



DEPARTMENT OF THE NAVY
NAVAL RESERVE OFFICERS TRAINING CORPS UNIT
MAINE MARITIME ACADEMY
PLEASANT STREET
CASTINE, ME 04420

NROTCUMMAINST 1533.1A
22 JUN 2022

NROTC UNIT MAINE MARITIME ACADEMY INSTRUCTION 1553.1A

Subj: SELECTION OF APPLICANTS IN TO THE COLLEGE PROGRAM BASIC COURSE AT NROTC UNIT MAINE MARITIME ACADEMY

Ref: (a) NSTC M-1533.2D (Regulations for Officer Development)

Encl: (1) Amplifying Information
(2) College Program Checklist
(3) NSTC 1533/133 (08-19)
(4) DD Form 2807-2 (DEC 2021)
(5) NSTC 1533/153 (11-19)

1. Purpose. This instruction sets forth the minimum requirements for entry into the NROTC College Program Basic course at Maine Maritime Academy or the University of Maine.
2. Background. The NROTC College Program is offered to college students who wish to serve their country as commissioned officers, but who have not been awarded any form of an NROTC scholarship. College Program students are selected from those who have applied for enrollment at the NROTC unit and sign a contract in which they agree to complete certain Naval Science Courses and one summer training period (if selected for Advanced Standing). The Basic Course of the College Program is designed for those students with more than two years of college coursework remaining. While in the Basic Course, students have the status of civilians.
3. Discussion. The College Program is a highly competitive commissioning program with limited scholarship opportunities. The guidance set forth in this instruction serves as the minimum requirements that will be used to determine individual qualification for enrollment in the Basic Course. The final decision for selection will reside with the unit's Commanding Officer.
4. Action. Prospective candidates shall use this instruction and more specifically enclosures (1) through (3) as aids in preparing and applying for the College Program Basic Course. Completed applications shall be mailed, post-marked, or hand delivered no later than 20 July to:

i. Maine Maritime Academy NROTC Unit
Attn: Human Resources Assistant
44 Pleasant Street Castine, ME, 04421

Or:

ii. University of Maine Department of Naval Science
Attn: Administrative Specialist
378 College Avenue Orono, ME 04473

S.D. KEARNS

Amplifying Information

1. Application for selection to the College Program is a multi-step process. The steps can be completed in any order, however consideration for selection will only take place when all steps have been completed:

- a. Complete College Program application form NSTC 1533/133 (Encl 3).
- b. Complete Review of Medical History DD Form 2807-2 (Encl 4).
- c. Complete Drug and Alcohol Statement of Understanding form, NSTC 1533/153 (Encl 5).
- d. Mail, postmark, or hand deliver a copy of all 3 forms no later than 20 July.
- e. Submit high school or college transcripts to include cumulative GPA, class rank, and SAT or ACT scores.
- f. Have the ability to meet the height/weight requirements and be prepared to meet and exceed Navy physical fitness standards.
 - (1) Males: 47 push-ups, 1:40 forearm plank, 1.5 mile run in 12 minutes or less.
 - (2) Females: 21 push-ups, 1:30 forearm plank, 1.5 mile run in 14 minutes and 15 seconds or less.
- g. Attend MMA NROTCU New Student Orientation.

2. All candidates will be evaluated and ranked by the NROTC Staff based on the above steps. Acceptance to the College Program will be offered on an available basis to the most-qualified candidates. Additionally, candidates who remain eligible for the NROTC 4-year national scholarship (i.e. they possess the qualifying standardized test scores and have less than 30 college credits) will be encouraged to continue applying for the 4-year scholarship as long as they remain eligible. College Program Basic Course students are considered civilians, and receive no NROTC benefits.

3. Selection for the College Program DOES NOT guarantee a scholarship or stipend. All candidates must be able to fund their education without these monies.

College Program Applicant Checklist

- _____ Completed College Program application Completed
- _____ Medical History Form
- _____ Completed Drug and Alcohol Statement of Understanding High school or
- _____ college transcripts with ACT/SAT scores NROTC orientation scheduled
- _____ with MMA NROTC

*Applicant is responsible for verifying receipt of all materials. Contact Maine Maritime Academy NROTCU at (207)326-2352.

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

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC §301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

Principal Purpose(s): To be completed by applicant for the Naval Reserve Officers Training Corps (NROTC) College Program.

