

## LIGHT ARMORED RECONNAISSANCE MARINE COURSE COMMAND SCREENING CHECKLIST

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 5041, Headquarters U.S. Marine Corps, and E.O. 9397 (EDIPI)

**PURPOSE:** Information is obtained to identify personnel who are assigned as students to a resident course of instruction. The collected information will be maintained in the Marine Corps Training Information Management System (MCTIMS) database.

**ROUTINE USE:** Information collected on this form may be shared outside the DoD for those specific purposes and listed organizations identified as DoD Blanket Routine Uses at [http://www.dod.gov/pubs/foi/privacy/routine\\_uses.html](http://www.dod.gov/pubs/foi/privacy/routine_uses.html).

**RETENTION:** Automated MCTIMS records are retained permanently.

**DISCLOSURE:** Providing information on this form is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers) may serve as a basis for denied assignment to the course of instruction you are requesting to attend.

1. Purpose: To ensure Marines selected to attend the Light Armored Reconnaissance Marine Course are fully qualified.

2. Information: LARTC schools are not a screening institution. In order to preclude Marines from being turned away upon arrival, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites. A failure to satisfy any of the prerequisites on the checklist may disqualify a Marine from attending the course.

3. Action: The completed Command Screening Checklist will be hand-carried to the course of instruction and maintained in the Marine's student academic record. The checklist will be destroyed upon completion of the course.

Name: (Last, First MI)	Grade:	EDIPI:	EAS:
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Unit:

Active / Reserve:

<b>Company Or Equivalent</b>	No Existing Family, Legal, Or Hardships That Would Preclude The Marine From The Full Course Participation	Yes	No	Remarks		
	Pro/Con/TD FITREP Completed	Yes	No			
	1 Year Of Obligated Service Time Upon Completion Of The Course	Yes	No			
	Appropriate rank of Private (E-1) through Sergeant (E-5) or equivalent rank	Yes	No			
	Possesses a valid driver's license	Yes	No			
	Has license EVER been suspended or revoked for any reason	Yes	No			
	Meets Fitness Standards Per MCO 6100.13A. Physically Capable Of Participation In A Progressive Physical Readiness Program And Pass An Inventory PFT	Yes	No	PFT Date:		
				P/U:	Crunches:	Run:
				Score:		
	Meets Height/Weight Standards In Accordance With MCO 6110.3A	Yes	No	Ht:	Wt:	Bf%:
Must possess a height of 65 to 75 inches	Yes	No				
Must have WS-B or better Water Survival Qualification <i>(Minimum standard to attend the course, must be able to pass WS-I)</i>	Yes	No	Swim Qualification Date:			
Meets minimum GT score of 90	Yes	No	GT Score:			

Completed training at Schools of Infantry East or West as a 0311		Yes	No	Completion Date:
Company Certifying Official Rank/Name:		Signature:		Date:

<b>Medical</b>	Must be medically qualified to participate in a progressive combat conditioning program and capable of handling live ammunition and firearms per the Lautenberg Amendment to the Gun Control Act of 1968 (ALMAR 290/98)	Yes	No	Remarks:
	Must possess normal color vision, normal depth perception and visual acuity of 20/200 (Correctable to 20/20)	Yes	No	
	Is there any past history or reason to question the Marines ability to meet psychological and physiological qualifications required for licensing as an ordnance vehicle operator	Yes	No	
	IDC / Medical Officer Rank/Name:		Signature:	

**ALL STUDENTS MUST HAVE IN THEIR POSSESSION A COMPLETE SET OF:**

1. COMMAND SCREENING CHECKLIST	Yes	No	3. MEDICAL RECORDS	Yes	No
2. OFFICIAL ORDERS	Yes	No	4. DENTAL RECORDS	Yes	No

**I CERTIFY THAT THE ABOVE NAMED MARINE MEETS ALL REQUIREMENTS FOR ENROLLMENT AS A STUDENT AT LIGHT ARMORED RECONNAISSANCE TRAINING COMPANY AS OUTLINE ABOVE.**

COMPANY FIRST SERGEANT RANK / NAME:	SIGNATURE	CONTACT NUMBER:	DATE:
COMPANY COMMANDER RANK / NAME:	SIGNATURE	CONTACT NUMBER:	DATE:

**MARINES REPORTING FROM OTHER THAN THE SCHOOL OF INFANTRY EAST OR WEST ARE REQUIRED TO HAVE BATTALION LEVEL ENDORSEMENTS**

BATTALION OPERATIONS CHIEF RANK / NAME:	SIGNATURE	CONTACT NUMBER:	DATE:
BATTALION OPERATIONS OFFICER RANK / NAME:	SIGNATURE	CONTACT NUMBER:	DATE: