**Combat Hunter Trainer Course Command Screening Checklist**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
SSN:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY/UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
1. E4-02                                       \_\_\_\_\_\_\_\_INT  
  
2. 5/10-DAY COMBAT HUNTER POI    \_\_\_\_\_\_\_\_INT  
  
3. MINIMUM GT OF 100                           \_\_\_\_\_\_\_\_INT  
  
4. HAS ONE YEAR OF OBLIGATED SERVICE REMAINING AFTER COMPLETION OF COURSE (NAVMC 2771).                           \_\_\_\_\_\_\_\_INT  
  
5. MEETS FITNESS STANDARDS (MCO 6100.13 W/CH1) AND PHYSICALLY CAPABLE OF PATROLLING OVER RUGGED TERRAIN.         \_\_\_\_\_\_\_\_INT  
  
   P/U:\_\_\_\_\_  CRUNCHES:\_\_\_\_\_  RUN:\_\_\_\_\_\_  SCORE/DATE:\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  
  
6. FULL DUTY STATUS, MEDICALLY QUALIFIED.  
  
   DENTAL OFFICER:\_\_\_\_\_\_\_\_\_\_INT      MEDICA OFFICER:\_\_\_\_\_\_\_\_\_\_INT       
  
7. MEETS HEIGHT AND WEIGHT STANDARDS (MCO 6110.3 W/CH1) \_\_\_\_\_\_\_\_INT

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

\*COMPLETE BELOW INFORMATION IAW MCO 6110.3 W/CH1.  IF SNM EXCEEDS HT / WT STANDARDS NECK:\_\_\_\_\_\_\_\_ WAIST:\_\_\_\_\_\_\_\_ BODY FAT %:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_  
  
8. NO PRE-EXISTING FAMILY PROBLEMS, FINANCIAL HARDSHIPS, ADMINISTRATIVE, OR LEGAL MATTERS PENDING.        \_\_\_\_\_\_\_\_INT  
  
9. MARINE HAS NO PENDING MEDICAL, DENTAL OR PERSONAL APPOINTMENTS DURING THE COURSE.                               \_\_\_\_\_\_\_\_INT  
  
10. POSSESSES APPROPRIATE UNIFORMS, GEAR AND EQUIPMENT FOR THE COURSE.  
                                                 \_\_\_\_\_\_\_\_INT

THIS MARINE DOES / DOES NOT MEET THE REQUIREMENTS LISTED IN THIS CHECKLIST.  IF THE MARINE DOES NOT MEET THE REQUIREMENTS, PLEASE EXPLAIN BELOW:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_  
COMPANY 1STSGT / SNCOIC     COMPANY 1STSGT / SNCOIC   PHONE NUMBER  
(PRINT NAME / DATE)            (SIGNATURE)        
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_  
COMMANDING OFFICER      COMMANDING OFFICER   PHONE NUMBER  
(PRINT NAME / DATE)               (SIGNATURE)