

|   |                             |   |   |   |  |
|---|-----------------------------|---|---|---|--|
| <b>U.S. NAVAL SEA CADET CORPS</b><br><b>U.S. NAVY LEAGUE CADET CORPS</b>  |                             | <b>ADULT LEADER APPLICATION</b><br><b>MEMBER INFORMATION</b>  |   |   | <i>FOR OFFICIAL USE ONLY</i>             |
| <b>INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A</b>  |                             |   |   |   |  |
| <b>1. APPLICANT INFORMATION</b>   |                             |   |   |   |  |
| <b>1a. Last Name</b>  |                             | <b>1b. First Name</b>   | <b>1c. Middle Name</b>  | <b>1d. Sex</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>1e. Social Security Number</b>        |
| <b>1f. Home Address (your physical address is required for processing)</b>  |                             |   | <b>1g. City</b>   | <b>1h. State</b>  | <b>1i. Zip Code + 4</b>                  |
| <b>1j. Mailing Address (if different than above)</b>  |                             |   | <b>1k. City</b>   | <b>1l. State</b>  | <b>1m. Zip Code + 4</b>                  |
| <b>1n. Primary Phone</b>  |                             | <b>1o. Alternate Phone</b>  | <b>1p. Date of Birth (DD MMM YY)</b>  |   | <b>1q. State Driver's License Number</b> |
| <b>1r. Citizenship</b><br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident - Registration Number:  |                             |   | <b>1s. Email Address</b>  |   |  |
| <b>2. EMERGENCY CONTACT INFORMATION (will be listed as next of kin and first contact in case of an emergency)</b>   |                             |   |   |   |  |
| <b>2a. Name (Last, First)</b>   |                             |   | <b>2b. Relationship</b><br><input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other:  |   |  |
| <b>2c. Address</b>  |                             | <b>2d. City</b>   |   | <b>2e. State</b>  | <b>2f. Zip Code + 4</b>                  |
| <b>2g. Primary Phone</b>  |                             | <b>2h. Alternate Phone</b>  | <b>2i. E-Mail Address</b>   |   |  |
| <b>3. PHOTO</b>   |                             | <b>4. EDUCATION &amp; EXPERIENCE</b>  |   |   |  |
| <p style="text-align:center;"><i>Current full length 3/4 side view photo in appropriate attire or uniform.</i></p> <div style="background-color: #e0f0ff; height: 200px; width: 100%;"></div>   |                             | <b>4a. Level of Education (Check all that apply)</b><br><input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, No Yrs: <input type="checkbox"/> College Graduate <input type="checkbox"/> Post-Graduate Degree |   |   |  |
|   |                             | <b>4b. Please list any degrees, special licenses, current memberships (community, religious, fraternal, professional, etc.):</b>  |   |   |  |
|   |                             | <b>4c. Please list any experience working with youth in other organizations:</b>  |   |   |  |
| <b>5. EMPLOYMENT INFORMATION (Active duty military may skip this section.)</b>  |                             |   |   |   |  |
| <b>5a. Employer Name</b>  |                             |   | <b>5b. Occupation/Job Title</b>   |   |  |
| <b>5c. No. of Yrs. at Current Job</b>   |                             | <b>5d. Location of Employment (Address, City, State, Zip)</b>   |   |   |  |
| <b>6. MILITARY EXPERIENCE</b>   |                             |   |   |   |  |
| <b>6a. Branch</b><br><input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> USPHS <input type="checkbox"/> NOAA |                             |   | <b>6b. Status</b><br><input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Veteran |   |  |
| <b>6c. Pay Grade</b>  | <b>6d. Years of Service</b> | <b>6e. Current Command (active &amp; reserve only)</b>  |   | <b>6f. Date &amp; Type of Discharge (If Applicable)</b>                         |  |

## MEMBER INFORMATION

### 7. DEMOGRAPHICS

**7a. Ethnicity**

White (Non-Hispanic)    Black (Non-Hispanic)    Hispanic    Asian    Native American/Alaskan Eskimo    Pacific Islander    Other    Decline to State

**7b. Community Profile**

Inner City    Urban    Suburban    Rural    Other    Decline to State

### 8. QUESTIONNAIRE (Use block 8h. if more room is needed for responses.)

**8a. Have you lived at your current address for three or more years?**

Yes    No

If NO, please list your last address:

