



INFANTRY UNIT LEADER COURSE SCREENING CHECKLIST

NAME: _____ RANK: _____

EDIPI: _____ COMPANY/UNIT: _____

1. INFANTRY GUNNERY SERGEANT OR STAFF SERGEANT. IF SNM IS A SERGEANT, MUST BE SELECTED FOR STAFF SERGEANT OR HAVE A LETTER FROM THE COMMANDING OFFICER STATING THAT SNM IS SERVING IN AN 0369 BILLET.

_____ 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 TAKEN WITHIN 30 DAYS OF 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 TAKEN WITHIN 30 DAYS OF 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 COMPLETED.

_____ INT

8. POSSESSES APPROPRIATE UNIFORMS AND 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:

INFANTRY UNIT LEADER COURSE SCREENING CHECKLIST

COMPANY 1STSGT
(PRINT NAME / DATE)

COMPANY 1STSGT
(SIGNATURE)

PHONE NUMBER

COMMANDING OFFICER
(PRINT NAME / DATE)

COMMANDING OFFICER
(SIGNATURE)

PHONE NUMBER