



## ADVANCED INFANTRY TRAINING BATTALION - COMMAND SCREENING CHECKLIST ADVANCED INFANTRY MARINE COURSE

EAS: _____	DATE: _____
NAME: _____	UNIT: (BN/CO/PLT/BILLET) _____

Prospective Students MUST meet the following		CERTIFY (INT)															
COMPANY OR EQUIVALENT	NO EXISTING FAMILY, LEGAL, HARDSHIPS THAT WILL PREVENT FULL COURSE PARTICIPATION		SIGNATURE: _____														
	PRO/CON/FITREP COMPLETE																
	POSSESSES APPROPRIATE UNIFORMS AND GEAR FOR THE COURSE. (AS PER GEAR LIST)		COMPANY 1stSgt RANK/NAME: _____														
			CERTIFICATION DATE: _____														
S1 OR EQUIVALENT	NO NJP's IN THE LAST 12 MONTHS		SIGNATURE: _____														
	ONE YEAR OF SERVICE REMAINING OR ONE DEPLOYMENT REMAINING IN SERVICE																
	A LCPL MAY ATTEND THE COURSE WITH AN APPROPRIATE PAGE 11 ENTRY STATING THAT HE IS SERVING AS AN INFANTRY SQUAD LEADER		ADMIN CHIEF RANK/NAME: _____														
			CERTIFICATION DATE: _____														
MEDICAL	FULL DUTY STATUS, NO EXISTING MEDICAL PROBLEMS AND HAS CURRENT PHYSICAL HEALTH ASSESSMENT - <b>MEDICAL CRITERIA COMPLETE AND SIGNED BY IDC/PHYSICIAN</b>		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 (WITH IN 30 DAYS OF CLASS CONVEVE DATE)		MALE PFT : RAN IN LAST 30 DAYS														
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>P/U:</td> <td>CRUNCHES:</td> <td>RUN:</td> <td>HT:</td> <td>in</td> <td>WT:</td> <td>lbs</td> </tr> <tr> <td>SCORE:</td> <td></td> <td></td> <td>WAIST:</td> <td>in</td> <td>NECK:</td> <td>in</td> </tr> </table>	P/U:	CRUNCHES:	RUN:	HT:	in	WT:	lbs	SCORE:			WAIST:	in	NECK:	in
P/U:	CRUNCHES:	RUN:	HT:	in	WT:	lbs											
SCORE:			WAIST:	in	NECK:	in											
			DATE: _____														
	MEETS HEIGHT/WEIGHT STANDARDS IN ACCORDANCE WITH MCO 6110.3, ALMAR 022/16		BODY COMPOSITION PROGRAM														
			SIGNATURE: _____														
			OPS CHIEF/OPS OFFICER RANK/NAME: _____														
			CERTIFICATION DATE: _____														
BN GUNNER	PROSPECTIVE STUDENT UNDERSTANDS REQUIREMENTS BELOW		BN GUNNER/NAME: _____														
			SIGNATURE: _____														

### ADVANCED INFANTRY MARINE COURSE

<p style="color: red; margin: 0;"><b>BE PROFICIENT IN THE FOLLOWING MOS SPECIFIC PRE-REQUISITES</b></p> <ul style="list-style-type: none"> <li>Conduct Fire and Movement</li> <li>Conduct Call for Fire Utilizing Grid and Polar Methods</li> <li>Conduct Land Navigation</li> <li>Weapons Handling and Employment of M16, M4, M27, M32, M203 and M72A7</li> <li>Communicate Using Hand and Arm Signals</li> <li>Operate a VHF Field Radio</li> <li>Defend a Fighting Position</li> <li>Perform Individual Movement in an Urban Environment</li> <li>Perform Individual actions in a Fire Team</li> <li>Utilize Limited Visibility Devices</li> <li>Prepare For Combat</li> </ul>	<p style="color: red; margin: 0;"><b>BE FAMILIAR WITH THE FOLLOWING SUBJECTS</b></p> <ul style="list-style-type: none"> <li>Principles of Grenade Employment</li> <li>Close Air Support</li> <li>Company Organic Radios (VHF) / NATO Reports</li> <li>Tactical Combat Casualty Care</li> <li>Call for Fire</li> <li>LBS / Zeroing (M16, M4 / RCO)</li> <li>Squad Level Patrolling</li> <li>Infantry Squad in the Offense and Defense</li> <li>Five Paragraph Order</li> <li>METT-T</li> </ul>
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**For details on course material refer to MCTIMS under Training Resource Module**

