



MISSOURI AIR NATIONAL GUARD



Enlisted Eligibility Worksheet

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How did you first find out about the ANG? _____
Have you talked with another recruiter in the past year? Name/Branch: _____
Has anyone referred you? Name/Unit: _____

APPLICANT INFORMATION

Name (Last, First, Middle, Suffixes/Maiden): _____
SSAN #: _____ Gender: M/F DOB: _____ Present Age: _____ Adopted: Y/N

Home: _____ Work: _____ Cell: _____ May we text you? Y/N

Address (Street, City, County, State, Zip) _____
Email: _____

(NOTE: If you are under the age of 18, both parents will need to sign a consent form at the initial appointment.)

Place of Birth (City, County, State, Zip Code): _____

Citizenship: _____ Ethnicity: _____ Hispanic: Y/N

Hair Color: _____ Eye Color: _____ Religious Preference: _____

Height: _____ Weight: _____ Height/Weight Chart: <http://www.airforce.com/height-weight/>

DL#: _____ State of Issue: _____ Exp Date: _____

Selective Service # (Males only): _____ If not registered visit: <http://www.sss.gov/default.htm>

What are your main reasons for joining the Air National Guard?

Tattoos: Y/N Piercings: Y/N
Gauges: Y/N Body Modifications: Y/N

Notes/Description of tattoos, etc:

Body Part: _____ Image: _____
Body Part: _____ Image: _____
Body Part: _____ Image: _____
Body Part: _____ Image: _____

DEPENDENCY

- Marital Status: S/M/D/W
- Spouse:
- How many times have you been married? _____
- Is there any court order or judgment in effect that directs you to provide or support for children? Y/N
- # Dependents (including spouse): _____
- Anyone else dependent on you? Y/N

A background investigation WILL be completed on all Guard members for security purposes. Please enter everything and we can discuss the situation. If you have drug involvement or law involvement, it does not automatically render you disqualified. Be Honest!

Please initial that you read this: _____

LAW VIOLATIONS

Have you ever been Charged, Arrested, Cited, Held, or Questioned by any law enforcement agency (including traffic violations)? Y/N

(Please use Casenet for all Missouri Offenses: <https://www.courts.mo.gov/casenet/cases/searchCases.do?searchType=name>)

TICKET/ISSUE	DATE (YMD)	COUNTY/COURT	FINAL DISPOSITION	FINE AMOUNT?	COMPLETE?

- Probation/Community Service: Y/N How long: _____ When did you complete it: _____
- Dismissed/Dropped: Were there any conditions to the dismissed/dropped charges? Y/N
- Next offense? (see additional information page)

- Have you ever filed for bankruptcy, any delinquent accounts, or any accounts sent to collection agencies? Y/N
- If yes, please give a brief explanation: _____

EDUCATION

Please list your educational background: (High School, College, GED & Home Schools)

SCHOOL NAME	START DATE	END DATE	CITY/STATE	DEGREE TYPE (BS,MS,Etc)	MAJOR

- Peace Corps: Y/N
- Receive Eagle Scout Award: Y/N
- Jr/Sr ROTC: Y/N How long: _____ Receive letter of completion: Y/N Branch: _____
- Receive Gold Palm Award: Y/N
- Receive Gen Billy Mitchell award: Y/N

PRIOR SERVICE

Have you ever served in any branch of the Armed Forces? Y/N

If so, please include information below. We will need copies of all DD214, DD Form 4's & Discharge Orders.

