

# NSW Rating Conversion Package

## Enclosure 1: NAVPERS 1306/7 Enlisted Personnel Action Request

- **MUST** contain OBLISERV statement from MILPERSMAN 1220-300 or MILPERSMAN 1220-400
- Current CO's signature (CANNOT be signed by direction)
- DoD email required for members email and CCC email

## Enclosure 2: NAVPERS 1070/613 Administrative Remarks from "A" School Disenrollment

- **ONLY** required if disenrolled from "A" School for SO, SB, ND, EOD, AIRR, HM-ATF
- **MUST** have recommendation to return to training from the CO of the respective "A" School

## Enclosure 3: Personal Statement

- **MUST** address background and reasons for disenrollment if previously disenrolled from "A" School for SO, SB, ND, EOD, AIRR, HM-ATF, and what actions have been taken to correct the deficiencies
- Address why applicant wants to be an SO or SB
- Limited to one page

## Enclosure 4: Exhibit 1 Report of SO/SB Rating Conversion Screening

- **MUST** be signed by NSWAC
- Valid for 6 months

## Enclosure 5: ASVAB Scores

- Printed from Electronic Training Jacket
- SEAL Ref: OPNAV S&C/075 Dated 27 MAR 2023
- SWCC Ref: OPNAV S&C/039 Dated 22 NOV 2022

## Enclosure 6: NAVPERS 1616/26 Evaluation Report and Counseling Record

- Include previous three years
- Include all reports for service members with less than three years of service
- Include all special or transfer evaluations

## Enclosure 7: Member Data Summary

- Printed from Navy Standard Integrated Personnel System (NSIPS)

## Enclosure 8: Awards

- Printed from Navy Standard Integrated Personnel System (NSIPS)
- Submit copies of awards not listed on Awards Record

## Enclosure 9: Letter(s) of Recommendation

## Enclosure 10: DD 2807-1; Report of Medical History

- Valid for one year

## Enclosure 11: DD 2808; Report of Medical Examination

- **MUST** be signed by a DMO/UMO
- Valid for one year

## Enclosure 12: Hyperbaric Pressure Test Results

- **ONLY** required for SO conversion packages

## NSW Rating Conversion Package

### How to Submit:

1. Conduct thorough review of package
2. Scan package
3. Label package
  - Last, First RATE\_SO package
  - Last, First RATE\_SB package
4. Review scanned package make sure all pages are legible
5. Submit package through DoD SAFE to SEALSWCCECM@navy.mil
6. Send DoD SAFE Decryption Pass Phrase in a separate unencrypted email to SEALSWCCECM@navy.mil

## Example Package

Notes in **RED** are for **your** reference only

Do not add to package

# NAVPERS 1306/7

## ELECTRONIC PERSONNEL ACTION REQUEST NAVPERS 1306/7 (Rev. 01-2023)

CUI (when filled in)

Supporting Directive MILPERSMAN 1306-112

FROM:	DATE (YYYYMMDD):	DoD ID #:
TO:	RATING:	NEC (PRI / SEC):
VIA:	DUTY PHONE:	HOME PHONE:
REF:	MEMBER E-MAIL:	MEMBER ALT E-MAIL:
	CCC E-MAIL:	COMMAND UIC:

REQUESTED ACTION	REASON FOR SUBMISSION (Please be limited to 250 characters):	
	DATE AVAILABLE (YYYYMMDD) (Active Duty): Earliest:      Latest:      EAOS/SEAOS (or EOS/SEOS):	

MILITARY SPOUSE DATA	SPOUSE DoD ID #:		BRANCH OF SERVICE:	
			<input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USCG	
	STATUS: <input type="checkbox"/> ENLISTED <input type="checkbox"/> OFFICER	SPOUSE RANK / GRADE:	CURRENT DUTY STATION:	ROTATION DATE (YYYYMMDD):
	SPOUSE DETAILER / MONITOR		NAME:      PHONE NO.:	

FAMILY MEMBER DATA	NO. OF IMMEDIATE FAMILY MEMBERS:	LOCATION OF IMMEDIATE FAMILY MEMBER (City, State / Country):
	ENROLLED EFM: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF HOUSE HOLD GOODS (City, State / Country):

MEMBER SIGNATURE	OTHER REQUEST PENDING DATE (YYYYMMDD):	PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations and from E.O. 9391. The principal purpose of this information is to enable you to make your desires for the various types of duty listed, or some other special assignment, a consideration. The information will be used to assist officials and employees of the Department of the Navy in determining your future assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide information may result in delay in response to or disapproval of your request.	
		MEMBER NAME:	MEMBER SIGNATURE:

INDIVIDUAL'S OFFICIAL DATA	EVAL / FIT REP PERIOD (YYYYMMDD - YYYYMMDD)	33	34	35	36	37	38	39	20	PROMOTION REC	RETENTION REC
	<input type="checkbox"/> YES <input type="checkbox"/> NO    HAS CLEAR RECORD (NO NJP) FOR PAST _____ YEARS AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A    MEETS SECURITY CLEARANCE REQUIREMENTS										

