



NORTHERN WARFARE TRAINING CENTER

STUDENT IN-PROCESSING FORM



COURSE : _____ CLASS #: _____ SSN: _____

RANK: _____ LAST NAME: _____ FIRST NAME: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ MOS: _____ SEX: _____ MALE _____ FEMALE _____

UNIT: _____ BDE: _____ ADDRESS _____ Staff Duty ph# _____

HOME STATION: _____ AKO E-MAIL: _____

OTHER NWTC CLASSES ATTENDED: BMC ACC MWOC CWLC CWOC MAT-QC N/A

DATE ATTENDED: _____

1SG NAME: _____ email- _____

1SG PHONE: work- _____ cell- _____ home- _____

ARRIVAL DATE TO ALASKA _____ DEROS DATE _____

PREVIOUS TOURS IN ALASKA _____

DATE OF LAST REDEPLOYMENT _____ # OF DEPLOYMENTS _____

LOCATION (COUNTRY) OF DEPLOYMENTS _____

OTHER OVERSEAS TOURS (PLACE / LENGTH) _____

NOK - EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE #: H- _____ C- _____

RELATIONSHIP: _____

DATE OF YOUR LAST PHYSICAL (AT LEAST MONTH AND YEAR) _____

Have you ever been diagnosed or currently have any of the following:

1. Heat Casualty	NO	YES	Date: _____
2. Cold Weather Injury (affected area _____)	NO	YES	Date: _____
3. Hip, back, or neck injury	NO	YES	Date: _____
4. Leg, knee, or ankle injury	NO	YES	Date: _____
5. Blood pressure, poor circulation, or heart problems	NO	YES	Date: _____
6. TBI, recent head injury, or concussions?	NO	YES	Date: _____
7. History of seizures?	NO	YES	Date: _____
8. Asthma, or any respiratory problems?	NO	YES	Date: _____
9. Anaphylactic reaction to bees, insects medication, or food?	NO	YES	Date: _____
9a. IF YES, do you have the required medication in your possession?	NO	YES	Date: _____
10. Are you currently on any medical profile?	NO	YES	Date: _____
10a. IF YES, do you have a copy of the profile on hand?	NO	YES	Date: _____
11. Are you currently taking any medications or supplements?	NO	YES	Date: _____
11a. IF YES, do you have enough for the length of the class?	NO	YES	Date: _____
12. In the past year, have you had any serious injury, surgery, or medical problem that would prohibit you from completing this course?	NO	YES	Date: _____

If you answered yes to any of the above, please explain on the space provided on the back of this form

****REVISED 2013 JANUARY 9****