**8b. Have you ever been arrested for or charged with contributing to the delinquency of a minor, child neglect, child endangerment, or spousal/child abuse?**

Yes    No

If YES, explain:

**8c. Are there any other facts or circumstances involving you that might call into question your being entrusted with the supervision, guidance, and care of minors?**

Yes    No

If YES, explain:

**8d. Do you drink alcoholic beverages?**

No    Socially    Moderate    Heavy

If HEAVY, explain:

**8e. Do you use controlled substances or medicinal marijuana?**

Yes    No

If YES, explain:

**8f. Has your driver's license ever been restricted, suspended or revoked?**

Yes    No

If YES, explain:

**8g. Have you ever been charged with or convicted of a criminal offense?**

Yes    No

If YES, explain:

**8h. Additional comments (list the paragraph from above for reference)**

### 9. BILLET ASSIGNMENT (To be completed by Commanding Officer)

**9a. Recommended Rank (Initial appt. to ENS & above requires waiver)**

LCDR    LT    LTJG    ENS    WO    MIDN    INST    AUX

**9b. Billet Considered For**

**9c. Body Fat %**

%

**9d. Unit Strength**

LCDR:                      LT:                      LTJG:                      ENS:                      WO:                      MIDN:                      INST:                      NSCC:                      NLCC:

**9e. Unit Name**

**9f. Unit Code**

**9g. Unit Drill Location**

**9h. Commanding Officer (Name and Rank)**

**9i. Commanding Officer Signature**

**9j. Date (DD MMM YY)**

|  |  |                              |
|--|--|------------------------------|
| <b>U.S. NAVAL SEA CADET CORPS</b><br><b>U.S. NAVY LEAGUE CADET CORPS</b> | <b>ADULT LEADER APPLICATION</b><br><b>DECLARATIONS</b> | <i>FOR OFFICIAL USE ONLY</i> |
|--|--|------------------------------|

**10. AGREEMENTS**

I consent to the following as being a member of the U.S. Naval Sea Cadet Corps/Navy League Cadet Corps (hereinafter referred to as NSCC/NLCC) and in consideration for my acceptance of membership. I hereby release from any and all claims, demands, actions or causes of action due to death, injury or illness, the government of the United States and all its officers, representatives and agents, acting officially or otherwise, and the local regional and national Navy League of the United States, or other sponsoring organization and the NSCC and its officers and officials; and further I hereby release the Naval Sea Cadet Corps, The Navy League of the United States or other sponsoring organization, and all officers thereof from any and all responsibilities arising from my membership in the NSCC.

I agree to abide by all regulations for the administration of the Naval Sea Cadet Corps, including the purchase of necessary uniforms; to honor my responsibilities regarding the loan, treatment and return of NSCC property, and to abide by all lawful orders and instructions from senior officers. I understand that while participating in NSCC activities, I will be expected to abide by military customs and courtesies and naval traditions.

I agree to serve in any capacity directed and to strive to improve my knowledge of naval subjects and procedures. I will conduct myself in a manner as to set an example of honor, integrity, obedience, and loyalty to the United States of America and the Naval Sea Cadet Corps. Further, I understand that whenever I am acting in an official capacity, engaging in NSCC activities, or wearing the NSCC uniform, my conduct and appearance shall be a credit to the U.S. Navy and the Naval Sea Cadet Corps. If relieved for cause in the NSCC, I agree to waive all rights to file a lawsuit against the NSCC or NLUS.

I understand that as an adult leader I may be entrusted with documents that may contain personal, sensitive and/or proprietary information. I agree to never disclose information from such documents or documents labeled "For Official Use Only" (FOUO) without proper authority. Specifically, I shall never release personal information of a member of the NSCC/NLCC without his/her permission or in the case of cadets the permission of his/her parent/guardian.

I hereby consent to be videotaped and/or photographed and to permit the reproduction and/or publication of same, or of any other videotapes or photographs by any photographic facility of the Department of Defense/Coast Guard or by the Navy League of the United States, its regional organization or local councils, or other sponsoring organization, or by the NSCC or its divisions, or to their use in connection with educational programs or activities of the said organizations, and I further assign to the said organizations all right, title and interest in the above described videotape recordings or photographs for any further use.