CUI (when filled in)

## Enclosure 1

# NAVPERS 1306/7

<b>ELECTRONIC PERSONNEL ACTION REQUEST</b> <b>NAVPERS 1306/7 (Rev. 01-2023)</b>			
CUI (when filled in)		Supporting Directive MILPERSMAN 1306-112	
<b>COMMAND ENDORSEMENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>RECOMMENDED</b>		<b>COMMAND TEAMING INFO UPDATED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>COMMENTS (Address acceptable gap, relief requirement, waivers, etc.):</b> <div style="height: 40px;"></div>		
	<b>COMMANDING OFFICER NAME:</b>	<b>COMMANDING OFFICER SIGNATURE:</b>	<b>DATE:</b>
<b>SELRES ENDORSEMENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>RECOMMENDED</b>		<b>COMMAND TEAMING INFO UPDATED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>COMMENTS (Address acceptable gap, relief requirement, waivers, etc.):</b> <div style="height: 40px;"></div>		
	<b>COMMANDING OFFICER NAME:</b>	<b>COMMANDING OFFICER SIGNATURE:</b>	<b>DATE:</b>
<b>DETAILER ACTION</b>	<input type="checkbox"/> <b>APPROVED:</b>		
	<input type="checkbox"/> <b>ORDERS WILL BE ISSUED TRANSFER IN _____ TO COMMAND / UIC: _____</b>		
	<input type="checkbox"/> <b>PRO ADJUSTED TO _____ (MEMBER HAS OBLISERV)</b>		
	<input type="checkbox"/> <b>AUTHORIZED TO EXTEND ENLISTMENT _____</b>		
	<input type="checkbox"/> <b>AUTHORIZED TO REENLIST FOR _____ YEAR</b>		
<b>DETAILER ACTION</b>	<input type="checkbox"/> <b>DISAPPROVED (LETTER OF EXPLANATION FORWARDED _____) DATE: _____</b>		
	<input type="checkbox"/> <b>RETURNED WITHOUT ACTION:</b>		
	<input type="checkbox"/> <b>NOT ELIGIBLE FOR DUTY REQUESTED</b>		
	<input type="checkbox"/> <b>REQUEST IN COMPLIANCE WITH _____</b>		
	<input type="checkbox"/> <b>OTHER (SEE ADDITIONAL INFO)</b>		
<b>ADDITIONAL INFORMATION:</b> <div style="height: 100px;"></div>			
<b>DATE:</b>	<b>NAME:</b>	<b>SIGNATURE (By Direction):</b>	<b>CODE:</b>

CUI (when filled in)

**Enclosure 1**

**NAVPERS 1070/613**  
**Must be approved to return to training**

**ADMINISTRATIVE REMARKS**

NAVPERS 1070/613



SHIP OR STATION: STU NSW BASIC SEAL/SWCC TRNG

SUBJECT: ENROLLMENT FROM BUDS/SWCC PIPELINE

PERMANENT: Yes

AUTHORITY: MILPERSMAN 1306-604

date Member voluntarily dropped from BUDS training class Number on date. Based on the decision of the Suitability Review Board, member may reapply for further BUD/s or SWCC training after a minimum of TWO (2) years, however acceptance back into the training will be based on the needs of the community and members length of service at the time of submission.

Completed 19 weeks of "under construction" training.

Additional OPL required for completed training is required.

Witnessed:

NAME (LAST, FIRST MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

USN

NAVPERS 1070/613

Official NSIPS/ESR form printed 04/17/2023

Page 1 of 1

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.

**Enclosure 2**



# Personal Statement Limited to 1 page

From: BM2 . Last, First, Boatswains Mate, USN

To: FY 2022, 3<sup>rd</sup> QTR, NSW/ SEAL selection review panel  
Subj: Personal Statement

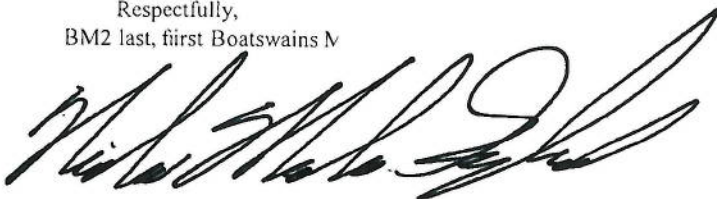
I dropped on request from BUD/s class during a hard evolution. After dropping out, I was interviewed. When I was interviewed, I copy and pasted this with out reading decided to drop, I admitted that I was not physically strong. I copy and pasted this with out reading enough nor matul copied and pasted with out reading successful SEALs. Looking back now I realize my choice to quit was based on emotion in a moment of weakness. I copy and pasted this with out reading I hl copied and pasted with out reading until my last moments with BUD/s Class. In my time of reflection, I realize that with maturity and more mental resilience, I could've prevented myself from ringing the bell. After ringing out, I vowed to myself that I would return.

