



NROTC COLLEGE PROGRAM
APPLICATION CHECKLIST

JACKSONVILLE UNIVERSITY | UNIVERSITY OF NORTH FLORIDA

This checklist is provided to ensure that you have both received and

Return completed application by:

MAIL

I certify that this information is true to the best of my knowledge.

Name (print)

Signature

Date

Email

Intended/Current Major

University

NROTC COLLEGE PROGRAM

4. Email these photos to the JU Recruiting Officer at NROTCrecruiter@ju.edu.

REPORT OF MEDICAL HISTORY (DD 2807-1) INSTRUCTIONS

Instructions for Applicant:

1. Ensure you fully complete blocks 1 to 29, except those blocks already filled in.
2. PRINT your name and SSN in the blocks on the top of pages two and three.

REPORT OF MEDICAL EXAMINATION INSTRUCTIONS

Instructions for Applicant:

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 and cause 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.
 - c. History of asthma, seizures or convulsions, head injuries requiring hospitalization, or loss of consciousness.
 - d. Diabetes requiring dietary restrictions or medication.
 - e. History of motion sickness, sleep walking, or bed-wetting since age 9.
4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hemocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.
5. For purposes 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, Jacksonville University NROTC Unit.
8. The following are the minimum standards for physical testing for Navy and Marine Corps Option students in the NROTC Program. These are only the minimums. All midshipmen will be required to perform at higher levels during NROTC training.

MINIMUM Navy Physical R3areW* nBT/F5 9 Tf1 0 0 1 82.824 2

MINIMUM* Marine Corps Physical Fitness Test Standards

	<u>Male</u>	<u>Female</u>
Pull-Ups [2 minutes]	4	1
Plank	1:10	1:10
Flexed Arm Hang	N/R	15 sec
3 Mile Run Time	28:00	28:00

*These are minimum scores to pass each event, not to pass a complete (cumulative) Physical Fitness Test (PFT).

RECOMMENDED Marine Corps Physical Fitness Test Standards

	<u>Male</u>	<u>Female</u>
Pull-Ups [2 minutes]	6-11	3-4
Plank	2:10	2:10
3 Mile Run Time	21:30-24:00	24:30-26:00

REPORT OF MEDICAL EXAMINATION

Last Name First Name Middle Name Age

INSTRUCTIONS FOR MEDICAL EXAMINER:

The standard for acceptance into the NROTC College Program is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment to include distance running, sprinting, swimming, other aerobic exercises, pushups, sit-ups, and other strength exercises. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified. The examiner should list any condition(s) that may interfere with full and unrestricted participation. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. History of immunization should be verified to the satisfaction of the medical examiner.

Ht ____ Wt ____ Obese: Yes__ No__ Pulse: _____ Blood Pressure: ____/____

Eyes, Ears, Nose: _____

Vision: Wears glasses: Yes __ No __ Wears contacts lenses: Yes __ No __

Hemoglobin: _____ and/or Hematocrit: _____

Urinalysis: Glucose _____ Albumin _____ Blood _____

Lungs: ____ Heart: ____ Abdomen: ____ Genitalia: ____ Hernia: ____ Spine:____

Orthopedic oriented examination (evaluation of conditions that may limit involvement in physical activities i.e., sports, physical training, etc.):

Body Symmetry: ____ Cervical Spine Motion: ____ Upper Body Flexibility: ____

Lower Body Flexibility: ____ Knee Stability: ____ Other: _____

Please list any remarks or amplifying information on the reverse side of this sheet.

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 College Program. (List any disqualifying defects on the reverse side of this sheet.)

Signature

Typed or printed name of Examiner

Date

Phone