



ADVANCED INFANTRYMAN COURSE SCREENING CHECKLIST

NAME: _____ RANK: _____

EDIPI: _____ COMPANY/UNIT: _____

1. MARINE MUST BE AN ACTIVE OR RESERVE MEMBER OF THE MARINE CORPS. _____ INT

2. MARINE MUST BE AN 0311 CORPORAL OR SERGEANT. LANCE CORPORALS MAY ATTEND THE COURSE, BUT MUST ARRIVE WITH A LETTER ENDORSED BY THEIR COMMANDING OFFICER STATING THAT THEY ARE SERVING IN A NONCOMMISSIONED OFFICER BILLET. _____ INT

3. HAS ONE YEAR OF OBLIGATED SERVICE REMAINING AFTER COMPLETION OF COURSE (NAVMC 2771). _____ INT

4. MEETS FITNESS STANDARDS (MCO 6100.13) AND IS PHYSICALLY CAPABLE OF PARTICIPATING IN A RIGOROUS TRAINING ENVIRONMENT. PFT MUST BE ADMINISTERED WITHIN 30 DAYS OF REPORT DATE. _____ INT

P/U: _____ CRUNCHES: _____ RUN: _____ SCORE/DATE: _____ / _____

5. FULL DUTY STATUS, MEDICALLY QUALIFIED, (PRIOR INJURIES SCREENED)

DENTAL OFFICER: _____ INT MEDICAL OFFICER: _____ INT

6. MEETS HEIGHT AND WEIGHT STANDARDS (MCO 6100.3) MEASUREMENTS MUST BE TAKEN WITHIN 30 DAYS OF REPORT DATE.

HT: _____ WT: _____ MAX: _____ DATE: _____ _____ INT

*COMPLETE BELOW INFORMATION IAW (MCO 6100.3) IF SNM EXCEEDS HT/WT STANDARDS.

NECK: _____ WAIST: _____ BODY FAT %: _____ DATE: _____

7. NO PRE-EXISTING FAMILY PROBLEMS, FINANCIAL HARDSHIPS, ADMINISTRATIVE, OR LEGAL MATTERS PENDING. _____ INT

8. TD REPORT OR PRO/CON MARKS COMPLETED. _____ INT

9. POSSESSES APPROPRIATE UNIFORMS AND ISSUED CIF GEAR 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:

**ADVANCED INFANTRYMAN COURSE
SCREENING CHECKLIST**

COMPANY 1STSGT
(PRINT NAME / DATE)

COMPANY 1STSGT
(SIGNATURE)

PHONE NUMBER

COMMANDING OFFICER
(PRINT NAME / DATE)

COMMANDING OFFICER
(SIGNATURE)

PHONE NUMBER