

**INTERMEDIATE COMBAT HUNTER COURSE
ADVANCED INFANTRY TRAINING BATTALION - COMMAND SCREENING CHECKLIST**

EAS: _____

DATE: _____

NAME: _____	GRADE: _____	EDIPI: _____	UNIT: _____
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Prospective Students MUST meet the following CERTIFY (INT)

COMPANY or Equivalent	NO EXISTING FAMILY, LEGAL, HARDSHIPS THAT WILL DETER FROM FULL COURSE PARTICIPATION			
	POSSESSES APPROPRIATE UNIFORMS AND GEAR FOR THE COURSE. (AS PER GEAR LIST)			
			SIGNATURE: _____	
			COMPANY GYSGT/XO RANK / NAME: _____	CERTIFICATION DATE: _____
S1 or Equivalent	NO NJPs IN THE LAST 12 MONTHS		SIGNATURE: _____	
	12 MONTHS REMAINING ON CONTRACT OR DEPLOYING WITHIN ONE YEAR.			
	APPROPRIATE GRADE Pvt-Cpl		ADMIN CHIEF RANK / NAME: _____	CERTIFICATION DATE: _____
MEDICAL:	FULL DUTY STATUS. NO EXISTING MEDICAL PROBLEMS AND HAS CURRENT PHYSICAL WITH IN LAST FIVE YEARS		SIGNATURE: _____	
			MEDICAL OFFICER RANK / NAME: _____	CERTIFICATION DATE: _____
S3 or Equivalent	MEETS FITNESS STANDARDS PER MCO 6100.13 AND ALMAR 032/08. . PHYSICALLY CAPABLE OF PARTICIPATION IN A PROGRESSIVE PHYSICAL READINESS PROGRAM AND PASS AN INVENTORY PFT/CFT (WITH IN 30 DAYS OF CLASS)		LAST PFT/CFT RAN IN MCTIMS: SCORE: PFT: _____ CFT: _____	BODY COMPOSITION PROGRAM HT: _____in WT: _____lbs Waist: _____in Neck: _____in Body Fat % ____
	MEETS HEIGHT/WEIGHT STANDARDS IN ACCORDANCE WITH MCO 6110.3, ALMAR 033/08 AND 034/08		DATE: PFT: _____CFT: _____	
			SIGNATURE: _____	
			OPS CHIEF / OPS OFFICER RANK / NAME: _____	CERTIFICATION DATE: _____

RECOMMENDED SCREENING (These items will ensure smooth and efficient training)

1. IF APPLICABLE SNM IS IN FULL COMPLIANCE WITH II MEF GUIDANCE IN REFERENCE TO MOTORCYCLE SAFETY.
2. CURRENT DOD DECAL ON POV.
3. PROFICIENT IN LAND NAVIGATION.

I HAVE PERSONALLY SCREENED THIS MARINE AND CERTIFY THAT HE MEETS ALL REQUIREMENTS FOR ENROLLMENT AS A STUDENT AT THE INTERMEDIATE COMBAT HUNTER COURSE AS OUTLINED ABOVE

PRINT NAME: _____ (Company 1stSgt)	SIGNATURE: _____	DATE: _____
PRINT NAME: _____ (Company Commander)	SIGNATURE: _____	DATE: _____
PRINT NAME: _____ (Battalion SgtMaj)	SIGNATURE: _____	DATE: _____
PRINT NAME: _____ (Battalion Commander)	SIGNATURE: _____	DATE: _____

All students from outside the greater Camp Lejeune area must report to AITB E OOD (910-376-4840) Bldg TC-846 no later than 2359 on the report date, the day prior to the convene date. All students from the local Camp Lejeune area can report to Bldg TC-1143 no later than 0730 on the morning of the convening date. All students are required to possess their SRB, medical record, dental record, original orders, completed Command Screening Checklist.