

Headquarters and Headquarters Squadron Academy Command Screening Checklist

1. **Purpose:** To ensure Marines selected to attend resident EPME are fully qualified.
2. **Information:** PME Schools are not screening institutions. In order to preclude Marines from being turned away upon arrival, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites set forth in MCO P1553.4A and this checklist. A failure to satisfy any of the prerequisites on the checklist disqualifies a Marine from attending this course.
3. **Action:** The completed Command Screening Checklist will be hand-carried to the course of instruction and maintained in the Marine's student academic record.

AUTHORITY: Sergeant Major Headquarters and Headquarters Squadron				
PRINCIPAL PURPOSE: Information is obtained to identify personnel who are assigned as students to a resident PME course of instruction. The collected information will be maintained in the Headquarters and Headquarters Academy archives for no longer than 2 years.				
DISCLOSURE: Providing information on this form, is voluntary. Failure on you part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers), may serve as a basis for denied assignment to the course of instruction you are requesting to attend.				
The following information must be typed.				
Name: _____		Grade: _____		
Last 4: _____		Unit: _____		Class #: _____
1	Course attending: <input type="checkbox"/> Corporals Course <input type="checkbox"/> Lance Corporals Course			
Prerequisites		Yes	No	Remarks
2	Appropriate grade. DOR:	<input type="checkbox"/>	<input type="checkbox"/>	
3	Meets minimum obligated service (1 year) upon completion of school. EAS:	<input type="checkbox"/>	<input type="checkbox"/>	
4	Successful completion of appropriate grade level distance education program. Must bring Certifacate. Distance Sergeant Course / Leading Marines Date Completed:	<input type="checkbox"/>	<input type="checkbox"/>	
5	Possesses appropriate uniforms for the course. Uniform requirements can be obtained from the class announcement.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Meet height/weight standards per MCO 6110.3. H/W eval must be performed by the H&HS S-3. Date of Weigh-in: _____ Height: _____ Weight: _____ BF% (if required): _____	<input type="checkbox"/>	<input type="checkbox"/>	
7	Assigned to the BCP and/or MAP program? <input checked="" type="checkbox"/> If yes, Marine is disqualified from attending.	<input type="checkbox"/>	<input type="checkbox"/>	

Prerequisites		Yes	No	Remarks
8	Physically capable of participating in a challenging combat physical training program and have passed a current PFT and CFT per MCO 6100.13.			
	Date/Score Last PFT:			
	Run Time:			
	Flex Arm Hang/Pull ups:	<input type="checkbox"/>	<input type="checkbox"/>	
	Crunches:			
	Date/Score Last CFT:			
	Mvmt to Contact:			
	Ammo Lift: Maneuver under fire:			
9	Completed PFT & CFT within 30 days of report date? ■ If no, complete 9a.	<input type="checkbox"/>	<input type="checkbox"/>	
9a	Complete PFT and CFT within 30 days of report date.			
	Date/Score Last PFT:	/		
	Run Time:			
	Flex Arm Hang/Pull ups:	<input type="checkbox"/>	<input type="checkbox"/>	
	Crunches:			
	Date/Score Last CFT:	/		
	Mvmt to Contact:			
	Ammo Lift: Maneuver under fire:			
10	Medically qualified (current physical) to participate in a challenging combat physical training program. In Full Duty Status. ■ Note: Must be signed and stamped by a medical officer, civilian health provider, or independent duty corpsman.	<input type="checkbox"/>	<input type="checkbox"/>	
	Date of Physical:			
	Medical Officer Name:			
	Medical Officer Billet:			
11	Capable of handling live ammunition and fire arms per the Lautenberg Amendment to the Gun control Act 1968 (ALMAR 290/98 & MARADMIN 186/03).	<input type="checkbox"/>	<input type="checkbox"/>	
12	Formally assigned to a Permanent Limited Duty status in accordance with MARADMIN 228/06. ■ If yes, identify nature of limitation(s) and contact the respective SNCO Academy Deputy Director to discuss facilities requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
13	Are there any existing family or financial hardships that would preclude this Marine from attending the Course?	<input type="checkbox"/>	<input type="checkbox"/>	

Prerequisites		Yes	No	Remarks
14	Has the Marine been previously disenrolled from the course they are attending, as identified in item 1?			
	Reason:	<input type="checkbox"/>	<input type="checkbox"/>	
	Date Disenrolled:			
	Location:			

Section SNCOIC	Phone	Signature	Date
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Unit/Squadron Gunnery Sergeant	Phone	Signature	Date
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Unit/Squadron Senior Enlisted	Phone	Signature	Date
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