

LITTORAL COMBAT SHIP (LCS) SCREENING FORM

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|-----------------------------------|------------------------------|
| 1. RANK/RATE: | 2. NAME: |
| 3. SSN (LAST 4 DIGITS): | 4. PROPOSED DETACHMENT DATE: |
| 5. PROPOSED PROGRAM/DUTY STATION: | |

SECTION A: GENERAL CRITERIA

| | | INTERVIEWER'S INITIALS |
|--|--|------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Does SNM have pending Officer package? (STA-21, OCS, LDO/CWO) | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Has member had any NJP, courts-martial, civil Conviction, or significant involvement with civil authorities within the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Has member had any alcohol related incidents in the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Has member had any involvement with illegal drugs in the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Has member signed the required OBLISERV for this program? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Is member currently within Physical Fitness Assessment (PFA) standards and has also passed the previous 18 months of official PFA cycles? | |
| HEIGHT (INCHES): _____ WEIGHT (POUNDS): _____ BODY FAT (PERCENTAGE): _____ | | |
| 13. PERSONNEL OFFICER'S NAME AND RANK: | 14. PERSONNEL OFFICER'S SIGNATURE: | 15. DATE: |

SECTION B: MEDICAL/DENTAL SCREENING

| | | INTERVIEWER'S INITIALS |
|--|---|------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. Has member been medically screened suitable for this program? If "no", will the gaining MTF accept? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 17. Is member in proper dental class for PCS transfer? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 18. Has member satisfactorily completed FALANT and/or PIP Color Recognition Testing (color blind)? | |
| 19. MEDICAL OFFICER'S NAME AND RANK: | 20. MEDICAL OFFICER'S SIGNATURE: | 21. DATE: |
| 22. DENTAL OFFICER'S NAME AND RANK: | 23. DENTAL OFFICER'S SIGNATURE: | 24. DATE: |

LITTORAL COMBAT SHIP (LCS) SCREENING FORM (CONTINUED)

25. RANK/RATE:

26. NAME:

SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENINGINTERVIEWER'S
INITIALS YES NO

27. Has the member been interviewed by the Command Financial Specialist Per OPNAVINST 1740.5 Series, and found to be financially stable?

28. COMMAND FINANCIAL SPECIALIST'S NAME
AND RANK:

29. COMMAND FINANCIAL SPECIALIST'S SIGNATURE:

30. DATE:

SECTION D: ADDITIONAL REQUIREMENTSINTERVIEWER'S
INITIALS YES NO

31. Does member VOLUNTEER FOR VBSS? Does member meet requirements IAW COMNAVSURFFORINST 3502.1 Series TAB T?

 YES NO

32. Does member have at a minimum a secret security clearance or eligible for secret clearance?

 YES NO

33. Has member ever been charged/convicted of domestic violence?

34. COMMAND CAREER COUNSELOR'S NAME
AND RANK:

35. COMMAND CAREER COUNSELOR'S SIGNATURE:

36. DATE:

37. COMMAND MASTER CHIEF RECOMMENDATION (Provide written recommendation from Command Master Chief indicating member's potential to perform and excel in an LCS billet)

 YES NO

38. Member meets requirements for assignment and is fully qualified for assignment to LCS.

39. COMMAND MASTER CHIEF'S NAME AND
RANK:

40. COMMAND MASTER CHIEF'S SIGNATURE:

41. DATE:

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I MUST MAINTAIN MY SUITABILITY THROUGHOUT MY ASSIGNMENT TO SPECIAL PROGRAMS (LITTORAL COMBAT SHIP-LCS.)

42. MEMBER'S NAME AND RANK:

43. COMMAND MASTER CHIEF'S SIGNATURE:

44. DATE:

LITTORAL COMBAT SHIP (LCS) SCREENING FORM (CONTINUED)

45. RANK/RATE:

46. NAME:

SECTION E. COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

YES NO 47. Are there any other compelling reasons why member should not be assigned to LCS duty?

48. COMMAND ENDORSEMENT (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an LCS billet):

49. Commanding Officer: RECOMMENDED NOT RECOMMENDED

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.

50. NAME AND RANK:

51. SIGNATURE:

52. DATE:

PRIVACY ACT

AUTHORITY: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS.

PURPOSE: THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

DISCLOSURE: COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO, OR DISAPPROVAL, OF YOUR REQUEST.