University of Arizona NROTC
College Program Application

Dear Applicant,

Enclosed are the necessary forms required to apply for the NROTC College Program. This non-scholarship program can lead to the same achievement as the scholarship program—an active duty commission in the United States Navy or Marine Corps.

The NROTC College Program is conducted in two phases: Basic and Advanced Standing. Any University of Arizona or Pima Community College student meeting the eligibility requirements may apply for the College Program Basic Phase. Applications are reviewed and approved locally by the Professor of Naval Science. College Program midshipmen participate in Battalion functions alongside scholarship midshipmen. Uniforms and Naval Science textbooks are provided to all midshipmen. After their sophomore year, college program students are screened for Advanced Standing in NROTC. Advanced Standing applications are submitted by the NROTC staff and are reviewed and approved at the national level. If selected students receive a $350 per month stipend to assist with continuing their education. Prior to accepting advanced standing, College Program students do not incur any obligation to the Department of the Navy.

Scholarships are also available through this program. With a continued strong effort reflected in your academic and aptitude performance, you can remain competitive for a Naval Service Training Command (NSTC) NROTC scholarship starting in your second semester in the NROTC program. In order to be competitive for one of these scholarships, you should have completed at least one semester of college level calculus and be enrolled in a second semester of calculus. All College Program students selected for a scholarship incur an obligation to the Department of the Navy upon acceptance of benefits.

If you are interested in joining The University of Arizona NROTC Unit, please complete the enclosed College Program application. To begin the program in the Fall semester, submit your application by 15 July.

The following is a list of requirements for you to be eligible for the program.

a. You must:
   (1) Be a U.S. citizen
   (2) Be motivated to serve as a commissioned officer in the naval service
   (3) Have no moral obligations or personal convictions that will prevent conscientious bearing of arms, and supporting and defending the Constitution of the United States against all enemies, foreign and domestic
   (4) Be at least 17 years of age on 01 September of the year in which you enroll
   (5) Be less than 27 years of age on 01 December of the calendar year in which you will be commissioned. Applicants with prior active duty service (reserve time is not counted) may request age waivers equal to the number of months served, up to a maximum of 30 years of age on 01 December of the calendar year in which commissioned.
   (6) Be a high school graduate or possess an equivalent certificate
   (7) Have a high school GPA-minimum 2.8 (4.0) / College GPA-minimum 2.5 (4.0)
   (8) Be enrolled as a full-time student at The University of Arizona or Pima Community College with at least three years remaining until you receive a degree
   (9) Have no apparent physically disqualifying factors based on a review of the Report of Medical History (DD Form 2807-1)
   (10) Meet commissioning standards as stated in the Manual of Medical Department, i.e., not color blind, refractive error must not exceed plus/minus 8.0 diopters in each eye, and visual acuity must be correctable to 20/20
   (11) Meet height and weight requirements
(12) To be eligible for scholarships: Navy option must have a minimum SAT score of 530 reading/520 math, minimum ACT score of 22 English/21 math. Marine option must have a minimum SAT combined score of 1000, minimum ACT combined score of 22.

b. Complete and return the following forms by email, fax, or mail (provided in this package) to:

   LT Timothy C. Yuhas
   Admissions Officer
   NROTC Unit
   1042 E. South Campus Drive
   Tucson, AZ 85721-0032
   Email: yuhas@email.arizona.edu
   Fax: (520) 626-9254

   (1) NROTC College Program Application (1533/133).
   (2) Report of Medical History (DD Form 2807-1) (must be completed and signed by a physician)
   (3) Report of Medical Examination (must be completed and signed by a physician)

In addition to the enclosed forms, you must submit the following:
   (1) Official high school transcripts and any college transcripts (to be mailed to the address listed above).
   (2) A copy of your SAT/ACT scores.
   (3) A copy of your letter of acceptance from The University of Arizona or Pima Community College.
   (4) A full Body-length photo of yourself.
   (5) A CERTIFIED copy of your birth certificate or naturalization papers. In most cases official copies of these documents may be ordered from the originating city or county recording clerk's office for a small fee.
   (6) If you applied for an NROTC scholarship and were not selected, include a copy of the letter from the Naval Service Training Command (NSTC) that informed you of the possibility of the College Program.

c. An interview with the Unit’s Admissions Board will also be required during the application process.

