**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)