Routine Use(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, accessible at <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

Personal Information

Name		SSN (last 4)	Phone	Cell Phone
Current Mailing Address			Name of Parent/Guardian	
			Address of Parent/Guardian	
Place of Birth	Date of Birth			
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No		If naturalized, give date, place, court of jurisdiction, and certificate number.		
Select Service <input type="radio"/> Navy <input type="radio"/> USMC				

Military Experience and Training (Past and Present, if any)

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Program	Position(s) Held	Awards		Grades of Participation
JROTC				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Civil Air Patrol				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Other (NDCC etc.)				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Extracurricular Activities

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

Organization	Position(s) Held	Hours/Week	Grades of Participation
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Athletic Activities

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

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

EMPLOYMENT

List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

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

EDUCATION

List in reverse chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates		School Name and Address	Major	Degree
From	To			

ACADEMICS

PSAT	Verbal: _____	Math: _____	High School Name: _____
SAT	Verbal: _____	Math: _____	Class Rank: _____ GPA: _____
ACT	Verbal: _____	Math: _____	Class Size: _____ GPA Scale: _____

Answer the following questions. If you answer 'Yes', provide explanations on an additional sheet.

	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If 'Yes', list the date, place of application, program applied for and current status of application.)	<input type="radio"/>	<input type="radio"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)	<input type="radio"/>	<input type="radio"/>
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)	<input type="radio"/>	<input type="radio"/>
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?	<input type="radio"/>	<input type="radio"/>
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)	<input type="radio"/>	<input type="radio"/>
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the constitution of the United States against all enemies, foreign and domestic?	<input type="radio"/>	<input type="radio"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="radio"/>	<input type="radio"/>
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)	<input type="radio"/>	<input type="radio"/>

I certify that all information given by me is complete and correct to the best of my knowledge.
 I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my applicant at any time.
 I understand that I am voluntarily applying for a military training program that may lead to an opportunity for commissioning as an officer in the U.S. Navy or U.S. Marine Corps. While participating in the program, I will be required to adhere to U.S. Navy and/or U.S. Marine Corps regulations as they apply to this program. The U.S. Navy and the U.S. Marine Corps have medical and physical qualifications that I must satisfy before I am offered an opportunity to commission. By allowing me to participate in the program, neither the U.S. Navy nor the U.S. Marine Corps are making any representations that I will be offered an opportunity for commissioning as an officer.

Signature	Date
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NROTC COLLEGE PROGRAM OATH

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Signature	Date
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ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413
OMB Approval Expires:
20241031

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, at whs.mc-alex.esd.mbx.dd-dodinformationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680-3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

PURPOSE: 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.

ROUTINE USE(S): The Routine Uses are listed in the system of records notice found at: <https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records>

DISCLOSURE: 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.

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 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.

SECTION I – APPLICANT INFORMATION

1. LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)	2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER	4.b. DoD ID NUMBER (<i>If applicable</i>)
5. (<i>X each item</i>) a. SEX (<i>at birth</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female	b. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	6.a. SERVICE PROCESSING FOR (<i>X as applicable</i>) <input type="checkbox"/> Army <input type="checkbox"/> Space Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other: _____		6.b. COMPONENT (<i>X as applicable</i>) <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard
7. PURPOSE OF EXAMINATION (<i>X as applicable</i>) <input type="checkbox"/> Enlistment <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Other: _____		8. POSITION (<i>If current Federal Employee</i>) (<i>Job Title, Grade, Component</i>)		

SECTION II - APPLICANT (OR PARENT/GUARDIAN) AUTHORIZATION STATEMENT

- I Have read and understand the warning and penalties that are associated with providing a false statement.
- I Agree that all protected health information and personally identifiable information (PHI/PII) or data disclosed by myself or others on my behalf with my consent during the accession process is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and may be further disseminated as needed.
- I Authorize release of medical records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA), United States Military Entrance Processing Command (USMEPCOM)/Department of Defense Medical Examination Review Board (DoDMERB) is authorized to receive all of my education/disciplinary records for evaluation of my suitability for Military Service.
- I Understand that a medical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), or DoDMERB contracted medical center. I may have blood work and/or other medical tests, procedures such as cerumen removal, and/or specialty consultations performed as part of my processing.
- I Understand that the results of the examination, tests, and consults are not performed as part of an individual healthcare treatment plan, but will be reviewed and considered as part of my accession application file.
- I Understand that the MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal result of a test or a consultation, I am not to assume that the result is normal. Furthermore, if any test or consultation results are abnormal, then I am responsible for obtaining those results from the MEPS/DoDMERB contracted medical center. I am also responsible for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB contracted medical center.
- I Understand that neither USMEPCOM nor DoDMERB are financially responsible for costs associated with any necessary follow-up evaluations and/or treatment based on my screening evaluation.
- I Understand that any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- I 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.
- I Authorize a MEPS/DoDMERB contracted medical center to perform my accession medical evaluation.
- I Understand that I have the right to refuse to sign this authorization, however I also understand that failure to do so will prevent my further processing.
- I Understand that this authorization will expire four years from the date of the signature below, or sooner if written request is received by the USMEPCOM/DoDMERB Privacy 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.