After leaving the class, I was re-rated to the needs of the Navy. I was given the rate of Boatswains Mate and assigned to a ship A type-I A ship. Upon arriving I discovered the ship was in a period of refitting in the shipyards and preparing for deployment. For most departments, the shipyards proved to be a less arduous time. For Deck Department, it meant long hours. I copy and pasted this with out reading dedicated to the restoration and preservation of a ship that was ready, I was determined to I copied and pasted with out reading. I quickly began earning my basic Deck, Damage Control, ECC tiers 1 and 2 stretcher bearer and Medical Training Team Member. The department that assisted me in my owl copied and pasted with out reading numerous I copy and pasted this with out reading Medical Training Team, Medical copied and pasted with out reading sport Drills. The motivation behind achieving these qualifications was not just to possess these qualifications but because I wanted to accept a larger array of responsibilities and believed with this knowledge I would become a better Sailor, leader and operator in the future.

Aside from becoming a better asset to my team and command, I built myself up in other ways by making a list of things I copy and pasted this with out reading needed to work. It not only made me a better candidate for selection, but a better man, Sailor, teammate and leader. I built myself up physically. Instead of just doing calisthenics, because I copied and pasted with out reading mental I began to seriously study and I copy and pasted this with out reading follow Stoic Philosophy. I well as I copied and pasted with out reading gain a strong, resilient mind. I copied and pasted with out reading I began studying Military History and Leadership from books like the US Army Special Forces Small Unit Tactics Handbook, Spec Ops and Studied Small Unit Tactics.

While being aboard I have learned many lessons of copied and pasted with out readingness and leadership. I have grown exponentially in maturity and my confidence as I copied and pasted with out reading mental fortitude. I believe the skill copied and pasted with out reading young leader and I copy and pasted this with out reading a Boatswains Mate copied and pasted with out reading NSW community. I now not only possess the physical strength, but the mental fortitude needed to successful copied and pasted with out reading pipeline and I copy and pasted this with out reading become a valuable teammate and asset to NSW. I am obsessed with success and will not stop until I have completed copied and pasted with out reading. I know and hl copied and pasted with out reading why. I am driven by the nature I copy and pasted this with out reading of the job, the brotherhood and the challenge that only NSW can provide and hope for the opportunity to do the same for Naval Special Warfare. Thank you for your time and consideration.

Respectfully,  
BM2 last, first Boatswains M



Enclosure 3

# Exhibit 1 NSWAC Conversion Screening

## Will receive from NSWAC

1440  
01JUN2023

From: Commander, Naval Special Warfare Assessment Command  
To: Chief of Naval Personnel (BUPERS-324)  
Subj: **REQUEST FOR CONVERSION TO THE SPECIAL WARFARE OPERATOR RATING**

Ref: ( ) NAVPERS 15560D, Navy Military Personnel Manual  
(MILPERSMAN)

NAME currently attached to (SHIP) was screened for application  
for assignment to Sea-Air-Land (SEAL) training following the  
procedures specified in reference (a), MILPERSMAN 1220-300

2. The member completed the screening as indicated below:

a. Interview conducted by:

(1) Does the applicant totally understand the mission and  
scope of the program? ( ) Yes ( ) No

Comments:

(2) Does the applicant fully understand the training  
regimen during initial training and what will be expected of him or  
her? ( ) Yes (x) No

Comments:

(3) Does the applicant fully understand the historical  
chances of success in the desired training as well as OBLISERV  
requirement per MILPERSMAN if unsuccessful? ( ) Yes (x) No Comments:

(4) Is the applicant's motivation for entry into the  
rating a sincere desire for personal growth and achievement, and not  
solely for the money or as a method to escape their present  
circumstances, etc.? ( ) Yes (x) No

Comments:

(5) Does the applicant have the ability to adapt to the  
requirements of the desired community? (X) Yes ( ) No

Comments:

(6) Is the applicant mentally prepared for the arduous

Enclosure 4



## Exhibit 1 NSWAC Conversion Screening

training? (X) Yes ( ) No

Comments:

(7) Does the applicant have any financial, marital or other hardships that would impede his or her ability to concentrate on and complete the training? ( ) Yes (X) No

Comments: During assessment, SVM indicated there are no financial, marital or other hardships that would impede ability to concentrate or complete training.

G. Physical screening test (PST) conducted by:

- (1) Swim Time: 8 min 43 sec
- (2) Run Time: 09 min 15 sec
- (3) Sit-ups: 84, Push-ups: 101, Pull-ups: 24

C. Pressure test HMA

d. A secret clearance investigation has been initiated or successfully completed: (X) Yes ( ) No

Comments:

3. Based on this screening, Service member (X) is ( ) is not qualified to apply for special warfare operator (SO) training.

