

# University of Arizona NROTC College Program Application

Dear Applicant,

Enclosed are the necessary forms required to apply for the NROTC College Program. This non-scholarship program can lead to the same achievement as the scholarship program-an active duty commission in the United States Navy or Marine Corps.

The NROTC College Program is conducted in two phases: Basic and Advanced Standing. Any University of Arizona or Pima Community College student meeting the eligibility requirements may apply for the College Program Basic Phase. Applications are reviewed and approved locally by the Professor of Naval Science. College Program midshipmen participate in Battalion functions alongside scholarship midshipmen. Uniforms and Naval Science textbooks are provided to all midshipmen.

After their sophomore year, college program students are screened for Advanced Standing in NROTC. Advanced Standing applications are submitted by the NROTC staff and are reviewed and approved at the national level. If selected students receive a \$350 per month stipend to assist with continuing their education. Prior to accepting advanced standing, College Program students do not incur any obligation to the Department of the Navy.

Scholarships are also available through this program. With a continued strong effort reflected in your academic and aptitude performance, you can remain competitive for a Naval Service Training Command (NSTC) NROTC scholarship starting in your second semester in the NROTC program. In order to be competitive for one of these scholarships, you should have completed at least one semester of college level calculus and be enrolled in a second semester of calculus. All College Program students selected for a scholarship incur an obligation to the Department of the Navy upon acceptance of benefits.

Incoming Midshipmen Candidates with either a 4-yr scholarship or in a College Program status will be required and funded to participate in Naval Service Training Command's (NSTC) New Student Indoctrination (NSI) at Naval Station Great Lakes, Illinois. NSI serves as an introduction to the military instruction, discipline, and physical training to which each Midshipmen will be expected to adhere throughout their four years in the Naval ROTC program and beyond.

NSI is approximately three weeks long and executed in two cycles during the summer months of July and August. If you will be joining our Battalion as an incoming Midshipman, you will be notified by NSTC as to which NSI cycle you've been assigned. Additionally, you will receive a packet of amplifying information prior to NSI in order to help prepare you adequately for this unique and once-in-a-lifetime experience.

The following is a list of requirements for you to be eligible for the program.

**You must:**

- (1) Be a U.S. citizen
- (2) Be motivated to serve as a commissioned officer in the naval service
- (3) Have no moral obligations or personal convictions that will prevent conscientious bearing of arms, and supporting and defending the Constitution of the United States against all enemies, foreign and domestic
- (4) Be at least 17 years of age on 31 September of the year in which you enroll
- (5) Be less than 27 years of age on 31 December of the calendar year in which you will be commissioned. Applicants with prior active duty service (reserve time is not counted) may request age waivers equal to the number of months served, up to a maximum of 30 years of age on 1 December of the calendar year in which commissioned.
- (6) Be a high school graduate or possess an equivalent certificate
- (7) Have a high school GPA-minimum 2.8 (4.0) / College GPA-minimum 2.5 (4.0)
- (8) Be enrolled as a full-time student at The University of Arizona or Pima Community College with at least two years remaining until you receive a degree
- (9) Have no apparent physically disqualifying factors based on a review of the Report of Medical

- History (DD Form 2807-1)
- (10) Meet commissioning standards as stated in the Manual of Medical Department: i.e. not color blind, refractive error must not exceed plus/minus 8.0 diopters in each eye, and visual acuity must be correctable to 20/20
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- (11) ~~Meet height and weight requirements~~
- (12) To be eligible for scholarships:
- Navy Option  
Minimum SAT: 550 reading/540 math/1200 Combined  
Minimum ACT: 22 English/21 Math/ 47 Combined
- Marine Option  
Minimum SAT: 1000 Combined  
Minimum ACT : 22 Composite Score

Students selected for the College Program will receive information concerning the NROTC Unit, uniform issue, and a lab schedule.

If not selected for the College Program, you can re-apply for the College Program at another date.

**THE APPLICATION DEADLINE IS:**

**FALL SEMESTER-10 MAY (DEADLINE TO ATTEND NSI) / 15 JUL (ROUND 2 ADMISSIONS)**  
**SPRING SEMESTER-15 NOVEMBER**

For those applying for Spring Semester admissions, NSI is a required course. It is strongly recommended that applications are submitted and received prior to 10 May. Failure to attend NSI will delay eligibility for future scholarship opportunities until the indoctrination program is completed.

Please remember-it is your responsibility to ensure all forms are filled out properly and all required documents are included in your package. Improperly filled out forms or missing documents will cause delays in the processing of your application. If you have any questions concerning any part of the NROTC program, feel free to contact the NROTC Admissions Officer at (520) 621-1282, or e-mail at [stephenkeehan@email.arizona.edu](mailto:stephenkeehan@email.arizona.edu). Good luck!

