

INSTRUCTIONS

Acceptance criteria for applicants the Naval Sea Cadet Corps/Navy League Cadet Corps (NSCC/NLCC) are listed on the reverse side. The standard for acceptance into the NSCC/NLCC is the ability to **FULLY** participate in training activities. This includes strenuous physical exercise and activities such as orientation in fighting shipboard fires in often hot and humid environments. Defects that are cause for rejection of an applicant for actual enlistment into the naval service should be identified. If the standards for enlistment are not available, the examiner should list any condition(s) that could interfere with full, unrestricted, participation in the NSCC/NLCC. Conditions that will or are likely to require treatment particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed general practitioner must complete this examination.

1. UNIT INFORMATION

1a. Unit Name	1b. Region
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2. PERSONNEL INFORMATION

2a. Last Name	2b. First Name	2c. MI	2d. Social Security Number
2e. Age	2f. Date of Birth (DD MMM YY)	2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2h. Parent/Guardian Name (cadets only)
2i. Home Address	2j. City	2k. State	2l. Zip Code + 4
2m. Home Phone	2n. Date of Physical Examination (DD MMM YY)	2o. Location of Physical Examination	

4. CLINICAL EVALUATION

	Normal	Abnormal	NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment)
4a. Head, Face, Neck, and Scalp	<input type="checkbox"/>	<input type="checkbox"/>	
4b. Nose	<input type="checkbox"/>	<input type="checkbox"/>	
4c. Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	
4d. Ears – General (Internal and External Canals)	<input type="checkbox"/>	<input type="checkbox"/>	
4e. Drum (Perforation)	<input type="checkbox"/>	<input type="checkbox"/>	
4f. Eyes - General	<input type="checkbox"/>	<input type="checkbox"/>	
4g. Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	
4h. Pupils (Equality and Reaction)	<input type="checkbox"/>	<input type="checkbox"/>	
4i. Heart (Thrust, Size, Rhythm, and Sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
4j. Lungs and Chest	<input type="checkbox"/>	<input type="checkbox"/>	
4k. Abdomen and Viscera (Include Hernia)	<input type="checkbox"/>	<input type="checkbox"/>	
4l. External Genitalia (Genitourinary)	<input type="checkbox"/>	<input type="checkbox"/>	
4m. Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
4n. Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
4o. Feet	<input type="checkbox"/>	<input type="checkbox"/>	
4p. Spine and other Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	

5. LABORATORY FINDINGS (only required for those with a history of urinary tract infections or anemia, enter N/A if tests were not administered)

5a. Urinalysis (1) Albumin: _____ (2) Sugar: _____	5b. Blood (1) Hemoglobin: _____ (2) Hematocrit: _____
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6. MEASUREMENTS AND OTHER FINDINGS

6a. Height inches	6b. Weight lbs.	6c. Obese <input type="checkbox"/> Yes <input type="checkbox"/> No	6d. Pulse	6e. Blood Pressure (1) Systolic: _____ (2) Diastolic: _____				
6f. Audiogram (if available)			6g. Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	6h. Wears Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No				
HZ	500	1000	2000	3000	4000	6000	6i. Uncorrected Vision (1) Left: 20/ _____ (2) Right: 20/ _____	
Right							6k. Color Vision	
Left								

6l. Other Findings (if more room is needed, continue on reverse)

REPORT OF MEDICAL EXAM

7. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

ACCEPTANCE CRITERIA FOR APPLICANTS TO THE NAVAL SEA CADET CORPS

- A. Acceptance is based upon ability to participate in strenuous physical activity and the absence of contagious disease, illness, or history that will or is likely to require medical care or restriction of participation during training exercises, particularly the two-week summer training programs or other extended training.
- B. Routine immunizations are required; specifically those listed on the Report of Medical History form (NSCADM 020).
- C. Special attention should be given to orthopedic and cardiovascular conditions or complaints.
- D. **DISQUALIFYING CONDITIONS INCLUDE:** Symptomatic or recurrent orthopedic complaints; allergies or hypersensitivity to foods, medication, or insect bites/stings; history of asthma, seizures or convulsions, head injuries requiring hospitalization, loss of consciousness; diabetes requiring dietary restrictions or medications; and history of chronic motion sickness, sleepwalking, or bedwetting since age 9.
- E. There is no specific limit for vision. However, applicants who wear glasses or contact lenses but cannot participate in activities that require the removal of glasses (or contacts) should be reviewed on a case-by-case basis.
- F. There is no provision for waivers of the acceptance criteria for participating in the cadet program. Examining physicians may submit appropriate statements for consideration of acceptance, when the physician is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the program.
- G. Adult applicants must be in good health commensurate with their age group and be free from any ailment or condition that would prevent them from satisfactorily performing their primary duty of supervising youth.
- H. FINAL AUTHORITY FOR ACCEPTANCE OF APPLICANTS RESTS WITH THE EXECUTIVE DIRECTOR, NSCC.

9. ENDORSEMENT

It is my professional medical opinion in accordance with the above criteria that the examinee is: Qualified to participate in the Naval Sea Cadet Corps
 NOT qualified for reasons stated above in Block 7 (notes)

9a. Name of Physician (Type or Print) or Physician's Stamp

9b. Signature

9c. Date (DD MMM YY)