

U.S. Naval Sea Cadet Corps
Spruance Division and Radford Training Ship
300 S.W. 25th Street, Fort Lauderdale, Florida 33315
www.FTLSeaCadets.org

New Cadet Enrollment Packet



Contents:

Commanding Officer's Letter
Application Instructions / Checklist
Cadet Application Form
Medical History Form
Medical Exam Form
Waiver/Release of Claim
Parental Questionnaire



U.S. Naval Sea Cadet Corps

SPRUANCE Division & Training Ship RADFORD

Sponsored by the Fort Lauderdale Council of Navy League of The United States

Mailing Address: P.O. Box 21101, Fort Lauderdale, FL 33335-1101

Headquarters: 300 S.W. 25 Street, Fort Lauderdale, FL 33315



FROM: Commanding Officer

TO: Cadet Applicants and Parents

SUBJECT: NSCC ADMISSION CRITERIA FOR PROSPECTIVE CADETS

References: a) U.S. Naval Sea Cadet Corps Regulations
b) Spruance Division / Radford Training Ship
Standard Operating Procedure

1. The officers, staff and cadets of Spruance Division and Radford Training Ship welcome you to the U.S. Naval Sea Cadet Corps... ***The Adventure of a Lifetime!***
2. Before prospective cadets can be admitted to the Corps, however, several admission criteria, in accordance with references a) and b) above, must be considered.

Age: Ages 10 and 13 may join League Cadets (Radford Training Ship)

Ages 14 through 18, or as long as they are enrolled in high school, may join Sea Cadets (Spruance Division)

Physical Fitness: Cadet applicants must take a physical examination (minimum-sports type) to determine their degree of fitness for entry into NSCC.

Academics: Cadet applicants must be enrolled in school/home schooled and have a satisfactory scholastic standing

Character: Cadet applicants must have a good moral character and be free of felony/misdemeanor conviction.

Citizenship: A Naval Sea Cadet must be a United States citizen or a Resident Alien with a Social Security Card.

Fees: Enrollment fees are \$53 (money order only, payable to USNSCC)

Discipline: Cadet applicants must be able to accept discipline as a personal challenge leading to advancement and leadership opportunities.

Drill attendance: Cadets are expected to attend a minimum of 75% of scheduled drills.

Naval Sea Cadet Promise: "I promise to serve God, honor our flag, abide by Naval Sea Cadet Corps Regulation, and carry out the orders of the officers appointed over me, and so conduct myself as to be a credit to my unit, the Naval Sea Cadets, the Navy and my country."

Advancement: Cadets are expected to work diligently to learn NSCC Regulations, the unit's Standing Operating Procedures (SOP), and Basic Military Requirements (BMR); attend Recruit Orientation (Boot Camp); earn promotions, and participate in most unit activities.

3. Yes, our expectations are high! The U.S. Naval Sea Cadet Corps is not for everyone. For those who are willing to make the commitment, however, there is an exciting, challenging, and adventurous voyage waiting for you!

4. We wish you fair winds, steady seas, and outstanding sailing!



**LCDR Alan M. Starr, NSCC
Commanding Officer**



Application Instructions / Checklist

1. Please enter cadet's DOB as Day/Month/Year
(for example: 30 JUN 1998)
2. Enter cadet's complete Social Security number where applicable.
3. Please use the following checklist. Only complete applications will be accepted.
 - Annual Enrollment Fee of \$53**
(Money Order Only made payable to USNSCC)
 - Cadet Application Form**
(Completed and signed by a parent/guardian)
 - Report of Medical Exam Form**
(Completed and signed by a physician)
 - Report of Medical History Form**
(Completed and signed by a parent/guardian)
 - Proof of Medical Insurance**
 - Copy of Immunization Record**
 - Copy of most Recent Report Card**
 - Copy of Birth Certificate**
 - Waiver/Release of Claim**
(Cadet and Parent/Guardian, please read and sign)
 - Parental Support Questionnaire** (optional)

If you have any questions concerning the application or the U.S. Naval Sea Cadet Corps program, or wish to volunteer in some capacity, please call:

