

Appendix H  
Screening Checklist for Lieutenants Attending The Basic School  
(2 Feb 2017)

|                                  |        |
|----------------------------------|--------|
| Rank and Name: (Last, First, MI) | EDIPI: |
|----------------------------------|--------|

|  |  |
|--|--|
| Program (circle):<br>PLC    MECEP    ECP    NROTC    SERVICE ACAD    OCC | District/RS/OSS:<br><br>Unit or NROTC: |
|--|--|

|   |                   |  |
|---|-------------------|--|
| <b>Note: Lieutenants must score a 1<sup>st</sup> Class PFT in their age category, and must be within Body Composition standards in accordance with MCO 6110.3_. If the lieutenant does not meet these requirements, notify MCRC OA no less than 30 days prior to the TBS report date.</b> |                   |  |
| PFT Date: _____   | Crunches: _____   | Lieutenant's Ht/Wt/BF% Date: _____           |
| Pull-ups: _____   | 3 Mile Run: _____ | Ht: _____ Wt: _____ Max Wt: _____ BF%: _____ |
| (or) Push-ups: _____  | PFT Score: _____  | PFT/Ht/Wt/BF Certifying Officer: _____       |

**Instructions: This checklist must be filled out in person with the OSO/MOI/OIC.**

1. Lieutenant: Answer questions 1-25 by placing your initials in the appropriate box and providing a detailed explanation when required.
2. OSO/MOI/OIC: Administer PFT, height, weight, and body fat measurements if required, and certify the lieutenant is qualified to attend TBS.

| Yes | No | N/A | Physical/Medical Questions  |
|-----|----|-----|---|
|     |    |     | 1. What is the date of your last physical? (DD MMM YYYY)  |
|     |    |     | 2. What is the date of your last medical Annual Certification or Preventative Health Assessment (PHA)? (DD MMM YYYY)  |
|     |    |     | 3. Have you completed an Annual Certification or PHA every year since your last physical?   |
|     |    |     | 4. Since your last physical, have you suffered any injuries or illnesses which required medical treatment or therapy? If yes, please explain.                       |
|     |    |     | 5. Do you have any medical conditions, either currently, or in the past, which have not been revealed? If yes, please explain.                                      |
|     |    |     | 6. Are you currently under a doctor's care, or are you currently taking any medication which has been prescribed by a doctor? If yes, please explain.               |
|     |    |     | 7. Have you suffered any injuries which have prevented you from physically preparing for TBS in the past six weeks? If yes, please explain.                         |
|     |    |     | 8. Do you understand you must bring a copy of your complete medical record, including a complete physical, shot records, and medical documentation for all waivers? |
|     |    |     | 9. Have you added any tattoos or brandings since completing your last physical?   |
|     |    |     | 10. If you answered yes to question 9, have the tattoos or brandings been screened by your OSO/MOI/OIC?   |
|     |    |     | 11. Is your spouse pregnant, or do you have any reason to believe your spouse is pregnant? If yes, when is she due?   |

|                                  |        |
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|----------------------------------|--------|

| Yes | No | N/A | Females Only  |
|-----|----|-----|---|
|     |    |     | 12. Have you had a Pap smear with normal results within the last two years? (Note: If not, you must have a current Pap prior to reporting to TBS) |
|     |    |     | 13. Do you have any reason to believe you are currently pregnant?   |

| Yes | No | N/A | Legal Questions  |
|-----|----|-----|--|
|     |    |     | 14. Have you notified your OSO/MOI/OIC of any arrest or conviction, regardless of severity, that you have acquired since commissioning?  |
|     |    |     | 15. Do you have any pending legal action against you (civil or criminal, to include minor infractions)? If yes, please explain.  |
|     |    |     | 16. Are there any other legal issues in which you are involved? (Jury Duty, Subpoena to Testify, etc.) If yes, please explain.   |
|     |    |     | 17. Does anyone in your family have any recent or imminent health care, personal care, employment, or mental concerns which could disrupt your training at TBS? If yes, please explain.  |
|     |    |     | 18. Do you have any significant financial problems?  |
|     |    |     | 19. Do you have a dependent with special needs?  |
|     |    |     | 20. If you are in a relationship with an enlisted member of the Armed Forces of the United States of America, has the OSO/MOI/OIC reviewed the Marine Corps policy on fraternization (paragraph 1100.6 of the Marine Corps Manual) with you? |
|     |    |     | 21. If you are in a relationship with an enlisted member of the Armed Forces, were you married prior to your commissioning?  |

| Yes | No | N/A | Other Questions   |
|-----|----|-----|---|
|     |    |     | 22. Have you consulted the TBS website and reviewed the content for the Basic Officer Course (BOC)? <a href="http://www.trngcmd.marines.mil/Units/Northeast/The-Basic-School/">http://www.trngcmd.marines.mil/Units/Northeast/The-Basic-School/</a> |
|     |    |     | 23. Do you have any circumstances which might prevent you from reporting on time?   |
|     |    |     | 24. Do you understand you will need to have at least three copies of our orders and NAVMC 763?  |
|     |    |     | 25. Do you understand you will need to have an official copy of your undergraduate transcripts?   |

**Certification**

This Screening Checklist was answered to the best of the lieutenant's and interviewing officer's knowledge.

This lieutenant IS / IS NOT (circle) qualified to attend TBS in accordance with MCRCO 1100.2\_.

Lieutenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OSO/MOI/OIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_