Attachment 3

SVU W&L CADETS REQUIRED IN-PROCESSING DOCUMENTS

1) Required Documents.

   a) Original U.S. Birth Certificate or U.S. Passport.
      i) AFROTC personnel will make and notarize a copy.
      ii) Original documents will be returned to the cadet.

   b) Original Signed Social Security Card.
      i) AFROTC personnel will make and notarize a copy.
      ii) Original documents will be returned to the cadet.

   c) Selective Service Registration Number.
      i) Required for male cadets aged 18 or older.
      ii) Registration may be completed through the Selective Service System website (sss.gov).

   d) Parent or Guardian Contact Information.
      i) Current address.
      ii) Current telephone number.

   e) Junior ROTC, Civil Air Patrol, or Eagle Scout Certificates (If Applicable).

   f) AFROTC Form 28, Sports Physical.
      i) Must be completed and signed by a licensed physician.
      ii) Bring the completed form to in-processing.

   g) DD Form 2983.
      i) Must be completed and signed prior to in-processing.

   h) Release of Student Records Form.
      i) Must be completed and signed prior to in-processing.

   i) DD Form 2005, Privacy Act Statement – Health Care Records.
      i) Must be completed and signed prior to in-processing.

2) Purpose of Required Documents.

   a) U.S. Birth Certificate or U.S. Passport. Required to verify U.S. citizenship for commissioning eligibility and AFROTC scholarship consideration. U.S. citizenship is not required for participation during the first year of AFROTC.

   b) Signed Social Security Card. Required to verify the correct Social Security Number for military pay, allowances, and future Active Duty entitlements.

   c) Selective Service Registration Number. Required for eligible males prior to AFROTC enrollment, contracting, and scholarship consideration.

d) Parent or Guardian Contact Information. Required to complete emergency contact and accountability records.

e) Junior ROTC, Civil Air Patrol, or Eagle Scout Certificates. Documentation of these programs may affect AFROTC contracting provisions and program requirements.

f) AFROTC Form 28, Sports Physical. Required to certify that the cadet is medically able to participate in AFROTC activities.
   i) Cadets with a current qualified DoDMERB examination are exempt from this requirement.

g) DD Form 2983, Policy Regarding Cadet/Cadre Relationships. Acknowledges the cadet's understanding of and agreement to comply with standards governing professional relationships between cadets and cadre members.

h) Release of Student Records Form. Authorizes AFROTC personnel to obtain academic records from the cadet's university.

i) DD Form 2005, Privacy Act Statement – Health Care Records. Authorizes AFROTC and DoD personnel to receive and maintain medical records associated with the DoDMERB process.

Cadets should ensure all required documents are completed and available during in-processing to avoid delays in enrollment, scholarship consideration, contracting, or participation in AFROTC activities.

AFROTC FORM 28
Air Force ROTC Pre-Participatory Sports Physical
Completion Instructions

- Complete all entries using **black or blue ink only**.
- Print your full legal name in **Block 1**.
- Enter **880** in **Block 2**.
- The remainder of the AFROTC Form 28 **must be completed by a licensed medical doctor**.
- Ensure you provide the medical doctor with **both pages** of the form.
- **Do not complete AFROTC Form 28** if you currently hold a **"Qualified" DoDMERB medical status**.

Return the completed form and any required supporting documentation in accordance with the instructions provided.

