

DoDMERB WORKSHEET

This document contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Privacy Act and AFI 33-332.

Applicant Information (ALL FIELDS REQUIRED)

Personal information: SSN# _____ D.O.B. _____ (mm/dd/yyyy) Sex: M ___ F ___

First Name: _____ MI: _____ Last Name: _____

Residency Address: Address: _____ City: _____

State: _____ Zip: _____

Contact Info: Phone#: _____ Email: _____

Have you ever applied for a DoDMERB or Military Entrance Processing (MEPS) Physical? Yes / No

If YES, provide when & where: Month _____ Year _____

Location _____

Reason for physical:(USAFA, Enlisted, Officer Training, Other detachment, Etc..)

I, Cadet _____, understand that completion of this document means that I am being submitted for a DoDMERB physical. This physical is required to compete for an AFROTC Scholarship and may be used for Field Training purposes. All information provided will only be used for Air Force purposes and will not be shared.

I will be required to attend a full medical physical at the location assigned to me by Concorde, Inc. I understand that I must answer all questions fully and truthfully, and provide all documentation requested of me in a timely manner. If I do not attend at the assigned location, I will be financially responsible for the appointment, and will subsequently have to receive another physical at the assigned location.

I understand I will be receiving an email from a Cadet Actions staff member, and must schedule my appointment within 15 business days. If I fail to do so, I will be counseled for failure to meet an Air Force suspense. Additionally, failure to attend a scheduled appointment may result in being disqualified for AFROTC and/or scholarship submission. Furthermore, I understand that if I am found to be DoDMERB disqualified, I will not be allowed to participate in the AF physical training class. I must still attend class for attendance purposes, but will be released to work on my own. In addition, I may be permanently disqualified from the Air Force ROTC program.

Signature: _____ Date: _____