Comments:

4. Based on subjective assessments, Service member (X) is ( ) is not recommended for SO training.

Comments:

5. The applicant is responsible for including this document as enclosure (4) when applying for SO training.

Copy to:

Service Member's present command

NSW Assessment Command Det. East

**MUST BE SIGNED BY NSWAC**

**Enclosure 4**

# ASVAB Scores

## Electronic Training Jacket

For Official Use Only - Contains Privacy Act Data

### ASVAB/BTB Scores

Name:

Armed Forces Qual Test: Nuclear Field Qual Test:

Radio Code Aptitude: N/A

Sonar Pitch Memory: N/A Defense Language

Electronics Tech: N/A

Aptitude:  
N/A

CI ADM:

CI E:

CI COM: N/A

CI MCN: N/A

Classification/ASVAB Test

Classification/ASVAB Test

ID:

te:

06E

#### BTB

#### ASVAB Series 1-28

#### ASVAB Series 1-28 Before 2 Jan 2002

#### ASVAB Series 1-28 After 1 Jan 2002

Gen Class Test: --

General Info: --

GS: --

GS:

Arithmetic: --

Numerical Ops: --

AR: --

AR:

Mechanical: --

Attn To Detail: --

WK: --

WK:

Clerical Apt: --

Word Knowledge: --

PC: --

PC:

Shop: --

Arith Reasoning: --

NO: --

AO:

Space Perception: --

CS: --

CS:

Math Knowledge: --

AS: --

AS:

Electronics Info: --

MK: --

MC:

Mechanical Comp: --

MC: --

MC:

General Science: --

EI: --

EI:

Shop Info: --

VE: --

VE:

Auto Info: --

# EVALUATION REPORT **Evals Last Three Years**

Save Form Clear Form

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)		2. Rate		3. Desig		4. SSN	
5. ACT <input type="checkbox"/> FTS <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC		7. Ship/Station		8. Promotion Status <input type="checkbox"/>	
9. Date Reported		10. Periodic <input type="checkbox"/>		11. Detachment of Individual <input type="checkbox"/>		12. Promotion / Frocking <input type="checkbox"/>	
13. Special <input type="checkbox"/>		14. From:		15. To:		16. Not Observed Report <input type="checkbox"/>	
17. Regular <input type="checkbox"/>		18. Concurrent <input type="checkbox"/>		20. Physical Readiness		21. Billet Subcategory (if any) <input type="checkbox"/>	
22. Reporting Senior (Last, FI MI)		23. Grade		24. Desig		25. Title	
26. UIC		27. SSN		28. Command employment and achievements		29. Primary/Col/Watchstander duties. (Enter primary duty abbreviation in box.)	
30. Date Counseled		31. Counselor		32. Signature of Individual Counseled		For Mid-term Counseling Use. (When completed, enter 30 and 31 from counseling worksheet.)	
PERFORMANCE TRAITS: 1.0 - Below standards / does not meet all 3.0 standards; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets all 3.0 standards and more specific standards for 5.0. Standards are not all inclusive.							
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Below Standards	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards		
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application.	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	- Long working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement requirements on time.	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.				
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. QUALITY OF WORK: Standard of work; value of end product.	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	- Needs supervision. - Produces quality work. - Uses resources efficiently.	- Needs no supervision. - Always produces exceptional work. - No rework required. - Maximizes resources.				
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community.	- Actions counter to Navy's retention/recruitment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. - Fails to value differences from cultural diversity.	- Positive leadership supports Navy's increased retention goals; Active in decreasing attrition. - Actions adequately encourage/support subordinates' personal/professional growth. - Demonstrates appreciation for contributions Navy personnel. Positive influence on Command climate. - Values differences as strengths. - Fosters atmosphere of acceptance/inclusion per EO/EO policy.	- Measurably contributes to Navy's increased retention and reduced attrition objectives. - Proactive leader/exemplary mentor. - Involved in subordinates' personal development leading to professional growth/sustained commitment. - Initiates support program for military, civilian, and family members. - Command and Organizational climate. - The model of development. - Develops cohesion by valuing differences as strengths.				
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values.	- Consistently unsatisfactory appearance. - Poor self-control; conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	- Excellent personal appearance. - Excellent conduct, conscientiously complies with regulations. - Complies with physical readiness program. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- Exemplary personal appearance. - Model of conduct, on and off duty. - A leader in physical readiness. - Exemplary Navy Core Values: HONOR, COURAGE, COMMITMENT.				
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work.	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	- Productive and motivated. - Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable; willingly accepts responsibility.	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes wisely and with exceptional foresight. - Seeks extra responsibility and takes on the hardest jobs.				
NOB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



# EVALUATION REPORT **Evals Last Three Years**

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)		2. Rate		3. Desig		4. SSN	
---------------------------------	--	---------	--	----------	--	--------	--