Students selected for the College Program will receive information concerning the NROTC Unit, uniform issue, and a lab schedule.

If not selected for the College Program, you can re-apply for the College Program at another date. Again, the application deadline is:

* Fall Semester – 15 July

Please remember—it is your responsibility to ensure all forms are filled out properly and all required documents are included in your package. Improperly filled out forms or missing documents will cause delays in the processing of your application. If you have any questions concerning any part of the NROTC program, feel free to contact the NROTC Admissions Officer at (520) 626-5775, or e-mail at yuhas@email.arizona.edu. Good luck!

J. G. SMITH
Col, USMC
NAVAL RESERVE OFFICERS TRAINING CORPS
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 applicants 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, 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.

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>SSN (last 4)</td>
</tr>
<tr>
<td>Date of Birth</td>
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<tr>
<td>Phone Number</td>
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<tr>
<td>Cell Phone Number</td>
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<tr>
<td>Place of Birth</td>
</tr>
<tr>
<td>Current Mailing Address</td>
</tr>
<tr>
<td>Name of Parent/Guardian</td>
</tr>
<tr>
<td>Address of Parent/Guardian</td>
</tr>
</tbody>
</table>

Are you a US Citizen? [ ] Yes [ ] No
If Naturalized, give date, place, court of jurisdiction, and certificate number

<table>
<thead>
<tr>
<th>Military Experience and Training (Past and Present, if any)</th>
</tr>
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<tbody>
<tr>
<td>Service</td>
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<table>
<thead>
<tr>
<th>Training Programs</th>
<th>Position(s) Held</th>
<th>Awards</th>
<th>Grades of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JROTC (Service _____)</td>
<td></td>
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<td>9 10 11 12</td>
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<tr>
<td>Civil Air Patrol</td>
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<td>9 10 11 12</td>
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<tr>
<td>Other (NDCC, etc.)</td>
<td></td>
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<td>9 10 11 12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Extracurricular Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position(s) Held</th>
<th>Hrs/ Wk</th>
<th>Grades of Participation</th>
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</thead>
<tbody>
<tr>
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<td>9 10 11 12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Athletic Activities</th>
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</thead>
<tbody>
<tr>
<td>READ CAREFULLY: Identify only those sports which you participated in during school grades 9-12. Mark the year in which you received a letter and/or you were on varsity. Mark the box if you participated in JV or on a club team during any year. Do not list intramural activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Letter</th>
<th>Varsity</th>
<th>JV/Club</th>
<th>Position(s) Held</th>
<th>Awards/Recognition</th>
</tr>
</thead>
<tbody>
<tr>
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<td>9 10 11 12</td>
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<table>
<thead>
<tr>
<th>Other Activities</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

NSTC 1533/133 (07-11)
### Employment

List in 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.

<table>
<thead>
<tr>
<th>Dates</th>
<th>From</th>
<th>To</th>
<th>Employer Name and Address</th>
<th>Hrs/Wk</th>
<th>Type of Work Performed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Education

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>From</th>
<th>To</th>
<th>School Name and Address</th>
<th>Major</th>
<th>Degree</th>
</tr>
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</tbody>
</table>

### Academics

<table>
<thead>
<tr>
<th>PSAT</th>
<th>Verbal:</th>
<th>Math:</th>
<th>High School Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
<td>Verbal:</td>
<td>Math:</td>
<td>Class Rank:</td>
</tr>
<tr>
<td>ACT</td>
<td>Verbal:</td>
<td>Math:</td>
<td>GPA:</td>
</tr>
</tbody>
</table>

Class Size: GPA Scale: 

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

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 you answer YES, list the date, place of application, program applied for and current status of application.)  
   - Yes  
   - No

2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If you answer YES, list the date, place, service and current status of enlistment.)  
   - Yes  
   - No

3. Have you ever been arrested, detained, indited, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If you answer YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)  
   - Yes  
   - No

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?  
   - Yes  
   - No

5. Have you ever been known by any other name or names other than that used in this application? (If you answer YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)  
   - Yes  
   - No

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?  
   - Yes  
   - No

7. Have you taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)  
   - Yes  
   - No

8. Have you ever been arrested or convicted of trafficking illegal drugs?  
   - Yes  
   - No

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 you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)  
   - Yes  
   - No

I certify that all information given by me is complete and correct to the best of my knowledge.