  
M. R. Clees  
CDR, USN

**COMPLETE AND RETURN THE FOLLOWING FORMS BY EMAIL OR MAIL (WITH NOTIFICATION SENT VIA EMAIL) TO:**

**LT Stephen Keehan**  
Admissions Officer  
NROTC Unit, The University of Arizona  
1042 E. South Campus Drive  
Tucson, AZ 85721-0032

Email:  
[stephenkeehan@email.arizona.edu](mailto:stephenkeehan@email.arizona.edu)

**Enclosed Forms:**

- ☐ NROTC College Program Application (1533/133).
- ☐ Report of Medical History (DD Form 2807-1) (**must be completed and signed by a physician**)
- ☐ Preparticipation Sports Physical (**must be completed and signed by a physician**)

*\*\*If you applied for an NROTC scholarship and were not selected, a letter stating you are physically qualified for a military academy or ROTC program may also accepted instead of the DD 2807-1 form\*\**

**In addition to the enclosed forms, you must submit the following:**

- ☐ A copy of your high school transcripts and any college transcripts.
- ☐ A copy of your SAT/ACT scores.
- ☐ A copy of your letter of acceptance from The University of Arizona or Pima Community College.
- ☐ A full Body-length photo of yourself.
- ☐ A CERTIFIED **copy** of your birth certificate or naturalization papers. In most cases official copies of these documents may be ordered from the originating city or county recording clerk's office for a small fee. **DO NOT SEND YOUR ORIGINAL!** If you are accepted you will be required to show the original upon reporting but is not required in the application.
- ☐ If you applied for an NROTC scholarship and were not selected, include a copy of the letter from the Naval Service Training Command (NSTC) that informed you of the possibility of the College Program.

**An interview with the Unit's Admissions Board may be required during the application process. This will be decided on a case by case basis and you will be informed of this after your application has been reviewed.**

# NAVAL RESERVE OFFICERS TRAINING CROPS COLLEGE PROGRAM APPLICATION

## Privacy Act Statement

**Authority:** The authority to request this information is contained in: 5 USC §301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

**Principal Purpose(s):** To be completed by applicant for the Naval Reserve Officers Training Corps (NROTC) College Program.

**Routine Use(s):** Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, accessible at <http://www.privacy.navy.mil> and the routine uses set forth here.

**Disclosure:** You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

## Personal Information

Name	SSN (last 4)	Phone	Cell Phone
Current Mailing Address		Name of Parent/Guardian	
		Address of Parent/Guardian	
Place of Birth	Date of Birth		
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No		If naturalized, give date, place, court of jurisdiction, and certificate number.	
Select Service <input type="radio"/> Navy <input type="radio"/> USMC			

## Military Experience and Training (Past and Present, if any)

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Program	Position(s) Held	Awards		Grades of Participation
JROTC				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Civil Air Patrol				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Other (NDCC etc.)				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

## Extracurricular Activities

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

Organization	Position(s) Held	Hours/Week	Grades of Participation
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

## Athletic Activities

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

## Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.



**NAVAL RESERVE OFFICERS TRAINING CROPS  
COLLEGE PROGRAM APPLICATION**

**EMPLOYMENT**

List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

Dates		Employer Name and Address	Hours/Week	Type of Work Performed
From	To			

**EDUCATION**

List in reverse chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates		School Name and Address	Major	Degree
From	To			

**ACADEMICS**

PSAT	Verbal: _____	Math: _____	High School Name: _____	
SAT	Verbal: _____	Math: _____		Class Rank: _____ GPA: _____
ACT	Verbal: _____	Math: _____		Class Size: _____ GPA Scale: _____

Answer the following questions. If you answer 'Yes', provide explanations on an additional sheet.

	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If 'Yes', list the date, place of application, program applied for and current status of application.)	<input type="radio"/>	<input type="radio"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)	<input type="radio"/>	<input type="radio"/>
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)	<input type="radio"/>	<input type="radio"/>
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?	<input type="radio"/>	<input type="radio"/>
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)	<input type="radio"/>	<input type="radio"/>
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the constitution of the United States against all enemies, foreign and domestic?	<input type="radio"/>	<input type="radio"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="radio"/>	<input type="radio"/>
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)	<input type="radio"/>	<input type="radio"/>

I certify that all information given by me is complete and correct to the best of my knowledge.

I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my applicant at any time.