PERFORMANCE TRAITS	1.0% Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
<b>38. TEAMWORK:</b> Contributions to team building and team results. NOB <input type="checkbox"/>	Creates conflict, unwilling to work with others, puts self above team. Fails to understand team goals or teamwork techniques. Does not take direction well. <input type="checkbox"/>	<input type="checkbox"/>	Reinforces others' efforts, meets commitments to team. Understands goals, employs good teamwork techniques. Accepts and offers team direction. <input type="checkbox"/>	<input type="checkbox"/>	Team builder, inspires cooperation and progress. Focuses goals and techniques for teams. The best at accepting and offering team direction. <input type="checkbox"/>
<b>39. LEADERSHIP:</b> Organizing, motivating and developing others to accomplish goals. NOB <input type="checkbox"/>	Neglects growth/development or welfare of subordinates. Fails to organize, creates problems for subordinates. Does not achieve goals relevant to command mission. Inability to cope with or manage stress. Inadequate communication. Takes hazards or unsafe practices. <input type="checkbox"/>	<input type="checkbox"/>	Effectively stimulates growth/development in subordinates. Organizes successfully, implementing process improvements and efficiencies. Sets/achieves useful, realistic goals that support command mission. Performs well in stressful situations. Clear, timely communicator. Ensures safety of personnel and equipment. <input type="checkbox"/>	<input type="checkbox"/>	Inspiring motivator and trainer, subordinates reach highest level of growth and development. Superb organizer, great foresight, develops process improvements and efficiencies. Leadership achievements dramatically further command mission and vision. Perseveres through the toughest challenges and inspires others. Exceptional communicator. Makes subordinates safety-conscious, maintains top safety record. Constantly improves the personal and professional lives of others. <input type="checkbox"/>

40. Individual Trait Average. Total of trait scores divided by number of graded traits.

41. I recommend this individual for (maximum of two): Assignment in Rating, Special Programs, Shore Special Programs, Commissioning Programs, Special Fare Programs, Rating in Duty, Other. (Be specific.)

42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks of 1.0 and 5.0.

Date:

43. COMMENTS ON PERFORMANCE: 1.0, three 2.0 marks, and 2.0 marks in Block 37 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 pitch (10 to 12 only). Use and case.

Font 10

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention
45. INDIVIDUAL							Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/>
46. SUMMARY	<input checked="" type="checkbox"/>						48. Reporting Senior

49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support marks of 1.0 and 5.0.

Date:

50. Signature of Reporting Senior

Date:

51. Signature of individual evaluated. "I have seen this report, been apprised of my performance, and understand my right to make a statement." I intend to submit a statement ☐ do not intend to submit a statement ☐

Date:

52. Typed name, grade, command, UTC, and signature of Regular Reporting Senior on Concurrent Report

Date:

# Member Data Summary

## MEMBER DATA SUMMARY



### MEMBER INFORMATION

Br/Cls	:	Rank/Rate	:
PEBD	:	ADSD	:
ACBD	:	SSED	:
Pay Grade	:	Special Prog. Ind	:
Off/Enl	:	Designator	:
PNEC	:	Primary AQD	:
SNEC	:	Enlisted Designator	:

### SECURITY

Eligibility	:	Investigation Date	:
Investigation Type	:	Clearance Date	:
Security Clearance	:	Agency	:

### CURRENT ASSIGNMENT

UIC	:
Report Date	:
PRD	:
Sea Shore Code	:
Homeport	:
ACC	:
SDCD/SHDCD	:
BSC	:

### PERSONAL INFORMATION

### DEPENDENTS INFORMATION

Sex	:	No. of Dependents	:
DOB	:	Primary	:
Marital Status	:	Secondary	:
Citizenship	:	Res. In Hsehold	:
Race	:		:
Ethnic Group	:		:
Religion	:		:
HOR - City	:		:
HOR - State	:		:

Age :

US Zip:

### EDUCATION

Education Certif	:		
Education Years	:		
ASVAB Test ID	:		
AFQT Score	:		
GS/GI:		NO/AR:	MC :
AR/NO:		CS/SP:	EI/GS:
WK/AD:		AS/MK:	VE/SI:
PC/WK:		MK/EI:	DLAB :
			AL :
			SAR:
			RAL:
			ETST:

BRANCH AND CLASS

11

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.  
Official NSIPS/ESR Form printed this date: 07/17/2023

**Enclosure 7**



# Member Data Summary



## MEMBER DATA SUMMARY

### UNIVERSITY DATA

College Name	Degree Attained	Major	Months Attended	Last Yr Attended
			0	2019

### COURSE CODE

### SERVICE SCHOOLS

Duration	Completion Date

SAMPLE

### SERVICE COLLEGE

College Cd Jr/Sr	Brd. Selected Jr/Sr	Yr Jr/Sr	Status Jr/Sr	Program Code

### PERSONNEL QUALIFICATION STANDARD

Station# 1	Title	Completion Date

BRANCH AND CLASS

11

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.  
Official NSIPS/ESR Form printed this date: 07/17/2023

**Enclosure 7**

# Member Data Summary

## MEMBER DATA SUMMARY



### FOREIGN LANGUAGE PROFICIENCY

Foreign Language  
Proficiency Source  
Evaluation Method  
Evaluation Date  
Listening  
Speaking