I understand that I am not a member of the Naval Sea Cadet Corps until officially appointed by NSCC National Headquarters. I am therefore NOT authorized to participate in any NSCC/NLCC activities or wear the NSCC uniform, until the unit CO notifies me, and I am in receipt of an NSCC ID Card. I understand that I am NOT authorized to enter into any contract for services, facilities or goods for the NSCC unless authorized by NHQ.

**11. CERTIFICATIONS**

I certify that, to the best of my knowledge and belief, I am physically and mentally fit to take part in physical activities and am not suffering from any communicable disease. I further consent to receive treatment from medical facilities of the Department of Defense, Coast Guard, Public Health Service or civilian physicians/medical facilities as may be required in the event of any illness or accident arising while aboard Department of Defense or Coast Guard facilities or vessels or during other authorized NSCC/NLCC activities. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to my care. This consent does not include major surgery unless, in the opinion of two physicians, it is reasonably necessary that such surgery be performed to remove a threat of life or loss of limb or such other serious bodily injury. In the event that the treating physicians consider that immediate surgery is necessary to save life or where second opinions are similarly impracticable or impossible, the concurring opinions of other physicians may be excused.

I certify that I have received and reviewed both the Nationwide Life Insurance Company Specified Hazard Group Insurance Certificate (Policy 502-95-21736) and the Cincinnati Indemnity Company Liability Policy Certificate (Policy ENP0059849, et. al.) for the United States Naval Sea Cadet Corps.

I certify that the information I have provided is true and complete to the best of my knowledge. I give the Naval Sea Cadet Corps and its authorized agents permission to verify and/or disclose any information given in connection with this application. I acknowledge that any misstatement or omission in the application materials may be cause for dismissal from the Naval Sea Cadet Corps. I hereby authorize any and all persons and agencies to furnish the Naval Sea Cadet Corps any information, including documents in my personnel file and criminal record that may be necessary to verify this application and any other materials submitted. Further, I waive any rights of privacy to the information or documents that I may have under any federal, state, or local law, ordinance or rule. I also understand that an incomplete application packet may delay or prevent my becoming a member of the Naval Sea Cadet Corps. I authorize facsimiles of this authorization to be made and they shall be considered as valid as the original signed by me.

**12. AUTHORIZATIONS**

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency. This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

I fully understand that I must be free of criminal convictions and failure to disclose these convictions or other criminal charges is grounds for my immediate termination from the Naval Sea Cadet Corps.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Naval Sea Cadet Corps.

|                         |                         |                       |
|-------------------------|-------------------------|-----------------------|
| 12a. Member's Full Name | 12b. Member's Signature | 12c. Date (DD MMM YY) |
|-------------------------|-------------------------|-----------------------|

**I certify that the applicant listed in this document acknowledged his/her understanding and agreement with the declarations listed above in my presence.**

|  |                                     |                       |
|--|-------------------------------------|-----------------------|
| 12d. Commanding Officer's Full Name and Rank | 12e. Commanding Officer's Signature | 12f. Date (DD MMM YY) |
|--|-------------------------------------|-----------------------|

**COMPLETE THIS FORM IN TRIPLICATE. ADULT VOLUNTEERS MUST PROVIDE THREE (3) REFERENCES AS PART OF THE APPLICATION PROCESS.**

|  |                             |
|--|-----------------------------|
| <b>1. From</b><br><br>COMMANDING OFFICER | <b>2. To (No Relatives)</b> |
|--|-----------------------------|

|   |                                  |                 |
|---|----------------------------------|-----------------|
| <b>3a. Applicant Name (Type or Print)</b> | <b>3b. Applicant's Signature</b> | <b>3c. Date</b> |
|---|----------------------------------|-----------------|

*The above named applicant has volunteered to become an adult leader in the Naval Sea Cadet Corps (NSCC). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.*

*The NSCC is a federally chartered youth program for ages 11-17 that is sponsored by the Navy League of the United States and supported by the Department of the Navy and U.S. Coast Guard. An NSCC adult leader must be of high moral character, intelligent, responsible, and mature.*