LCDR Alan M. Starr
Commanding Officer
(954) 522 - 8995

Lindette B. Vazquez
Administrative Officer
artatwerk@aol.com
954-494-6163

INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A

1. APPLICANT INFORMATION

| | | | | | | | |
|--|--|-------------------------------|----------------|---------------------------|--------------------|--|--|
| 1a. Last Name | | 1b. First Name | | 1c. Middle Name | | 1d. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 1e. Home Address | | | 1f. City | | 1g. State | 1h. Zip Code + 4 | |
| 1i. Social Security Number | | 1j. Date of Birth (DD MMM YY) | 1k. Home Phone | | 1l. E-Mail Address | | |
| 1m. Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes grade:</i> | | 1n. School Name & City | | | | 1o. GPA | |
| 1p. Has the applicant ever been charged OR convicted of a criminal offense? <i>(use an additional sheet if necessary)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i> | | | | | | | |
| 1r. Citizenship <input type="checkbox"/> U.S. Citizen <i>(NSCC Regulations, Chapter Six, Paragraph 0610.1, U.S. Citizenship Required)</i> | | | | 1s. Referred/Recruited by | | | |

2. APPLICANT AGREEMENT AND CONFIRMATION

I agree to be governed by the regulations for administration of the NSCC/NLCC; and to obey all lawful orders, to attend drills regularly, and to take proper care of any uniforms or equipment entrusted to me. I also commit to being drug, alcohol, and gang free while I am a member of the NSCC/NLCC.

| | | | |
|-------------------------|--|----------------------|--|
| 2a. Applicant Signature | | 2b. Date (DD MMM YY) | |
|-------------------------|--|----------------------|--|

3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION *(will be listed as next of kin and first contact in case of an emergency)*

| | | | | | |
|---------------|--|-------------------|---|--------------------|------------------|
| 3a. Name | | | 3b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: | | |
| 3c. Address | | 3d. City | | 3e. State | 3f. Zip Code + 4 |
| 3g. Day Phone | | 3h. Evening Phone | | 3i. E-Mail Address | |

4. SECONDARY PARENT/LEGAL GUARDIAN CONTACT INFORMATION

| | | | | | |
|---------------|--|-------------------|---|--------------------|------------------|
| 4a. Name | | | 4b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: | | |
| 4c. Address | | 4d. City | | 4e. State | 4f. Zip Code + 4 |
| 4g. Day Phone | | 4h. Evening Phone | | 4i. E-Mail Address | |

5. EMERGENCY CONTACT INFORMATION *(will be contacted in case primary or secondary contacts are unreachable in case of an emergency)*

| | | | | | |
|---------------|--|-------------------|---|--------------------|-----------------|
| 5a. Name | | | 5b. Relationship <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend | | |
| 5c. Address | | 5d. City | | 5e. State | 5. Zip Code + 4 |
| 5g. Day Phone | | 5h. Evening Phone | | 5i. E-Mail Address | |

6. MEDICAL INFORMATION

| | | | | | |
|--|--|--|--------------------------------------|--|--|
| 6a. Medical Insurance Provider Name | | | 6a. Medical Insurance Policy Number | | |
| 6c. Medical Insurance Provider Address | | | 6d. Medical Insurance Provider Phone | | |

7. DEMOGRAPHICS

| | | | | | |
|--|--|--|--|--|--|
| 7a. Ethnicity <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Eskimo <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to State | | | | | |
| 7b. Community Profile <input type="checkbox"/> Inner City <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other <input type="checkbox"/> Decline to State | | | | | |

CADET APPLICATION

8. PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the Naval Sea Cadet Corps (NSCC)/Navy League Cadet Corps (NLCC). I understand that the NSCC/NLCC is organized along military lines and that NSCC/NLCC regulations govern my child's/ward's membership and that violation of regulations may result in my child's/ward's discharge from the NSCC/NLCC. I will ensure that my child/ward abides by all regulations and lawful orders from superior officers and cadets. I certify that, to the best of my knowledge, he/she is physically and mentally fit to take part in vigorous activities or if not, I have disclosed all physical/medical/disability limitations and he/she is not suffering from any communicable disease. I further agree to be responsible for the value of any uniforms and/or equipment loaned him/her, reasonable wear and tear expected. I understand that such uniforms or equipment shall remain the property of the Naval Sea Cadet Corps while on loan, and I agree to return them when my child/ward ceases to serve as a cadet, or at any other time upon request of a Naval Sea Cadet officer or other authorized agent I have been briefed on the NSCC medical insurance plan. I am aware this is an accident/illness "excess" policy and that the limit of the policy is a total of \$25,000 for all accidental benefits/\$5,000 for illness with no deductible. I understand that my personal medical insurance is the primary policy, but in the event that I do not have insurance and/or the NSCC policy limits are exhausted, I understand that I am responsible for all medical payment above \$25,000 for accidents/\$5,000 for illnesses. I also understand that payment of enrollment fees will be required ANNUALLY, and payment of uniform fees may be required upon enrollment. I agree to be bound by all NSCC regulations, policies, and amendments thereof that govern my child's/ward's membership and conduct; I further waive any right to challenge in any way any determination made by the NSCC/NLCC regarding my child's/ward's continuance of membership in the NSCC/NLCC should he/she violate said regulations.