FROM	TO	BRANCH	COMPONENT	GRADE	DISCHARGE TYPE	SOURCE DOC
(YYMMDD)	(YYMMDD)	USAF	IL ANG	E5	HONORABLE	DD 214

PHYSICAL

- Have you ever taken a physical exam for any branch of the Armed Forces or are you now scheduled? Y/N
- If yes, when & where did you take the exam: _____
- What were the results of your physical profile: _____

If currently prior service:

- Are you on a DLC or PT Waiver? Y/N
- What is the date of your last Physical Fitness Test? _____
- What is the score of that Fitness test? _____
- Have you ever been declined for PRP? Y/N
- Are you taking ANY medications for mental health? Y/N
- Have you ever been discharged from any branch of the Armed Forces of the US for reasons pertaining to being a conscientious objector? Y/N
- Are you now or have you ever been a deserter from any branch of the Armed Forces? Y/N
- Are you now drawing, or do you have an application pending, or approval for retired pay disability allowances, severance pay, or pension from any agency of the US Government?
- If yes, please explain: _____

ASVAB

(Skip if Prior Service)

- Have you ever taken or are you currently scheduled to take the ASVAB? Y/N
- If yes, when & where did you test: _____
- Score (If unsure, type "unsure"): _____
- If you have not taken the ASVAB in the last two years, please go to the following link and take the practice test. You may take the practice test as many times as you would like. Record your highest score. (This will be required prior to scheduling the actual ASVAB) <http://www.4tests.com/exams/examdetail.asp?eid=67>
Score: _____

DRUGS

- Have you ever used, possessed, sold or transported any illegal drugs including marijuana? Y/N
- What was the drug: _____ What did you do with the drug? _____
- Approx. how many times? _____ When was the last time? _____
- Any designer drugs (i.e. spice, ecstasy, K2, Molly, bath salts, crocodile, etc)? Y/N
- If yes, what? _____
- Any current or past problems with prescription drug abuse: Y/N If yes, when? _____
- Any hallucinogen, barbiturate, inhalant, depressant: Y/N If yes, what? Y/N _____
- Next drug? (see additional information page)

AFSC QUALIFIERS

- **Have you taken the following courses?**

Computer: Y/N

English: Y/N

English: Y/N

Chemistry: Y/N

Composition: Y/N

Typing: Y/N

Physics: Y/N

Biology: Y/N

Trigonometry: Y/N

Mathematics: Y/N

Geometry: Y/N

Algebra: Y/N

- **Do you have or ever had**
 - A fear of insects or Spiders? Y/N
 - A fear of blood? Y/N
 - A fear of guns? Y/N
 - A fear of fire? Y/N
 - A history of emotional instability? Y/N
 - A history of conviction for embezzlement? Y/N
 - A history of confinement? Y/N
 - A history of claustrophobia? Y/N
 - A history of Temporomandibular Joint Disorder (TMJ), jaw locking or jaw pain? Y/N
 - A crime of domestic violence? Y/N
- Is there anything that would preclude you from performing military duties or participating in military activities whenever necessary? Y/N
- Have you ever been rejected for enlistment, reenlistment or induction by any branch of the Armed Forces of the United States? Y/N
- If yes, please explain: _____

MEDICAL PRE-SCREENING WORKSHEET FOR DD FORM 2807-2

Please explain all "yes" answers in Section III

Have you ever or do you now have...

SECTION II - MEDICAL HISTORY. Place a check in "Yes" or "No". All "Yes" items must be fully explained in Section III

CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
EYES			LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM		
1. Double vision			22. Asthma		
2. Detached retina or surgery to repair a detached retina			23. Wheezing		
3. Cataracts or surgery for cataracts			24. Shortness of breath		
4. Eye surgery to improve vision (RK, PRK, LASIK, etc.)			25. Bronchitis		
5. Night blindness			26. Other breathing problems worsened by exercise, weather, pollens, etc.		
6. Glaucoma			27. Used inhaler(s) or steroids for breathing problem(s)		
7. Strabismus or "lazy eye" or any surgery to correct these			28. Chronic cough or frequent coughing at night		
8. Any other eye condition, injury or surgery			29. Collapsed lung or other lung condition		
VISION			30. History of chest, chest wall, or breast surgery		
9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)			HEART		
10. Loss of vision in either eye			31. Heart murmur, valve problem or mitral valve prolapse		
11. Color vision deficiency or color blindness			32. Palpitation, pounding heart or abnormal heartbeat		
EARS			33. Heart surgery		
12. Perforated ear drum or tubes in ear drum(s)			34. Pain or pressure in the chest		
13. Ear surgery, to include mastoidectomy or repair of perforated ear drum			35. An abnormal electrocardiogram (EKG)		
14. Loss of balance or vertigo			36. Any other heart problems		
HEARING			ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM		
15. Hearing loss or wear a hearing aid			37. Stomach, esophageal or intestinal ulcer		
NOSE, SINUSES, MOUTH, AND LARYNX			38. Difficulty swallowing		
16. Ear, nose, or throat trouble including tonsillectomy			39. Frequent indigestion or heartburn		
17. Chronic sinus infections or recurrent nose bleeds			40. Gall bladder trouble or gallstones		
18. Absence of, or disturbance of sense of smell			41. Jaundice (except neonatal) or hepatitis (liver disease)		
19. Any surgery of your face, mandible or jaw			42. Rupture/hernia		
DENTAL			43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)		
20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/ sample format can be found in the Recruiter's Medical Guide.)			44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease		
21. Tooth or gum problems (other than cavities)			45. Rectal disease, hemorrhoids, or blood from the rectum		
			46. Hemorrhoid surgery		
			47. Bariatric surgery (weight loss surgery)		

SECTION II - MEDICAL HISTORY (Continued). Place a check in "Yes" or "No". All "Yes" items must be fully explained in Section III.

CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO
FEMALES ONLY:				SKIN AND CELLULAR			
48. A change of menstrual pattern (other than pregnancy)				93. Acne or psoriasis			
49. Pregnancy, abortion or miscarriage				94. Eczema			
50. Any abnormal PAP smear(s)				95. Atopic dermatitis			
51. Date of last PAP smear (YYYYMMDD)				96. Large or painful scars			
52. Diagnosed with endometriosis or ovarian cysts				97. Any other skin problems			
53. Evaluation, treatment or surgery for any other gynecological (female) disorder				BLOOD AND BLOOD FORMING TISSUES			
54. Sexually transmitted disease (syphilis, gonorrhea, Chlamydia, genital warts, herpes, etc.)				98. Anemia			
55. First day of last menstrual period (YYYYMMDD)				99. Blood clots requiring blood thinner medicine			
MALES ONLY:				100. Absence or removal of the spleen			
56. Missing a testicle, testicular implant, or undescended testicle				101. Prolonged bleeding (after an injury or tooth extraction)			
57. Variocele, hydrocele, or any scrotal mass, swelling or pain				102. Any other blood or circulation problems			
58. Prostate problems				SYSTEMIC			
59. Sexually transmitted disease (syphilis, gonorrhea, Chlamydia, genital warts, herpes, etc.)				103. Adverse reaction to medication(describe reaction in Section III)			
URINARY SYSTEM				104. Adverse reaction to serum, insect stings, or tree nuts			
60. Missing a kidney				105. Allergy to common foods (milk, eggs, fish, meat, etc.)			
61. Kidney stone, infection or disease				106. Allergy to wool, latex, or other material			
62. Kidney or urinary tract surgery of any kind				107. Tuberculosis or lived with someone who had			
63. Blood or protein in urine				108. Positive test for tuberculosis (PPD or blood test)			
64. Painful or difficult urination				109. Malaria			
65. Bedwetting or treatment for bedwetting (after childhood)				110. Disorder(s) of your immune system (including HIV)			
66. Hernia				111. Car, train, sea, or air sickness			
SPINE AND SACROILIAC JOINTS				ENDOCRINE AND METABOLIC			
67. Recurrent back pain or back problem				112. Thyroid trouble or goiter			
68. Herniated disk				113. High or low blood sugar			
69. Recurrent neck pain				114. Diabetes or told that you should be tested for diabetes			
70. Back or neck surgery				NEUROLOGIC			
71. Abnormal curvature of your spine (any part)				115. Cerebrovascular incident (stroke)			
UPPER EXTREMITIES				116. Frequent or severe headaches, including migraines			
72. Painful shoulder, elbow, wrist, hand or fingers				117. Taking medication to prevent headaches			
73. Dislocated shoulder, elbow, wrist, hand or fingers				118. Lost time from work or school due to frequent or severe headaches			
LOWER EXTREMITIES				119. A skull fracture			
74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)				120. A head injury, memory loss, or amnesia			
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)				121. A period of unconsciousness or concussion			
76. Painful hip, knee, ankle, foot or toes				122. Loss of memory or amnesia, or neurological symptoms			
77. Dislocated hip, knee, ankle, foot or toes				123. Paralysis			
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES				124. Meningitis, encephalitis, or other neurological problems			
78. Bone, joint, or other orthopedic deformity				125. Seizures, convulsions, epilepsy or fits			
79. Loss of finger or toe, or extra finger or toe				126. Dizziness or fainting spells			
80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint				127. Any other neurologic problems			
81. Impaired use of arms, hands, legs, or feet (any reason)				SLEEP DISORDERS			
82. Arthritis, rheumatism, or bursitis				128. Sleepwalking or narcolepsy			
83. Any swollen joint(s)				129. Frequent trouble sleeping			
84. Surgery on any joint/bone (including arthroscopy)				130. Sleep apnea or severe snoring			
85. Plate(s), screw(s), rod(s) or pin(s) in any bone				LEARNING, PSYCHIATRIC, AND BEHAVIORAL			
86. Pain or swelling at the site of an old fracture				131. Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)			
87. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics				132. Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance			
88. Any other orthopedic, muscle, or sports injury problems				133. Diagnosed with a learning disorder, to include dyslexia			
VASCULAR				134. Received counseling of any type			
89. High or low blood pressure				135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)			
90. Raynaud's phenomenon or disease							
91. Deep Vein Thrombosis (blood clot; leg or elsewhere)							
92. Pulmonary embolism (blood clot in lung)							