*Your statements will not be shared with the applicant at any time. Also, you will not be considered personally or legally responsible should the applicant not be accepted, so please be as frank in your opinions as possible.*

*Your answering of this request is very important, so please complete and return it as soon as possible. For your convenience a postage paid envelope has been enclosed. Your cooperation is appreciated.*

**4. QUESTIONNAIRE**

|   |   |
|---|---|
| <b>4a. How long have you known the applicant?</b> | <b>4b. What is your relationship to the applicant? (No Relatives)</b> |
|---|---|

**4c. Do you consider the applicant to be a responsible and reliable person?**  
 YES  NO, if NO please explain:

**4d. To the best of your knowledge, has the applicant ever been convicted of a criminal act or had his/her driver's license revoked?**  
 YES  NO, if YES please explain:

**4e. Have you ever observed the applicant working with children?**  
 YES  NO, if YES, in what capacity:

**4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth?**  
 YES  NO, if NO please explain:

**4g. Do you recommend this applicant to be accepted as an adult leader?**  
 YES  NO

**5. ENDORSEMENT**  
**By signing you certify that to the best of your knowledge all of the information provided on this form is truthful and accurate.**

|                                      |                      |                 |
|--------------------------------------|----------------------|-----------------|
| <b>5a. Full Name (Print or Type)</b> | <b>5b. Signature</b> | <b>5c. Date</b> |
|--------------------------------------|----------------------|-----------------|

|   |   |                       |
|---|---|-----------------------|
| <b>U.S. NAVAL SEA CADET CORPS</b><br><b>U.S. NAVY LEAGUE CADET CORPS</b>  | <b>ADULT LEADER APPLICATION</b><br><b>REQUEST FOR REFERENCE</b>       | FOR OFFICIAL USE ONLY |
| <b>COMPLETE THIS FORM IN TRIPLICATE. ADULT VOLUNTEERS MUST PROVIDE THREE (3) REFERENCES AS PART OF THE APPLICATION PROCESS.</b>   |   |                       |
| <b>1. From</b><br><br>COMMANDING OFFICER  | <b>2. To (No Relatives)</b>   |                       |
| <b>3a. Applicant Name (Type or Print)</b>   | <b>3b. Applicant's Signature</b>                                      | <b>3c. Date</b>       |
| <p><i>The above named applicant has volunteered to become an adult leader in the Naval Sea Cadet Corps (NSCC). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.</i></p> <p><i>The NSCC is a federally chartered youth program for ages 11-17 that is sponsored by the Navy League of the United States and supported by the Department of the Navy and U.S. Coast Guard. An NSCC adult leader must be of high moral character, intelligent, responsible, and mature.</i></p> <p><i>Your statements will not be shared with the applicant at any time. Also, you will not be considered personally or legally responsible should the applicant not be accepted, so please be as frank in your opinions as possible.</i></p> <p><i>Your answering of this request is very important, so please complete and return it as soon as possible. For your convenience a postage paid envelope has been enclosed. Your cooperation is appreciated.</i></p> |   |                       |
| <b>4. QUESTIONNAIRE</b>   |   |                       |
| <b>4a. How long have you known the applicant?</b>   | <b>4b. What is your relationship to the applicant? (No Relatives)</b> |                       |
| <b>4c. Do you consider the applicant to be a responsible and reliable person?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain:  |   |                       |
| <b>4d. To the best of your knowledge, has the applicant ever been convicted of a criminal act or had his/her driver's license revoked?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if YES please explain:  |   |                       |
| <b>4e. Have you ever observed the applicant working with children?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if YES, in what capacity:   |   |                       |
| <b>4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain:   |   |                       |
| <b>4g. Do you recommend this applicant to be accepted as an adult leader?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                       |
| <b>5. ENDORSEMENT</b><br><b>By signing you certify that to the best of your knowledge all of the information provided on this form is truthful and accurate.</b>  |   |                       |
| <b>5a. Full Name (Print or Type)</b>  | <b>5b. Signature</b>  | <b>5c. Date</b>       |

