOW AIR FORCE WEIGHT STANDARDS

8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

9. (print name) 

   HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:
   
   (Medical Authority Initials)

10. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

   I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT.

   (Medical Authority Initials)

11. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

   I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT.

   (Medical Authority Initials)

12. (FOR ALL CADETS/APPLICANTS)

   I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

---

**EXAMINATION DATE**

**PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE**

**AFROTC CADRE:** A DISQUALIFIED DDMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DDMERB OR MEPS PHYSICAL.

**DATE**

**AFROTC CADRE SIGNATURE**

AFROTC FORM 28, 20141030
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ADDITIONAL ITEMS REQUIRED

- Birth Certificate (Original)
- Social Security Card
- SAT and/or ACT Scores
- Transcripts
- Selective Service Number (Males Only)

*Don’t hesitate to ask questions*