Reading  
Writing

### CONTRACT INFORMATION

CED  
EAOS  
EREN  
EDLN Reason Cd  
ENCORE CREO Dt

Soft EAOS  
Soft EREN  
EDLN  
FORMAN Appr Dt

### BSC HISTORY

NEC Effective Date Grade Limit Priority  
A 3

Designator

### WARFARE QUALIFICATIONS HISTORY

Effective Date Platform Qual/Revoke

### DESIGNATOR HISTORY

Designator Effective Date

### SUBSPECIALTY HISTORY

Subspecialty

### BSC HISTORY

BSC BSC Date UIC

### AQD HISTORY

AQD Effective Date

### ADDITIONAL DUTY BSC HISTORY

ADDU BSC Report Date Detach Date UIC

### PREVIOUS MILITARY SERVICE

Service Branch  
Service Branch 2  
Service Branch 3  
Service From Date  
Service High Gr/Rank  
Service Months : 0

NAME (Last, First Middle)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

11

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.

Official NSIPS/ESR Form printed this date: 07/17/2023

Enclosure 7

# Member Data Summary

## MEMBER DATA SUMMARY



### PROMOTION HISTORY

Rank/Rate	Grade	Rank Date	Rate Change Authority	TIR Date	Rate Chg Type
-----------	-------	-----------	-----------------------	----------	---------------

D

SPOT Promotion :  
Permanent Grd :  
Promotion Stat FY1 :  
Precedence Grp :  
Precedence No. :  
Cmd Screen Resul :

Promotion Stat FY2 :

DOR-SPOT Promotion :  
Promotion Status :  
Promotion Stat FY3 :  
Precedence Yr Grp :  
Prec. No.- Inactive :

NAME (Last, First Middle)


SOCIAL SECURITY NUMBER

BRANCH AND CLASS

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.  
Official NSIPS/ESR Form printed this date: 07/17/2023

**Enclosure 7**

# Awards Record

AWARDS RECORD				
				
AWARD NAME	AWARD NUMBER	DATE OF AWARD	AUTHORITY	ADV POINTS
	1st	03/24/2020 - 03/24/2020		0.00
	1t	06/08/2020 - 06/08/2020		0.00

**May submit awards not listed**

SAMPLE

NAME (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
		USN

**Enclosure 8**



# Letter of Recommendation

02 NOV 2022

From: CDR NAME USS SHIP  
To: Whom It May Concern  
Subj: Letter of Recommendation ICO BM2

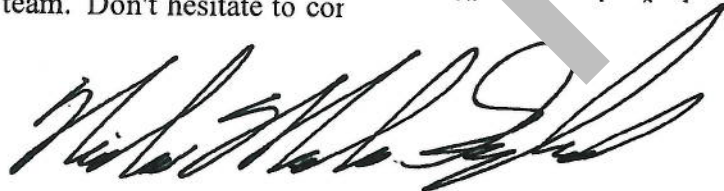
I am writing this letter of recommendation on behalf of BM2 whom I have had the privilege to work with onboard the USS SHIP for the last year. I am confident I copied and pasted with out reading possesses the qualities and attributes necessary to excel in the rigorous and demanding environment of the Navy SEALs. I copied and pasted with out reading His remarkable selflessness and unwavering dedication will not only make him an outstanding SEAL but also a valuable addition to the SEAL family.

During the time I have known him he consistently demonstrated exceptional dedication, physical fitness, and I copied and pasted with out reading met BM2 as a voluntary stretcher bearer onboard the USS SHIP. His role as a stretcher bearer and I copied and pasted with out reading technical expertise, teamwork, and I copied and pasted with out reading the ability to lead and I copied and pasted with out reading. He excelled in all areas. He was and I copied and pasted with out reading during our rigorous inspection cycle. I copied and pasted with out reading to the medical department and his parent department's success but also significantly contributing to the Ship as a whole.

BM2's strong sense of integrity and commitment to duty are evident in his interactions with colleagues and patients. I copied and pasted with out reading. I copied and pasted with out reading to helping others is not only commendable but also a quality that will serve him well as a Navy SEAL.

BM2 is not only capable of meeting the rigorous physical and mental demands of the Navy SEALs but is also someone who will thrive in this environment. His unwavering commitment, strong character, and exemplary performance make him an ideal candidate for the Navy SEAL program.

I highly recommend BM2 for the Navy SEAL program, and I am confident that he will excel and make a significant positive impact on the Navy SEAL team. I copied and pasted with out reading prestigious team. Don't hesitate to contact me for more information or have any questions.



Enclosure 9



## REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

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 this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, Paperwork Project, Washington, DC 20503-2901. 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.

**PRIVACY ACT STATEMENT**  
AUTHORITY: 50 U.S.C. 138, Under Secretary of Defense for Personnel and Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the pre-screening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted.