|   |   |                       |
|---|---|-----------------------|
| <b>U.S. NAVAL SEA CADET CORPS</b><br><b>U.S. NAVY LEAGUE CADET CORPS</b>  | <b>ADULT LEADER APPLICATION</b><br><b>REQUEST FOR REFERENCE</b>       | FOR OFFICIAL USE ONLY |
| <b>COMPLETE THIS FORM IN TRIPLICATE. ADULT VOLUNTEERS MUST PROVIDE THREE (3) REFERENCES AS PART OF THE APPLICATION PROCESS.</b>   |   |                       |
| <b>1. From</b><br><br>COMMANDING OFFICER  | <b>2. To (No Relatives)</b>   |                       |
| <b>3a. Applicant Name (Type or Print)</b>   | <b>3b. Applicant's Signature</b>                                      | <b>3c. Date</b>       |
| <p><i>The above named applicant has volunteered to become an adult leader in the Naval Sea Cadet Corps (NSCC). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.</i></p> <p><i>The NSCC is a federally chartered youth program for ages 11-17 that is sponsored by the Navy League of the United States and supported by the Department of the Navy and U.S. Coast Guard. An NSCC adult leader must be of high moral character, intelligent, responsible, and mature.</i></p> <p><i>Your statements will not be shared with the applicant at any time. Also, you will not be considered personally or legally responsible should the applicant not be accepted, so please be as frank in your opinions as possible.</i></p> <p><i>Your answering of this request is very important, so please complete and return it as soon as possible. For your convenience a postage paid envelope has been enclosed. Your cooperation is appreciated.</i></p> |   |                       |
| <b>4. QUESTIONNAIRE</b>   |   |                       |
| <b>4a. How long have you known the applicant?</b>   | <b>4b. What is your relationship to the applicant? (No Relatives)</b> |                       |
| <b>4c. Do you consider the applicant to be a responsible and reliable person?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain:  |   |                       |
| <b>4d. To the best of your knowledge, has the applicant ever been convicted of a criminal act or had his/her driver's license revoked?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if YES please explain:  |   |                       |
| <b>4e. Have you ever observed the applicant working with children?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if YES, in what capacity:   |   |                       |
| <b>4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain:   |   |                       |
| <b>4g. Do you recommend this applicant to be accepted as an adult leader?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                       |
| <b>5. ENDORSEMENT</b><br><b>By signing you certify that to the best of your knowledge all of the information provided on this form is truthful and accurate.</b>  |   |                       |
| <b>5a. Full Name (Print or Type)</b>  | <b>5b. Signature</b>  | <b>5c. Date</b>       |