Signature	Date
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**NROTC COLLEGE PROGRAM OATH**

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Signature	Date
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<b>REPORT OF MEDICAL HISTORY</b> <b>(This information is for official and medically confidential use only and will not be released to unauthorized persons.)</b>				<b>OMB No. 0704-0413</b> <b>OMB approval expires</b> <b>September, 30 2021</b>	
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.					
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended. <b>PRINCIPAL PURPOSE(S):</b> The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. <b>ROUTINE USE(S):</b> The Routine Uses are listed in the applicable system of records notice found at: <a href="http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/">http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</a> <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.					
<b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.					
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2.a. SOCIAL SECURITY NO.		b. DoD ID NO. (If applicable)	
				3. TODAY'S DATE (YYYYMMDD)	
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)			
b. HOME TELEPHONE (Include Area Code)					
c. EMAIL ADDRESS					
<b>X ALL APPLICABLE BOXES:</b>				7.a. POSITION (Title, Grade, Component)	
<b>6.a. SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		<b>6.b. COMPONENT</b> <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		<b>6.c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Retention <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement	
7.b. USUAL OCCUPATION					
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)			9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)		
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.</b>					
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>		<b>YES</b> <b>NO</b>		<b>12. (Continued)</b>	
10.a. Tuberculosis		○ ○		f. Foot trouble (e.g., pain, corns, bunions, etc.)	
b. Lived with someone who had tuberculosis		○ ○		g. Impaired use of arms, legs, hands, or feet	
c. Coughed up blood		○ ○		h. Swollen or painful joint(s)	
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		○ ○		i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	
e. Shortness of breath		○ ○		j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	
f. Bronchitis		○ ○		k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	
g. Wheezing or problems with wheezing		○ ○		l. Bone, joint, or other deformity	
h. Been prescribed or used an inhaler		○ ○		m. Plate(s), screw(s), rod(s) or pin(s) in any bone	
i. A chronic cough or cough at night		○ ○		n. Broken bone(s) (cracked or fractured)	
j. Sinusitis		○ ○		13.a. Frequent indigestion or heartburn	
k. Hay fever		○ ○		b. Stomach, liver, intestinal trouble, or ulcer	
l. Chronic or frequent colds		○ ○		c. Gall bladder trouble or gallstones	
11.a. Severe tooth or gum trouble		○ ○		d. Jaundice or hepatitis (liver disease)	
b. Thyroid trouble or goiter		○ ○		e. Rupture/hernia	
c. Eye disorder or trouble		○ ○		f. Rectal disease, hemorrhoids or blood from the rectum	
d. Ear, nose, or throat trouble		○ ○		g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	
e. Loss of vision in either eye		○ ○		h. Frequent or painful urination	
f. Worn contact lenses or glasses		○ ○		i. High or low blood sugar	
g. A hearing loss or wear a hearing aid		○ ○		j. Kidney stone or blood in urine	
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		○ ○		k. Sugar or protein in urine	
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		○ ○		l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
b. Arthritis, rheumatism, or bursitis		○ ○		14.a. Adverse reaction to serum, food, insect stings or medicine	
c. Recurrent back pain or any back problem		○ ○		b. Recent unexplained gain or loss of weight	
d. Numbness or tingling		○ ○		c. Currently in good health (If no, explain in Item 29 on Page 2.)	
e. Loss of finger or toe		○ ○		d. Tumor, growth, cyst, or cancer	

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.</b>		
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>	YES   NO	YES   NO
<b>15.a.</b> Dizziness or fainting spells <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Frequent or severe headache <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> A head injury, memory loss or amnesia <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Paralysis <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Seizures, convulsions, epilepsy or fits <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> Car, train, sea, or air sickness <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>g.</b> A period of unconsciousness or concussion <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>h.</b> Meningitis, encephalitis, or other neurological problems <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>19.</b> Have you been refused employment or been unable to hold a job or stay in school because of: <b>a.</b> Sensitivity to chemicals, dust, sunlight, etc. <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Inability to perform certain motions <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Inability to stand, sit, kneel, lie down, etc. <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Other medical reasons <i>(If yes, give reasons.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
<b>16.a.</b> Rheumatic fever <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Pain or pressure in the chest <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Palpitation, pounding heart or abnormal heartbeat <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Heart trouble or murmur <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> High or low blood pressure <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>20.</b> Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
<b>17.a.</b> Nervous trouble of any sort <i>(anxiety or panic attacks)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> Habitual stammering or stuttering <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Loss of memory or amnesia, or neurological symptoms <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> Frequent trouble sleeping <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>e.</b> Received counseling of any type <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>f.</b> Depression or excessive worry <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>g.</b> Been evaluated or treated for a mental condition <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>h.</b> Attempted suicide <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>i.</b> Used illegal drugs or abused prescription drugs <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	<b>21.</b> Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
<b>18. FEMALES ONLY.</b> Have you ever had or do you now have: <b>a.</b> Treatment for a gynecological (female) disorder <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>b.</b> A change of menstrual pattern <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>c.</b> Any abnormal PAP smears <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span> <b>d.</b> First day of last menstrual period (YYYYMMDD) <b>e.</b> Date of last PAP smear (YYYYMMDD)	<b>22.</b> Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>23.</b> Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>24.</b> Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>25.</b> Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>26.</b> Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>27.</b> Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i> <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	<b>28.</b> Have you ever been denied life insurance? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
<b>29. EXPLANATION OF "YES" ANSWER(S)</b> <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>		