SECTION II - MEDICAL HISTORY (Continued). Place a check in "Yes" or "No". All "Yes" items must be fully explained in Section III.

CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:		YES	NO
LEARNING, PSYCHIATRIC, AND BEHAVIORAL (Continued)				SUPPLEMENTAL QUESTIONS (Continued)			
136. Been expelled or suspended from school				154. Any recent unexplained gain or loss of weight			
137. Been kicked out or removed from your home				155. Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)			
138. Been arrested or other encounters with law enforcement				156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section III.)			
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry				157. Have you ever been treated in an Emergency Room? (If "yes", explain in Section III.)			
140. Nervous trouble of any sort (anxiety or panic attacks)				158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and name of doctor and complete address of hospital in Section III.)			
141. Anorexia, bulimia, or other eating disorder				159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which occurred in Section III.)			
142. Habitual stammering or stuttering				160. Have you ever been rejected for military Service for any reason? (If "yes", give date and reason in Section III.)			
143. Have you ever purposely cut or harmed yourself				161. Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section III.)			
144. Have you ever attempted or considered suicide				162. Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section III.)			
145. Used illegal drugs or abused prescription drugs				a. Sensitivity to chemicals, dust, sunlight, etc.			
146. Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)				b. Inability to perform certain motions			
147. Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction				c. Inability to stand, sit, kneel, lie down, etc.			
148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience				d. Other medical reasons			
149. Any other learning, psychiatric, or behavioral problems				163. Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details in Section III.)			
TUMORS AND MALIGNANCIES				164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section III.)			
150. Tumor, growth, cyst, or cancer of any type							
MISCELLANEOUS							
151. Cold injury, frostbite or cold intolerance							
152. Heat injury, heat stroke or heat intolerance							
SUPPLEMENTAL QUESTIONS							
153. Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all in Section III.)							

SECTION III - APPLICANT COMMENTS. Explain all "Yes" answers to questions 1 - 164 above. Begin with the Item Number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

