



**BASIC MACHINEGUN COURSE
SCREENING CHECKLIST**

NAME: _____ RANK: _____

EDIPI: _____ COMPANY/UNIT: _____

1. MARINE MUST BE AN ACTIVE OR RESERVE, NON 03XX MEMBER OF THE MARINE CORPS. _____ INT

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

3. MEETS FITNESS STANDARDS (MCO 6100.13) AND IS PHYSICALLY CAPABLE OF PARTICIPATING IN A FITNESS SUSTAINMENT PROGRAM. PFT MUST BE CURRENT WITHIN 30 DAYS OF COURSE CONVENE DATE.

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

4. FULL DUTY STATUS, MEDICALLY QUALIFIED.

DENTAL OFFICER: _____ INT MEDICAL OFFICER: _____ INT

5. MEETS HEIGHT AND WEIGHT STANDARDS (MCO 6100.3) MEASUREMENTS MUST BE CURRENT WITHIN 30 DAYS OF COURSE CONVENE DATE.

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

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

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

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

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

8. POSSESSES APPROPRIATE UNIFORMS AND GEAR FOR THE COURSE. _____ INT

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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
(PRINT NAME / DATE)

COMPANY 1STSGT
(SIGNATURE)

PHONE NUMBER

COMMANDING OFFICER
(PRINT NAME / DATE)

COMMANDING OFFICER
(SIGNATURE)

PHONE NUMBER