**Students will be tested on all Pre-Requisites during the course. Failure to demonstrate mastery is grounds for dismissal from the course.**

**I HAVE PERSONALLY SCREENED THIS MARINE AND CERTIFY THAT HE MEETS ALL REQUIREMENTS FOR ENROLLMENT AS A STUDENT AT THE  
ADVANCED INFANTRY MARINE COURSE AS OUTLINED ABOVE**

PRINT NAME: _____	SIGNATURE: _____	CONTACT # _____	DATE: _____
(Company Gunnery Sergeant)			
PRINT NAME: _____	SIGNATURE: _____	CONTACT # _____	DATE: _____
(Company Commander)			
PRINT NAME: _____	SIGNATURE: _____	CONTACT # _____	DATE: _____
(Battalion Operations Chief)			
PRINT NAME: _____	SIGNATURE: _____	CONTACT # _____	DATE: _____
(Battalion Commander)			

# Medical Criteria for Advanced Infantry Training

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during training. This information will be held in confidence, and **must be completed prior to participation in training**. Students should bring their medical record or attain a copy when reporting.

## PRIVACY ACT STATEMENT

1. Authority: 5 U.S.C. 301, Departmental Regulations and E.O. 9397
2. Principal Purpose: To assist in determining physical suitability for participation in Advanced Infantry Training.
3. Routine Uses: The Blanket Routine Uses that apply at the beginning of the Department of the Navy's compilation in the Federal Register apply.
4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Providing the information is voluntary; however, failure to do so may preclude participation in Advanced training.

Name:		Rate/Rank:		DODID:	
Date:		Age:		Ht/Wt:	
				Unit:	
Statement of your present health:					
<b>STUDENT PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO REPORTING:</b>					
<b>DO YOU NOW HAVE:</b>		<b>YES</b>	<b>NO</b>	<b>IN THE LAST YEAR, HAVE YOU HAD:</b>	
		<b>YES</b>	<b>NO</b>		
1. COLD or SORE THROAT, NASAL INFECTION, OR EAR/NOSE/THROAT INFECTION				16. BEEN HOSPITALIZED OVERNIGHT	
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA, OR ANY RESPIRATORY CONDITIONS)				17. MUSCLE STRAINS or SPRAINS	
3. TROUBLE WITH ANY JOINTS OR JOINT REPLACEMENT SURGERY				18. ANY SURGERIES (including Lasik)	
4. NECK OR BACK TROUBLE				19. ANY DISLOCATIONS or FRACTURES	
5. ANY INFECTION INCLUDING (I.E. HERPES, HEPATITIS, MRSA)				<b>HAVE YOU EVER HAD:</b>	
6. SMALL POX VACCINATION WITHIN 30 DAYS OR OPEN LESION				20. FRACTURES or SURGERY TO NECK or SPINE	
7. ANY SUTURES IN PLACE OR OPEN CUTS				21. CHEST PAIN, HEART DISEASE, HIGH OR LOW BLOOD PRESSURE	
8. ALLERGIES (i.e. wasp/bee/ant stings, nuts, latex, iodine, chlorine, shellfish, or any food)				22. ANY FACIAL/JAW INJURIES OR SURGERIES	
9. MEDICATIONS FOR ANY MEDICAL CONDITION				23. ASTHMA OR SLEEP APNEA	
10. EYE INFLAMMATION ( conjunctivitis, pink eye, infection)				24. HEMO/PNEUMOTHORAX OR CHEST TRAUMA	
11. AN INHALER OR EPI-PEN REQUIREMENT				25. CLAUSTROPHOBIA OR PANIC ATTACKS	
12. A HERNIA OR REPAIR WITHIN 2 MONTHS				26. HEAT ILLNESS or COLD INJURY	
13. HYPOGLYCEMIA (low blood sugar) DIABETES OR ANY ENDOCRINE DISORDER				<b>DENTAL WORK: DO YOU NOW HAVE:</b>	
14. ACUTE OR CHRONIC SKIN CONDITION				27. CAPS/CROWNS/DENTURES/BRIDGES/BRACES	
15. ANY CARDIAC OR VASCULAR DISORDER				28. TOOTH EXTRACTION (within 10 days)	
29. ARE YOU CURRENTLY OR EVER BEEN ON LIGHT DUTY, MEDICAL BOARD (LIMDU, PEB), OR A WAIVER FOR A MEDICAL CONDITION.					
30. DO YOU HAVE ANY EXISTING CONDITION (MEDICAL OR PSYCHOLOGICAL OR INJURY THAT COULD BE AGGRAVATED BY STRESS OR PRECLUDE YOU FROM PARTICIPATING IN PHYSICALLY DEMANDING ACTIVITIES.					
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BY ITEM NUMBER:</b>					