**ROUTINE USE(S):** The Routine Uses are listed in the applicable system of records notice found at: <http://oia.dod.mil/privacy/50USC138/SSN/SSN-50USC138-0001-270-usinepcom-001>

**DISCLOSURE:** Voluntary; however, failure of an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to help identify the individual and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN is used to ensure the collected information is filed in the proper individual's record.

**WARNING:** The information you have given is for official use only. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement.

1. LAST NAME FIRST NAME MIDDLE NAME (SUFFIX) 2.a SOCIAL SECURITY NO. b. DoD ID NO. (if applicable) 3. TODAY'S DATE (YYYYMMDD)

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)

c. EMAIL ADDRESS

## X ALL APPLICABLE BOXES

## 8.a. SERVICE

☐ Army  
☐ Navy  
☐ Marine Corps  
☐ Air Force

☐ Coast Guard

## b. COMPONENT

☐ Regular  
☐ Reserve  
☐ National Guard

## c. PURPOSE OF EXAMINATION

☐ Retention  
☐ Separation  
☐ Medical Board  
☐ Retirement

☐ Other

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

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-Counter) 9. ALLERGIES (Such as insect bites/stings, foods, medicine, or other substances)

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, PRK, 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

(Continued)

YES NO

f. Foot trouble (e.g. pain, corns, blisters, etc.)

g. Impaired use of arms, legs, hands or feet

h. Swollen or painful joints

i. Knee trouble (e.g. locking, giving out, pain or ligament injury, etc.)

j. Any knee or foot surgery or orthopedic or use of a brace on any body part

k. Any need to use crutches, braces, prosthetic devices, knee brace, back supports, etc., or artificial limbs

l. Bone, joint, or other injury

m. Plate(s), screw(s), rod(s) or pin(s) in any bone

n. Broken bone(s) (cracked, fractured, injured)

13.a. Frequent indigestion or heartburn

b. Stomach, liver, intestinal trouble, or ulcers

c. Gall bladder trouble or gallstones

d. Jaundice or hepatitis (liver disease)

e. Rupture/hemorrhoids

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 herpes, herpes, etc.)

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

b. Recent unintended 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



2807-1

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
---	------------------------	-------------------------------

**Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.**

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
15. a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment, or been unable to hold a job or stay in school because of:		
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy, or fits	<input type="radio"/>	<input type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or confusion	<input type="radio"/>	<input type="radio"/>	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.)	<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>	22. Have you ever had, or have you been advised to have, any operations or surgery? (If yes, describe and give date at which occurred.)	<input type="radio"/>	<input type="radio"/>
16. a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input type="radio"/>
b. Prolonged bleeding (after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	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.)	<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input type="radio"/>
d. Palpitations, pounding heart, or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	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.)	<input type="radio"/>	<input type="radio"/>
e. Heart murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for compensation for any disability or injury? (If yes, specify what disability or injury, by whom, and what amount, when, why.)	<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>
17. a. Nervousness of any sort (anxiety or phobic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date, problem, name of doctor, and/or hospital(s), treatment given and current medical status.)		
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>			
c. Loss of memory or other neurological symptoms	<input type="radio"/>	<input type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>			
e. Received counseling or psychiatric treatment	<input type="radio"/>	<input type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:	<input type="radio"/>	<input type="radio"/>			
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			

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

**2807-1**

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
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			
SAMPLE			
b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)		c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

## Enclosure 10



REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD)		2a. SOCIAL SECURITY NUMBER		2b. DoD ID NUMBER (If applicable)	
<p><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, Regular components: qualifications, term, grade; 10 U.S.C. 507, Extension of enlistment for members needing medical care or hospitalization; 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days; retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days; temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training; Retirement; as amended.</p> <p><b>PRINCIPAL PURPOSE(S):</b> 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.</p> <p><b>ROUTINE USE(S):</b> The Routine Uses are listed in the applicable system of records notice found at: <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/">http://dpold.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</a></p> <p><b>DISCLOSURE:</b> 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.</p>							
3. LAST NAME - FIRST NAME (Suffix)		4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)		5a. HOME TELEPHONE NUMBER (Include Area Code)		5b. E-MAIL ADDRESS	
6. GRADE/RANK	7. DATE OF BIRTH (YYYYMM)	8. AGE	9a. BIRTH SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9b. PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	10a. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	10b. RACIAL CATEGORY (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY		12. AGENCY (Service Members Only)		13. ORGANIZATION UNIT AND UIC/Code			
14a. RATING OR SPECIALTY (Aviation)		14b. TOTAL FLYING TIME		14c. LAST SIX MONTHS			
15a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	15b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	15c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Promotion <input type="checkbox"/> Separation <input type="checkbox"/> Other			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)		
MEDICAL EVALUATION (Check each item in appropriate column. Enter "N" if not evaluated.)				43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)			
17. Head, face, neck and scalp				Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> Class			
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Tympanic Membranes (Perforation)							
23. Eyes - General							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (Check category)							
35a. <input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Planus <input type="checkbox"/> Pes Cavus							
35b. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
35c. <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rigid							
36. Spine, other musculoskeletal							
37. Body marks, scars, tattoos							
38. Skin; lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality disorder)							
41. Pelvic (Females only)							
42. Endocrine							