I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.

Signature: __________________________ Date: ________________

**NROTC COLLEGE PROGRAM OATH**

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

Signature: __________________________ Date: ________________
REPORT OF MEDICAL HISTORY

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 needed data, 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, Executive Services Directorate (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 ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVATE ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).

PRINCIPAL PURPOSE(S): 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): None.

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 a $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 can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) 2. SOCIAL SECURITY NUMBER 3. TODAY'S DATE (YYYY/MM/DD)

4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)

b. HOME TELEPHONE (Include Area Code)

X ALL APPLICABLE BOXES:

6.a. SERVICE   b. COMPONENT   c. PURPOSE OF EXAMINATION

<table>
<thead>
<tr>
<th>Army</th>
<th>Coast Guard</th>
<th>Active Duty</th>
<th>Enlistment</th>
<th>Medical Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navy</td>
<td></td>
<td>Reserve</td>
<td>Commission</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>Marine Corps</td>
<td></td>
<td>National Guard</td>
<td>Retention</td>
<td></td>
</tr>
<tr>
<td>Air Force</td>
<td></td>
<td></td>
<td>Separation</td>
<td>U.S. Service Academy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ROTC Scholarship Program</td>
</tr>
</tbody>
</table>

7.a. POSITION (Title, Grade, Component)

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE: YES NO

10.a. Tuberculosis

| b. Lived with someone who had tuberculosis | ○ | ○ |
| c. Coughed up blood | ○ | ○ |
| d. Asthma or any breathing problems related to exercise, weather, pollen, etc. | ○ | ○ |
| e. Shortness of breath | ○ | ○ |
| f. Bronchitis | ○ | ○ |
| g. Wheezing or problems with wheezing | ○ | ○ |
| h. Been prescribed or used an inhaler | ○ | ○ |
| i. A chronic cough or cough at night | ○ | ○ |
| j. Sinusitis | ○ | ○ |
| k. Hay fever | ○ | ○ |
| l. Chronic or frequent colds | ○ | ○ |

11.a. Severe tooth or gum trouble

| b. Thyroid trouble or goiter | ○ | ○ |
| c. Eye disorder or trouble | ○ | ○ |
| d. Ear, nose, or throat trouble | ○ | ○ |
| e. Loss of vision in either eye | ○ | ○ |
| f. Worn contact lenses or glasses | ○ | ○ |
| g. A hearing loss or wear a hearing aid | ○ | ○ |
| h. Surgery to correct vision (RK, PKR, LASIK, etc.) | ○ | ○ |

12.a. Painful shoulder, elbow or wrist (e.g., pain, dislocation, etc.)

| b. Arthritis, rheumatism, or bursitis | ○ | ○ |
| c. Recurrent back pain or any back problem | ○ | ○ |
| d. Numbness or tingling | ○ | ○ |
| e. Loss of finger or toe | ○ | ○ |

12. (Continued) YES NO

f. Foot trouble (e.g., pain, corns, bunions, etc.) | ○ | ○ |
| g. Impaired use of arms, legs, hands, or feet | ○ | ○ |
| h. Swollen or painful joint(s) | ○ | ○ |
| i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) | ○ | ○ |
| j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint | ○ | ○ |
| k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lift or orthotics, etc. | ○ | ○ |
| l. Bone, joint, or other deformity | ○ | ○ |
| m. Plate(s), screw(s), rod(s) or pins(s) in any bone | ○ | ○ |
| n. Broken bone(s) (cracked or fractured) | ○ | ○ |

13.a. Frequent indigestion or heartburn

| b. Stomach, liver, intestinal trouble, or ulcer | ○ | ○ |
| c. Gall bladder trouble or gallstones | ○ | ○ |
| d. Jaundice or hepatitis (liver disease) | ○ | ○ |
| e. Rupture/hernia | ○ | ○ |
| f. Rectal disease, hemorrhoids or blood from the rectum | ○ | ○ |
| g. Skin diseases (e.g., acne, eczema, psoriasis, etc.) | ○ | ○ |
| h. Frequent or painful urination | ○ | ○ |
| i. High or low blood sugar | ○ | ○ |
| j. Kidney stone or blood in urine | ○ | ○ |
| k. Sugar or protein in urine | ○ | ○ |
| l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) | ○ | ○ |

14.a. Adverse reaction to serum, food, insect stings or medicine

| b. Recent unexpected gain or loss of weight | ○ | ○ |
| c. Currently in good health (If no, explain in Item 29 on Page 2.) | ○ | ○ |
| d. Tumor, growth, cyst, or cancer | ○ | ○ |
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 below.

<table>
<thead>
<tr>
<th>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.a. Dizziness or fainting spells</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Frequent or severe headache</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. A head injury, memory loss or amnesia</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Paralysis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Seizures, convulsions, epilepsy or fits</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>f. Car, train, sea, or air sickness</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>g. A period of unconsciousness or concussion</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>h. Meningitis, encephalitis, or other neurological problems</td>
<td>☐</td>
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<tr>
<td>16.a. Rheumatic fever</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b. Prolonged bleeding (as after an injury or tooth extraction, etc.)</td>
<td>☐</td>
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<tr>
<td>c. Pain or pressure in the chest</td>
<td>☐</td>
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<tr>
<td>d. Palpitation, pounding heart or abnormal heartbeat</td>
<td>☐</td>
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<tr>
<td>e. Heart trouble or murmur</td>
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<td>f. High or low blood pressure</td>
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<tr>
<td>17.a. Nervous trouble of any sort (anxiety or panic attacks)</td>
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<td>☐</td>
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<tr>
<td>b. Habitual stammering or stuttering</td>
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<tr>
<td>c. Loss of memory or amnesia, or neurological symptoms</td>
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<tr>
<td>d. Frequent trouble sleeping</td>
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<tr>
<td>e. Received counseling of any type</td>
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<td>f. Depression or excessive worry</td>
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<td>g. Been evaluated or treated for a mental condition</td>
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<td>h. Attempted suicide</td>
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<tr>
<td>i. Used illegal drugs or abused prescription drugs</td>
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<td>☐</td>
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<tr>
<td>18. FEMALES ONLY. Have you ever had or do you now have:</td>
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<td>☐</td>
</tr>
<tr>
<td>a. Treatment for a gynecological (female) disorder</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. A change of menstrual pattern</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Any abnormal PAP smears</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. First day of last menstrual period (YYYYMMDD)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Date of last PAP smear (YYYYMMDD)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

19. Have you been refused employment or been unable to hold a job or stay in school because of:
   - Sensitivity to chemicals, dust, sunlight, etc. ☐ ☐
   - Inability to perform certain motions ☐ ☐
   - Inability to stand, sit, kneel, lie down, etc. ☐ ☐
   - Other medical reasons (if yes, give reasons.) ☐ ☐

20. Have you ever been treated in an Emergency Room?
   (if yes, for what?) ☐ ☐

21. Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, and name of doctor and complete address of hospital.) ☐ ☐

22. Have you ever had, or have you been advised to have any operations or surgery? (if yes, describe and give age at which occurred.) ☐ ☐

23. Have you ever had any illness or injury other than those already noted? (if yes, specify when, where, and give details.) ☐ ☐

24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (if yes, give complete address of doctor, hospital, clinic, and details.) ☐ ☐

25. Have you ever been rejected for military service for any reason? (if yes, give date and reason for rejection.) ☐ ☐

26. Have you ever been discharged from military service for any reason? (if yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.) ☐ ☐

27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (if yes, specify what kind, granted by whom, and what amount, when, why.) ☐ ☐

28. Have you ever been denied life insurance? ☐ ☐

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

DD FORM 2807-1, OCT 2003
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)

c. SIGNATURE

d. DATE SIGNED (YYYYMMDD)
REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR MEDICAL EXAMINER

The standard for acceptance into the Naval ROTC College Program is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment. Details of the minimum standards for the events in the NROTC Physical Readiness Test are listed on the reverse of this form. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified. The examiner should list any condition(s) which could interfere with full and unrestricted participation. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. History of immunization should be verified to the satisfaction of the medical examiner.