<b>MENTAL HEALTH</b>		
<b>IN THE LAST YEAR, HAVE YOU BEEN:</b>	<b>YES</b>	<b>NO</b>
31. SEEN BY MENTAL HEALTH FOR ANY REASON:		
32. UNDER EMOTIONAL STRAIN OR CURRENTLY GOING THROUGH (e.g. DEATH IN THE FAMILY, DIVORCE)		
33. DIAGNOSED WITH A MENTAL HEALTH DISORDER INCLUDING DEPRESSION, ANXIETY, OR PTSD – OR HAVE YOU EVER BEEN DIAGNOSED WITH A LEARNING DISABILITY		
34. BEEN DEPLOYED WITHIN LAST SIX MONTHS		
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BELOW BY ITEM NUMBER:</b>		
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS IN REGARDS TO YOUR SPECIFIC COURSE:</b>		
ARE YOU BEING SENT HOME EARLY FROM A DEPLOYMENT TO ATTEND THIS COURSE?		
HAVE YOU EVER BEEN DISENROLLED/DROPPED FROM ANY FORMAL SCHOOL/POI? (IE ACADEMIC OR MEDICAL DROP)		
ARE YOU TAD FROM HAWAII, 29 PALMS OR ANY GEOGRAPHICAL ZONE OTHER THAN CAMP PENDLETON?		
ARE YOU A VOLUNTEER FOR THIS COURSE?		
HOW LONG HAVE YOU KNOWN YOU WERE COMING TO THIS COURSE?		
HOW LONG HAVE YOU BEEN WITH YOUR CURRENT UNIT? WHERE WERE YOU BEFORE YOUR CURRENT UNIT? SDA:		
DO YOU PARTICIPATE IN ANY INTENSIVE PHYSICAL ACTIVITIES OUTSIDE OF THE MARINE CORPS? (IE MARATHON, TRIATHOLON)		
DO YOU OWN A MOTORCYCLE AND PLAN TO RIDE IT DURING THE COURSE?		

# EXAM MUST BE COMPLETED BY PHYSICIAN/IDC PRIOR TO REPORTING

Infantry Unit Leaders Training Company, Advanced Infantry Training Battalion courses are designed for small unit/section leaders who will be placed in billets of responsibility across the Marine Corps. Prospective students shall be screened by a physician or other credentialed provider due to the physicality or training and stress imposed on the students. Additionally, students should be within body fat standards and have passed their last physical fitness assessment during the previous PFT/CFT cycle.

## TO BE FILLED BY EXAMINING PHYSICIAN/IDC

Signing Doctor: This medical screening represents the only medical history for this student during IULTC training. This document is an integral component for an IDC or doctor to make a "return to training" decision if there is an occurrence during any training phase in the course. Please annotate in detail any pre-existing orthopedic, dental, and any other significant medical occurrence regardless of date. Any additional comments beyond the requirements of this document that you feel would be of assistance is greatly appreciated.

	Normal	Abnormal		Normal	Abnormal
1. Head/Eyes/Ears			4. Abdomen		
2. Neck/Throat			5. Skeleomuscular		
3. Chest			Ht/Wt:	Body Fat:	

COMMENTS BY EXAMINING PHYSICIAN/IDC:

MEDICAL AND DENTAL RECORDS REVIEWED: YES NO	EVIDENCE FOUND TO DISCONTINUE TRAINING: YES NO
EXAMINING PHYSICIAN/IDC SIGNATURE AND STAMP:	DATE:

**BELOW FOR DETACHMENT STAFF ONLY: To be completed by Chief Instructor or OIC:**

COMMENTS:

SIGNATURE:

DATE: