

EXHIBIT 1

REPORT OF MEDICAL DEEP SEA DIVING/FLEET MARINE FORCE RECONNAISSANCE CORPSMAN PROGRAM SCREENING

(Use proper letter format.)

From: (Screening Activity)
To: Commander, Navy Personnel Command (PERS-407)
Subj: REQUEST FOR MEDICAL DEEP SEA DIVING/FLEET MARINE FORCE
RECONNAISSANCE CORPSMAN PROGRAM
Ref: (a) MILPERSMAN 1306-983

1. (rank or rate, name) , currently attached to (member's present command), was screened for entry to the Medical Deep Sea Diving/Fleet Marine Force Reconnaissance Corpsman Program as specified in reference (a).

2. The member completed the screening as indicated below:

a. Interview conducted by: (name, rank, position, command, date) (Interviewer should include any significant findings pertinent to selection/non-selection of member for requested training.)

(1) Does the applicant totally understand the mission and scope of the program? Yes _____ No _____

(2) Does the applicant fully understand the training regimen during initial training and what will be expected of him/her? Yes _____ No _____

(3) Is the applicant's motivation for entry into the program a sincere desire for professional growth and achievement and not solely for the money or as a method to escape the applicant's present circumstances, etc.? Yes _____ No _____

(4) Does the applicant have the ability to adapt to the requirements of the program? Yes _____ No _____

(5) Is the applicant mentally prepared for the arduous training? Yes _____ No _____

(6) Does the applicant have any financial, marital, or other hardships that would impede the applicant's ability to concentrate on and complete the training? Yes _____ No _____

b. Physical Screening Test conducted by: (name, rank, position, command, date)

(1) Swim Time: _____min _____sec

(2) Run Time: _____ min _____sec

(3) Sit-ups: _____, Push-ups: _____, Pull-ups: _____

c. Hyperbaric Test conducted by: (name, rank, position, command/facility, date) or waived (state justification)

d. Eligible for SECRET security clearance based on a National Agency Check with Local Agency and Credit Checks(NACLIC)? Yes _____ No_____

3. Based on (satisfactory/unsatisfactory) completion of this screening and per rating conversion entry requirements specified in reference (a), the member (is/is not) recommended for the Medical Deep Sea Diving Program. (If member is not recommended, state reason/s.)

(Signature)

Copy to:
Member's present command