**ADVANCED INFANTRYMAN COURSE SCREENING CHECKLIST**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY/UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. INFANTRY SERGEANT, CORPORAL, OR LANCE CORPORAL. IF LANCE CORPORAL, CURRENTLY FILLS SQUAD LEADER BILLET WITH ENDORSEMENT FROM COMMANDING OFFICER. \_\_\_\_\_\_\_\_INT

2. HAVE ONE YEAR OF SERVICE OR REMAINDER OF ONE DEPLOYMENT REMAINING IN SERVICE UPON ENTRANCE INTO THE COURSE. \_\_\_\_\_\_\_\_INT

3. MEETS FITNESS STANDARDS (MCO 6100.12 W/CH 1) AND IS PHYSICALLY CAPABLE OF PARTICIPATING IN A FITNESS SUSTAINMENT PROGRAM. \_\_\_\_\_\_\_\_INT

PFT SCORE/DATE: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_INT

4. FULL DUTY STATUS, MEDICALLY QUALIFIED.

DENTAL OFFICER: \_\_\_\_\_\_\_\_INT MEDICAL OFFICER: \_\_\_\_\_\_\_\_INT

5. MEETS HEIGHT AND WEIGHT STANDARDS (MCO 6100.12 W/CH 1) \_\_\_\_\_\_\_\_INT

 HT:\_\_\_\_\_\_\_\_\_\_\_ WT:\_\_\_\_\_\_\_\_\_\_\_ MAX:\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*COMPLETE BELOW INFORMATION IAW MCO p6100.12 W/CH 1. IF SNM EXCEEDS HT / WT STANDARDS.

 NECK: \_\_\_\_\_\_\_\_ WAIST: \_\_\_\_\_\_\_\_ BODY FAT %:\_\_\_\_\_\_\_\_

6. NO PRE-EXISTING FAMILY PROBLEMS. NO FINANCIAL HARDSHIPS, ADMINISTRATIVE,

 OR LEGAL MATTERS PENDING. \_\_\_\_\_\_\_\_INT

7. POSSESSES APPROPRIATE UNIFORMS AND EQUIPMENT PER THE PROVIDED GEAR LIST FOR THE COURSE.

 \_\_\_\_\_\_\_\_INT

8. SERGEANTS MUST HAVE A to “TD” FITNESS REPORT UPON REPORT DATE / CORPORALS AND BELOW NEED A COPY OF Proficiency AND CONDUCT MARKS.

THIS MARINE DOES / DOES NOT MEET THE REQUIREMENTS LISTED IN THIS CHECKLIST. IF THE

MARINE DOES NOT MEET THE REQUIREMENTS, PLEASE EXPLAIN BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY 1STSGT / SNCOIC COMPANY 1STSGT / SNCOIC PHONE NUMBER

**(PRINT NAME / DATE)** (SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMANDING OFFICER / OIC COMMANDING OFFICER / OIC PHONE NUMBER

**(PRINT NAME / DATE)** (SIGNATURE)