Height: Ft. ___ in. ___  Weight: ___ lbs  Obese: Yes  No  Pulse: ___  Blood Pressure: ___/

Eyes, ears, nose: ________________________________

Vision: Wears glasses: Yes  No  Wears contacts: Yes  No

******* ALL BOXES MUST BE FILLED OUT ************

<table>
<thead>
<tr>
<th>Distant Vision</th>
<th>Refraction</th>
<th>Near Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right 20/</td>
<td>Corr to 20/</td>
<td>SPH CYL AXIS Right 20/</td>
</tr>
<tr>
<td>Left 20/</td>
<td>Corr to 20/</td>
<td>SPH CYL AXIS Left 20/</td>
</tr>
</tbody>
</table>

Hemoglobin ____________ and/or Hematocrit ____________

Urnalysis: Glucose ____________ Albumin ____________ Blood ____________


Orthopedic oriented examination evaluation of conditions that may limit involvement in physical activities - i.e. sports, physical training, etc.):

Body Symmetry: ____________ Cervical Spine Motion: ____________ Upper Body Flexibility: ____________

Lower Body Flexibility: ____________ Knee Stability: ____________ Other: ____________

Remarks: ______________________________________________________________________

______________________________________________________________________________

It is the opinion of the medical examiner that the examinee has ____________ does not have ____________ a communicable (or other) disease, injury, or other condition (as listed on back of this form) that will restrict his/her participation in the NROTC College Program. (List any disqualifying defects above.)

Signature: __________________________________________________________________

Typed or printed name of medical examiner ____________ Date ____________
1. Acceptance is based upon ability to participate in strenuous physical activity and the absence of contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical readiness testing.

2. Special attention should be given to orthopedic and cardiovascular conditions or complaints.

3. Conditions that are considered disqualifying include:
   a. Symptomatic or recurrent orthopedic complaints
   b. Allergies or hypersensitivity to foods, medications, or insect bites/stings
   c. History of asthma, seizures or convulsions, head injuries requiring hospitalization, loss of consciousness
   d. Diabetes requiring dietary restrictions or medication
   e. History of chronic motion sickness, sleep walking, or bed wetting since age 9.
   f. Refractive error exceeding +/-6.00 diopters

4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hemocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.

5. There is no provision for "waiver" of the acceptance criteria for participating in the NROTC college program. Examining physicians may submit appropriate statements for consideration of acceptance when the examiner is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the program. Conditions that will require medication or treatment during the period of training should be considered as not meeting the criteria for qualification.

6. Final authority for acceptance of applicants is the Commanding Officer, NROTC Unit, The University of Arizona.

MINIMUM NAVY OPTION PHYSICAL READINESS STANDARDS

<table>
<thead>
<tr>
<th></th>
<th>17-19 Years</th>
<th>20-24 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Sit-ups (in 2 min.)</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>Push-ups (in 2 min.)</td>
<td>51</td>
<td>24</td>
</tr>
<tr>
<td>1.5 Mile Run</td>
<td>11:00</td>
<td>13:30</td>
</tr>
<tr>
<td>Swim (500 yards)</td>
<td>11:15</td>
<td>13:00</td>
</tr>
</tbody>
</table>

(The swim may be offered as an alternative to the 1.5 mile run.)

MINIMUM MARINE OPTION PHYSICAL FITNESS STANDARDS

<table>
<thead>
<tr>
<th></th>
<th>17-26 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Crunches (in 2 min.)</td>
<td>40</td>
</tr>
<tr>
<td>Pull-ups (Flex Arm Hang for females)</td>
<td>3</td>
</tr>
<tr>
<td>3 Mile Run</td>
<td>28:00</td>
</tr>
</tbody>
</table>