2808

Prescribed by: DoD 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)										SOCIAL SECURITY NUMBER					DoD ID NUMBER																								
LABORATORY FINDINGS																																							
46. URINALYSIS					a. Albumin					b. Sugar					46. URINE HCG					47. H/H					48. BLOOD TYPE														
TESTS					RESULTS					HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL																								
49. HIV																																							
50. DRUGS																																							
51. ALCOHOL																																							
52. OTHER																																							
a. PAPSMEAR																																							
b. EKG																																							
c. CXR																																							
MEASUREMENTS AND OTHER FINDINGS																																							
53. HEIGHT (in)					54. WEIGHT (lbs.)					55a. MIN WGT					55b. MAX WGT					56c. MAX BF %					56d. BMI					56. TEMPERATURE					57. HEART RATE				
58. BLOOD PRESSURE										59. RED/GREEN										60. OTHER VISION TEST																			
a. 1ST										c. 3RD																													
SYS.										SYS.																													
DIAS.										DIAS.																													
61. DISTANCE VISION										62. REFRACTION										63. NEAR VISION																			
Right Uncorr. 20/					Corr. to 20/					Sph.					Cyl.					Axis:					Right Uncorr. 20/					Corr. to 20/					Add:				
Left Uncorr. 20/					Corr. to 20/					Sph.					Cyl.					Axis:					Left Uncorr. 20/					Corr. to 20/					Add:				
64. METEOPHORIA																																							
ES					EX					R.H.					L.H.					NPR					PD														
65. ACCOMMODATION										66. COLOR VISION (Pass/Fail and Score)										67. DEPTH PERCEPTION (Pass/Fail and Score)																			
Right					Left					PIP					RED/GREEN					AFV					RANDOT/MCST														
68. FIELD OF VISION										69. NIGHT VISION										70. INTRAOCULAR PRESSURE																			
71a. AUDIOMETER Unit Serial Number										71b. Unit Serial Number										72a. READING																			
Date Calibrated (YYYYMMDD)										Date Calibrated (YYYYMMDD)										LOUD TEST: <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT																			
72b. VALSALVA: <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT										72c. OTHER TESTING																													
73. NOTES AND/OR INTERVAL HISTORY																																							

Enclosure 11



Prescribed by: DoDI 1304.2

DD FORM 2808, July 2019

**MUST BE SIGNED BY UMO/DMO**  
**Enclosure 11**

SAMPLE

# Hyperbaric Pressure Test

## Only Required for SO Packages

NAVMED-6150/2 (Rev. 4-70)  
(Formerly NAVMED 1346)  
SN 0106-LF-209-5021

HEALTH RECORD			SPECIAL DUTY MEDICAL ABSTRACT		
<b>SUMMARY OF PHYSICAL EXAMINATIONS FOR SPECIAL DUTY</b>					
DATE	PLACE	PURPOSE	RESULT - RECOMMENDATION (Defects-Waivers)	BUMED ACTION	SIG. OF M. O.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
<b>SUSPENSION FROM SPECIAL DUTY</b>					
DATE (From)	(To)	NO. OF DAYS	REASON FOR SUSPENSION	SIGNATURE OF MEDICAL OFFICER	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>PERIODIC SPECIAL DUTY REQUALIFICATION</b>					
DATE	SIG. OF M. O.	DATE	SIG. OF M. O.	DATE	SIG. OF M. O.
1.		7.		13.	
2.		8.		14.	
3.		9.		15.	
4.		10.		16.	
5.		11.		17.	
6.		12.		18.	
NAME (Last) (First) (Middle)		GRADE/RATE		SERVICE/SOC. SEC. N	ORGANIZATION AGE

Enclosure 12

# Hyperbaric Pressure Test

## Only Required for SO Packages

ALTITUDE TRAINING, AIR COMPRESSION AND OXYGEN TOLERANCE			
DATE	STATION	TYPE OF RUN-REACTION	SIG OF M. O.
2.			
3.			
4.			
5.			
EXPLOSIVE DECOMPRESSION TRAINING			
	STATION	ALTITUDES-REACTION	SIG. OF M. O.
1.			
2.			
SUBMERSIBLE ESCAPE AND DIVING TRAINING			
DATE	STATION	TYPE OF RUN-REACTION	SIG. OF M. O.
1.			
2.			
3.			
4.			
5.			
VISUAL AND DISORIENTATION TRAINING			
DATE	STATION	TYPE OF	SIG. OF M. O.
1.			
2.			
3.			
4.			
CENTRIFUGE AND EJECTION SEAT TRAINING			
DATE	STATION	TYPE OF RUN-REACTIONS	SIG. OF M. O.
1.			
2.			

REMARKS:

S/N 0105-LF-209-5021