|   |   |   |
|---|---|---|
| <b>U.S. NAVAL SEA CADET CORPS</b><br><b>U.S. NAVY LEAGUE CADET CORPS</b>  | <b>ADULT LEADER APPLICATION</b><br><b>REPORT OF MEDICAL HISTORY</b> | FOR OFFICIAL USE ONLY   |
| <b>NOTICE</b>   |   |   |
| <p>Upon enrollment, the information requested below is required to provide an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the NSCC/NLCC training program. Also this information will be provided to medical examiners, in case of injury or illness, while participating in NSCC/NLCC activities. <b><u>If taking medications at time of enrollment, list in Block 6.</u></b></p> <p><b>THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE.</b> You are encouraged to consult your private medical provider regarding past illnesses. Proof of immunization for polio, measles, mumps, rubella hepatitis B, pertussis and tetanus plus diphtheria and Menactra vaccine for Meningitis must be attached.</p> <p>After enrollment, use this form to screen officers/midshipmen/instructors/auxiliarists for continued medical fitness before sending on escort duty or other training evolutions. Commanding Officers (CO) and Commanding Officers of Training Contingents (COTC) retain the obligation to deny acceptance for enrollment or training to any adult if, upon review of this form, it is determined that the adult is not physically/medically qualified for participation.</p> |   |   |
| <b>1. PERSONAL INFORMATION</b>  |   |   |
| <b>1a.</b> Last Name  | <b>1b.</b> First Name   | <b>1c.</b> Middle Name  |
| <b>1d.</b> Social Security Number   |   |   |
| <b>1e.</b> Age  | <b>1f.</b> Date of Birth (DD MMM YY)                                | <b>1g.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>1h.</b> Next of Kin Name and Relationship  |   |   |
| <b>2. MEDICAL PROVIDER/INSURANCE INFORMATION</b>  |   |   |
| <b>2a.</b> Medical Insurance Provider Name  |   | <b>2b.</b> Medical Insurance Policy Number                                      |
| <b>2c.</b> Medical Insurance Provider Address   |   | <b>2d.</b> Medical Insurance Provider Phone                                     |
| <b>2e.</b> Medical Provider Name  |   | <b>2f.</b> Medical Provider Phone Number  |
| <b>3. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked YES must be fully explained in the space provided)</b>  |   |   |
| <b>HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:</b>  | <b>YES</b>  | <b>NO</b>   |
| <b>3a.</b> Tuberculosis or live with someone with tuberculosis  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3b.</b> Chronic or recurrent abdominal or stomach pain   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3c.</b> Asthma or breathing problems related to exercise, pollen, etc.   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3d.</b> Been prescribed or use an inhaler  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3e.</b> Loss of vision in either eye   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3f.</b> Loss of hearing or wear a hearing aid  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3g.</b> Impaired use of arms, legs, hands, feet  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3h.</b> Knee problems  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3i.</b> Broken bones(s) (cracked or fractured)   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3j.</b> Diabetes   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3k.</b> Anemia (including sickle cell)   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3l.</b> Dizziness or fainting spells (including after exercise)  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3m.</b> Frequent or severe headaches   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3n.</b> Head injury or concussion  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3o.</b> Seizures, convulsions, epilepsy, or fits   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3p.</b> Car, train, sea, and/or air sickness   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3q.</b> A period of unconsciousness  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3r.</b> Heart trouble or murmur  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3s.</b> Received counseling for emotional or behavior disorder   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3t.</b> Eating disorder (bulimia, anorexia)  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3u.</b> Sleepwalking   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3v.</b> Bedwetting   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3w.</b> Been hospitalized ( <i>if yes, why, when, where</i> )  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3x.</b> Any illness or injury not mentioned above ( <i>if yes, explain</i> )   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3y.</b> Advised to avoid certain physical activities ( <i>if yes, explain</i> )  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>3z. FEMALES ONLY:</b> At what age did you begin menstrual cycle:   |   |   |
| <b>3aa.</b> Describe the condition, time and/or length of occurrence (Include comment if treated, continuing, or life threatening requiring immediate medical attention):   |   |   |
|   |   |   |

## REPORT OF MEDICAL HISTORY

**4. IMMUNIZATION RECORDS** (attach copy of immunization record to this form)

|  |  |  |
|--|--|--|
| <b>4a.</b> Date of last tetanus or booster | <b>4b.</b> Date of Menactra Vaccine for Meningitis | <b>4c.</b> Date of negative PPD or Medical Provider Clearance for TB |
|--|--|--|

**5. ALLERGIES** (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 5i.)

| DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES: | YES                      | NO                       |  | YES                      | NO                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <b>5a.</b> Bee or Wasp Sting                    | <input type="checkbox"/> | <input type="checkbox"/> | <b>5e.</b> Latex   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5b.</b> Hay Fever or seasonal allergies      | <input type="checkbox"/> | <input type="checkbox"/> | <b>5f.</b> Any drug, E-mycin antibiotic or sulfa allergies, list in Block 5i | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5c.</b> Insect Bites                         | <input type="checkbox"/> | <input type="checkbox"/> | <b>5g.</b> Other Allergies, list in Block 5i                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5d.</b> Iodine/seafood                       | <input type="checkbox"/> | <input type="checkbox"/> | <b>5h.</b> Food allergies, list in Block 5i                                  | <input type="checkbox"/> | <input type="checkbox"/> |

**5i.** Describe the allergic reaction and what condition occurs: (Include comment if mild or seasonal, or life threatening requiring immediate medical attention)

**6. REMARKS** (please include any additional comments or any other medical history that you would consider important)

**7. AUTHORIZATION AND RELEASE**

I certify that, to the best of my knowledge, the information provided is true and accurate and I have disclosed all pertinent medical history. Furthermore, I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my participation in Naval Sea Cadet Corps activities.

|  |                      |                             |
|--|----------------------|-----------------------------|
| <b>7a.</b> Member Name (Type or Print) | <b>7b.</b> Signature | <b>7c.</b> Date (DD MMM YY) |
|--|----------------------|-----------------------------|