

**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**

<b>1a. Unit Name</b>	<b>1b. Region</b>
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**2. PERSONNEL INFORMATION**

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

**4. CLINICAL EVALUATION**

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

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

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

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