1. APPLICANT AUTHORIZATION AND CERTIFICATION

I Certify that 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 medical and mental/behavioral health history.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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2. PARENT OR GUARDIAN AUTHORIZATION (*Signature is mandatory if applicant is a minor*)

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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3. RECRUITING REPRESENTATIVE CERTIFICATION: (*If applicable*) I certify that all applicant information above is complete and true to the best of my knowledge.

a. NAME (<i>Last, First, Middle Initial</i>)	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)		SOCIAL SECURITY NUMBER		DoD ID NUMBER (<i>If applicable</i>)			
SECTION III - MEDICAL HISTORY							
1. Medications: any prescription or over the counter medication(s) taken regularly or as needed (<i>list each and explain in SECTION IV</i>)			2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances (<i>list each and explain in SECTION IV</i>)				
Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history.							
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
EYES/VISION:				UPPER EXTREMITIES: (Continued)			
3. Double vision				60. Dislocated shoulder, elbow, or wrist			
4. Detached retina or surgery to repair a detached retina				LOWER EXTREMITIES:			
5. Keratoconus, glaucoma, cataracts or surgery for cataracts				61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions			
6. Vision correction procedure such as Lasik, PRK, or lens implant				62. Knee injury resulting in ligament/cartilage tear, instability, or locking			
7. Night blindness				63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes			
8. Any other eye condition, injury, or surgery/procedure				64. Dislocated hip, knee, ankle, or foot			
EARS/HEARING:				MISCELLANEOUS CONDITIONS OF THE EXTREMITIES:			
9. Cholesteatoma				65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling			
10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months				66. Impaired use of arms, hands, fingers, legs, feet, or toes (<i>any reason</i>)			
11. Any other ear surgery or procedure including mastoidectomy				67. Joint swelling/inflammation such as arthritis, gout, or bursitis			
12. Loss of balance or vertigo				68. Compartment syndrome, shin splints, or stress reaction/fracture			
13. Hearing loss or use of hearing aid(s)				69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graft or arthroscopy			
NOSE, SINUSES, MOUTH, AND LARYNX:				70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts			
14. Ear, nose, or throat conditions such as vocal cord dysfunction				VASCULAR:			
15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery				71. Abnormal (<i>high or low</i>) blood pressure			
16. Absence of, or disturbance of sense of smell				72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/disease			
17. Any surgery of the face, throat, or jaw				73. Kawasaki disease			
DENTAL: (If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty)				SKIN:			
18. Braces or aligners				74. Acne that required prescription medication(s)			
19. Any tooth or gum problems				75. Skin rash such as atopic dermatitis, eczema, or psoriasis			
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM:				76. Any other skin condition such as recurrent hives, abscesses (<i>hidradenitis</i>), pilonidal cyst, or cancer (<i>melanoma</i>)			
20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc.				BLOOD AND BLOOD FORMING SYSTEM:			
21. Prescription for an inhaler, steroids, or any other medication for breathing problem				77. Anemia such as iron deficiency, sickle cell, or thalassemia			
22. Pneumonia				78. Blood clot(s), a clotting disorder, or history of taking a blood thinner			
23. Chronic cough or frequent coughing at night				79. Absence or removal of the spleen			
24. Collapsed lung or other lung condition(s)				80. Prolonged bleeding such as after an injury or dental procedure			
25. History of chest, chest wall, or breast surgery				81. Any other blood or circulation condition			
HEART:				SYSTEMIC:			
26. Heart murmur or valve problem(s)				82. Severe allergic reaction to any substance requiring emergency care			
27. Palpitations, skipped/abnormal heartbeats, or pounding heart				83. Tested positive for tuberculosis (<i>skin or blood test</i>), or lived with someone who had it			
28. Chest pain/pressure or an abnormal electrocardiogram (EKG)				84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS			
29. Heart surgery				85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV			
30. Any other heart condition				86. Rhabdomyolysis			
ABDOMEN AND GASTROINTESTINAL SYSTEM:				ENDOCRINE AND METABOLIC:			
31. Problems of the stomach, esophagus, or intestine such as ulcer(s)				87. Thyroid conditions such as goiter or hypo/hyperthyroidism			
32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis				88. Diabetes or hypoglycemia (<i>low blood sugar</i>)			
33. Gallbladder disease or gallstones				89. Any other endocrine (<i>hormone</i>) condition such as growth hormone deficiency, adrenal insufficiency, or hypo/hyperparathyroidism			
34. Hepatitis or jaundice (<i>except neonatal jaundice</i>)				NEUROLOGIC:			
35. Hernia				90. Stroke, aneurysm, or bleeding in or around the brain			
36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy				91. Frequent or severe headaches such as migraines, cluster, or tension			
37. Weight loss surgery such as gastric bypass or lap banding				92. A head injury, concussion, or skull fracture			
38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease				93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis			
39. Anorectal disease, blood from the rectum, or hemorrhoids				94. Seizures, epilepsy, or convulsions			
FEMALES ONLY:				95. Syncope or fainting spells			
40. First day of the last menstrual period (YYYYMMDD)				96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss			
41. A change in menstrual pattern (<i>other than pregnancy</i>)				SLEEP:			
42. Pregnancy				97. Sleep apnea			
43. Any abnormal PAP test				98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep			
44. Endometriosis, uterine fibroid, or ovarian cyst				LEARNING, PSYCHIATRIC, AND BEHAVIORAL:			
45. Any other gynecological disorder that required evaluation, treatment, or surgery				99. Attention Deficit or Hyperactivity disorder (<i>ADD/ADHD</i>), dyslexia, autism spectrum, or other learning disorder			
MALES ONLY:				100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol			
46. Undescended/absent testicle(s), or testicular implant				101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition			
47. Any scrotal mass, swelling, or pain				102. Eating disorder such as anorexia or bulimia			
48. Prostate problems				103. Self-inflicted injury such as cutting or burning			
URINARY SYSTEM:				104. Suicidal thoughts, gesture, or attempt			
49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney				105. Admission to a hospital for any behavioral/mental health condition			
50. Blood or protein in urine				TUMORS AND MALIGNANCIES:			
51. Painful or difficult urination				106. Any cancer, malignancy, tumor, or cyst			
52. Kidney stone				MISCELLANEOUS:			
53. Kidney or urinary tract disease, surgery, or infection				107. Cold/heat intolerance or injury such as frostbite or heatstroke			
54. Bedwetting or treatment for bedwetting in the past 12 months				SUPPLEMENTAL QUESTIONS:			
SPINE AND SACROILIAC JOINTS:				108. Prosthetic body part or joint			
55. Back or neck pain, or herniated disc				109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care			
56. Abnormal curvature of any part of the spine				110. Previous medical disqualification for Military Service			
57. Vertebral fracture or stress injury of the spine such as spondylolysis				111. Discharge from Military Service for any reason (<i>provide reason, date, and type of discharge</i>)			
58. Back or neck surgery				112. Disability award or compensation for an injury or other medical condition			
UPPER EXTREMITIES:							
59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers							

CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION IV – APPLICANT COMMENTS

Explain all "YES" answers to questions above. Write the item number and provide details to include the following: description of the problem/condition, date of onset of the problem/condition, date of treatment, name of health care provider, clinic, center, hospital along with City and State. Comment on the current status of the problem/condition. Attach additional sheet(s) if necessary, and sign and date each additional sheet. Attach copies of all applicable medical records.

(This area is intentionally left blank for applicant comments.)

CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION V – MEDICAL PROVIDER SUMMARY

The medical provider will review all applicant comments on "YES" answers, and all submitted supporting medical documentation. The provider will comment below on each "YES" answer. Attach additional sheets if necessary.

(This area is intentionally left blank for the medical provider to provide a summary of comments on "YES" answers and supporting medical documentation.)

CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION VI - PRESCREEN PROCESSING DETERMINATION

1.a. MEDICAL PROCESSING STATUS				1.b. REVIEWER INITIALS	1.c. DATE (YYYYMMDD)
PA	PH	RJ	METR		

KEY: PA = Processing Authorized; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records

2. AUTHORIZING MEDICAL PROVIDER

a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	d. NUMBER OF ADDITIONAL SHEETS ATTACHED

SECTION VII – INTERVIEWING MEDICAL PROVIDER COMMENTS

3. INTERVIEWING MEDICAL PROVIDER

a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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

Privacy Act Statement

Authority: 5 USC §301 (Authorizing Forms and Regulations); 10 USC §§ 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training) and 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9397 (Use of Social Security Numbers), OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2A at 5-27 and 5-28

Principal Purpose(s): To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.

Routine Use(s): Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

STATEMENT OF UNDERSTANDING

I, _____ understand the following:

Full Name (First MI Last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.
2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.
3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.
4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2D. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.
5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

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

Typed/Printed Name (last, first middle) _____

Signature _____

Date: _____

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying _____

Signature _____

Date: _____

Typed/Printed Name and Title of Witness _____

Signature _____

Date: _____