N3M OFFICER APPLICANT COVERSHEET/QUALITY ASSURANCE (QA) CHECKLIST

PRIVACY ACT NOTIFICATION

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prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made. APPLICANT'S DATA							
Name: (Last Name, First Name, Middle Initial)					Date of Birth:	Age:	
Type of Application (Check all that apply): COURTESY REVIEW			SHIPPER (call your N3M POC ASAP)		1st Designator & Name 2nd Designator & Name		
ACTIVE DUTY USN USNR NAVET/OSVET		SPECWAR (please list what program applicant is applying for in comments section)			3rd Designator & Name		
	NA'	VCRU	ITDIST PROCESS	OR INFORMATION	ľ		
Name: (Last Name, First Name, Middle Initial)			NAVCRUITDIST	Phone Number	Email Address		
Comments:			1				
REQUIRED DOCUMENTS - SCAN IN ORDER LISTED BELOW							
ACTIVE DUTY APPLICANTS N3M Officer Cover Shee							
Report of Medical Examination (DD 2808) and Report of Medical History (DD 2807-1), no more than two years old							
Updated 2807-1 (If original is over 90 days, per COMNAVCRUITCOMINST 1130.8J, Volume II)							
All medical documents pertaining to the disqualifying condition(s)							
HIV and Drug and Alcohol Test (DAT) results (not required for DCO reserve applicants)							
Letter of Activity (LOA) statement from applicant relating to the disqualifying condition(s)							
PAP Smear results (females 21 and over, must be current within two years)							
If NAVET or OSVET DD 214, Statement of Service/Current Point Capture Summary (for USNR Drilling applicants)							
Copy of VA compensatio	n and pension history (if N	NAVET	or OSVET)				
If no benefits being rece	ived, a letter from the VA	confirm	ing this will be requir	ed			
RESERVE APPLICANTS All documents required f	for an Active Duty applica	nt (NA	AVCRUIT 1131/45, H	IV Statement of Under	standing, can be sul	omitted in place of HIV results)	
If NAVET/OSVET, SF 60	00, Chronological Record	of Med	dical Care				
If NAVET/OSVET, CNAVRES 1321/1, Officer Application/Orders for Inactive Duty Training							
Updated 2807-1 (If original is over 90 days, per COMNAVCRUITCOMINST 1130.8J, Volume II)							
Copy of VA compensation	Copy of VA compensation and pension history (if NAVET or OSVET)						
If no benefits being rece	ived, a letter from the VA	confirm	ing this will be requir	ed			
COURTESY REVIEW Medical Prescreen (DD	2807-2) signed by the CN	/IO and	all medical documer	its pertaining to the dis	qualifying condition(s)	
REQUIRED IF APPLICANT IS OVER 4 Age 40 and over labs (Li	O YEARS OF AGE ipid panel, fasting glucose	!)					
EKG with interpretation							
IOP (Intraocular Pressur	re) results						
Mammogram results (fer	males) per USMEPCOM r	egulation	on 40-1, 7-8, item 52	(4)			
REQUIRED IF APPLICANT IS OVER 5 Digital Rectal Exam (DF	60 YEARS OF AGE RE) with fecal occult test (i.e. Gua	aiac)				