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
<b>30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA</b> <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
<b>a. COMMENTS</b>		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>



## PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
	BP: ____ / ____ (____ / ____, ____ / ____)
Vision: R20/____ L20/____	Corrected: Y N Glasses Contacts
Pupils: Equal Unequal	

	Normal	Abnormal Findings	LAB
<b>Medical</b>			
Appearance			HEMOGLOBIN
Eyes/Ears/Throat/Nose			_____
Hearing			And/Or
Lymph Nodes			
Heart			HEMATOCRIT
Murmurs			_____
Pulses			
Lungs			
Abdomen			
Genitourinary **			
Skin			
<b>Musculoskeletal</b>			
Neck			URINALYSIS
Back			
Shoulder/Arm			Glucose
Elbow/Forearm			
Wrist/Hands/Fingers			Albumin
Hip/Thigh			
Knee			
Leg/Ankle			Blood
Foot/Toes			

\*\*Having a third party present is recommended for the genitourinary examination

It is the opinion of the medical examiner that the examinee

has

does not have

a communicable (or other) disease, injury, or other condition that will restrict his/her participation in the NROTC Program.

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP

## ACCEPTANCE CRITERIA FOR APPLICANTS TO THE NROTC COLLEGE PROGRAM

1. Acceptance is based upon ability to participate in strenuous physical activity and the absence of contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical readiness testing.
2. Special attention should be given to orthopedic and cardiovascular conditions or complaints.
3. Conditions that are considered disqualifying include:
  - a. Symptomatic or recurrent orthopedic complaints
  - b. Allergies or hypersensitivity to foods, medications, or insect bites/stings
  - c. History of seizures or convulsions, head injuries requiring hospitalization, loss of consciousness
  - d. Diabetes requiring dietary restrictions or medication
  - e. History of chronic motion sickness, sleep walking, or bed wetting since age 9
  - f. History of asthma, including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis, reliably diagnosed and symptomatic **after the 13<sup>th</sup> birthday.** Reliable diagnostic criteria may include any of the following elements: substantiated history of cough, wheeze, chest tightness and/or dyspnea which persists or recurs over a prolonged period of time, generally more than 12 months.
  - g. History of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) , or Perceptual/Learning Disorder(s) **unless applicant can demonstrate passing academic performance and there has been no use of medication(s) in the previous 12 months.**
4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hemocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.
5. For purpose of this examination, there is no specific limit for defective vision. However, applicants who wear glasses or contact lenses but cannot participate in training activities that require removal of glasses (or contacts) should be reviewed on a case-by-case basis.
6. There is no provision for "waiver" of the acceptance criteria for participating in the NROTC College Program. Examining physicians may submit appropriate statements for consideration of acceptance when the examiner 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. Conditions that will require medication or treatment during the period of training should be considered as not meeting the criteria for qualification.
7. Final authority for acceptance of applicants is the Commanding Officer, NROTC Unit, The University of Arizona.

**\*\*\*INCOMING STUDENTS WILL BE EXPECTED TO MEET THE FOLLOWING  
PHYSICAL READINESS REQUIREMENTS\*\*\***

**MINIMUM NAVY OPTION PHYSICAL READINESS STANDARDS**

	17-19 Years		20-24 Years	
	Male	Female	Male	Female
Sit-ups (in 2 min.) Push-ups (in 2 min.) 1.5 Mile	62 51	62 24	58 47	58 21
Run	11:00	13:30	12:00	14:15
Swim (500 yards)	11:15	13:00	11:30	13:15

(The swim may be offered as an alternative to the 1.5 mile run.)

**MINIMUM MARINE OPTION PHYSICAL FITNESS STANDARDS**

	17-26 Years	
	Male	Female
Crunches (in 2 min.)	40	40
Pull-ups (Flex Arm Hang for females) 3 Mile	3	15 seconds 31:00
Run	28:00	