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
	Detachment 880

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
4. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM

5. BODY FAT MEASUREMENT	6. BODY FAT STANDARDS:	7. CHECK APPLICABLE BOX	
	FEMALE - 26% MALE - 18%		☐ IS WITHIN AIR FORCE WEIGHT STANDARDS ☐ EXCEEDS AIR FORCE WEIGHT STANDARDS ☐ IS BELOW AIR FORCE WEIGHT STANDARDS

8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, *(print name)* _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ (Medical Authority Initials)

10. **(IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**

I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____ (Medical Authority Initials)

11. **(FOR ALL CADETS/APPLICANTS)**

I **DID / DID NOT** (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

EXAMINATION DATE	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

AFROTC CADRE: REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE	AFROTC CADRE SIGNATURE

ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS

(Per DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures)*

HEIGHT (INCHES)	POUNDS	
	MINIMUM (BMI = 19 kg/m)	MAXIMUM (BMI = 25.0 kg/m)
58	91	119
59	94	124
60	97	128
61	100	132
62	104	136
63	107	141
64	110	145
65	114	150
66	117	155
67	121	159
68	125	164
69	128	169
70	132	174
71	136	179
72	140	184
73	144	189
74	148	194
75	152	200
76	156	205
77	160	210
78	164	216
79	168	221
80	173	227

DD Form 2983 Policy Regarding
Cadet/Cadre Relationships

This form is your agreement not to enter into any unprofessional relationships with any Detachment cadre members.

Complete all entries using black or blue ink only.

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.
PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.
ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply to this collection.
DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. RECRUIT/TRAINEE NAME *(Last, First, Middle)*	2. PAY GRADE	3. RECRUITING OFFICE/TRAINING COMMAND
(PRINT) Last, First, M	Cadet	Detachment 880
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS *(City, State, ZIP Code)*	**5. DATE SIGNED** *(YYYYMMDD)*	**6. SIGNATURE**
Lexington, VA, 24460	2026MMDD	Signature

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

(Initial)	
Initials	a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
Initials	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
Initials	c. Consume alcohol with a recruiter/trainer on a personal social basis.
Initials	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/ trainer.
Initials	e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
Initials	f. Gamble with a recruiter/trainer.
Initials	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
Initials	h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.
DESCRIPTION OF EXCEPTION(S):

Initials

(Initial)	
Initials	**9. VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. APPROVED BY

a. NAME *(Last, First, Middle Initial)*	b. TITLE	c. DATE SIGNED *(YYYYMMDD)*	d. SIGNATURE/RANK
L E A	V E	B	L A N K

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.
PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.
ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply to this collection.
DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. RECRUIT/TRAINEE NAME *(Last, First, Middle)*	2. PAY GRADE	3. RECRUITING OFFICE/TRAINING COMMAND
	Cadet	Detachment 880
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS *(City, State, ZIP Code)*	**5. DATE SIGNED** *(YYYYMMDD)*	**6. SIGNATURE**
Lexington, VA 24450		

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

(Initial)	
_____	a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
_____	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
_____	c. Consume alcohol with a recruiter/trainer on a personal social basis.
_____	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/ trainer.
_____	e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
_____	f. Gamble with a recruiter/trainer.
_____	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
_____	h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.
DESCRIPTION OF EXCEPTION(S):

(Initial)	
_____	**9. VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. APPROVED BY

a. NAME *(Last, First, Middle Initial)*	b. TITLE	c. DATE SIGNED *(YYYYMMDD)*	d. SIGNATURE/RANK

Consent for Student Records Release

This allows Det 880 to request your records from your University.

Complete all entries using black or blue ink only.

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Release of Student Records DATE: _____

CADET NAME _____

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act", your consent is required to permit the educational institution or AFROTC Detachment in which you are/were enrolled to release official copies of your transcripts of grades and/or other students records, files, or data that are a part of your student records to Department of Defense (DoD) agencies, as may be required by such agencies.

2. It is mutually understood that the purpose of this request for official copies of student records is necessary for AFROTC screening and evaluation of this present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of their request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.

3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copes of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and date for their use as requested above.

_____ _____

(Students Signature) (Parents Signature if student is under 18 years of age)

DOD FORM 2005
Privacy Act Medical Records

This allows Det 880 to receive and maintain any medical records related to the DoDMERB Process.

DODMERB (Department of Defense Medical Examination Review Board)

Complete all entries using black or blue ink only.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE *(YYYYMMDD)*