8a. Signature of Parent/Legal Guardian

8b. Date (DD MMM YY)

8c. Signature of Witness (Unit CO or other designated officer)

9. STANDARD RELEASE

I, being the parent/legal guardian of a member of the U.S. Naval Sea Cadet Corps (NSCC)/U.S. Navy League Cadet Corps (NLCC), in consideration of his/her acceptance and continuance of membership in the NSCC/NLCC, I hereby release from any and all claims, demands, actions, or causes of action due to death, injury or illness the following: (1) the government of the United States of America and all its departments and agencies; (2) any jurisdiction (state, county, city, town, district or other political subdivision) where official NSCC/NLCC activities take place; (3) the Navy League of the United States; (4) any organization or association, public or private, that sponsors NSCC/NLCC activities; (5) the NSCC/NLCC; (6) all officers, representatives, and agents, acting officially or otherwise of the previously mentioned, jurisdictions, organizations, and associations.

I hereby acknowledge that I have received and reviewed the Nationwide Life Insurance Company Specified Hazard Group Insurance Certificate for the United States Naval Sea Cadet Corps (NSCC) (Policy 502-95-21736).

I consent to the examination of my son/daughter/ward by the medical facilities of the Department of Defense (DOD), U.S. Coast Guard (USCG), National Oceanographic and Atmospheric Administration (NOAA), U.S. Public Health Service (USPHS), or civilian physicians/medical facilities to determine physical status for participation in the NSCC/NLCC. I further authorize, as may be required treatment in said facilities in the event of any illness or accident arising aboard DOD, USCG, or NOAA facilities or vessels, or during other authorized NSCC/NLCC activities. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and/or special instructions of the attending physician or other physicians assigned his/her care. This consent does not include major surgery unless, in the medical opinion of two physicians, it is reasonably necessary to save life, or where second opinions are similarly impracticable the concurring opinions of other physicians may be excused.

I also grant permission for my son/daughter/ward to be transported as a passenger in military aircraft, vessels and vehicles.

I consent to the taking of any records of my son/daughter/ward through photographic, cinematic, and digital media, and to the reproduction and/or publication of same by any photographic facility of the NSCC/NLCC, DOD, USCG, NOAA, NLUS, sponsoring organizations, media/press, and the subordinate agencies/units/organizations of said organizations. I consent to the use of said records in connection with education programs or activities of the said organizations. I further assign to the said organizations all right and title to and interest in above described records for any further use of them that may be in the area of motion pictures, video tapes, publicity photos, publication via digital media such as the Internet, etc.

This standard release shall remain in effect for the duration of my son's/daughter's/ward's membership in the NSCC/NLCC. I also give my permission for facsimiles of this release to be made, and when presented by an authorized official of the NSCC/NLCC, DOD, USCG, NOAA shall be considered as valid as the original signed by me.

9a. Cadet Full Name

9b. Social Security Number

9c. Parent/Guardian Name (Print of Type)

9d. Parent/Guardian Signature

9e. Date (DD MMM YY)

9f. Name of Witness (Unit CO or other Designated Officer - Print or Type)

9g. Signature of Witness (Unit CO or Designated Officer)

9h. Date (DD MMM YY)

UNIT USE – DO NOT WRITE BELOW THIS LINE

| ENROLLMENT | DATE | DISENROLLMENT | DATE | Unit Name & Location |
|--------------------------------|------|--------------------------|------|----------------------|
| Cadet Application (NSCADM 001) | | ID Card Returned | | |
| Medical History (NSCADM 020) | | Uniforms Returned | | |
| Medical Exam (NSCADM 021) | | NRTCs Returned | | |
| Enrollment Fees Collected | | Deposit Refunded | | |
| Uniform Fees Collected | | NSCADM 009 to NHQ | | |
| Uniforms Issued | | Reason for Disenrollment | | |
| Enrollment (NSCADM 007) to NHQ | | | | |

NOTICE

Upon enrollment, the information requested below is required to provide the medical examiner an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the NSCC/NLCC training program. Also this information will be provided to medical examiners in case of injury or illness while participating in NSCC/NLCC activities. **If taking medications at time of enrollment, list in Block 9.**

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private medical provider regarding past illnesses. Proof of immunization for polio, measles, mumps, rubella hepatitis B, pertussis and tetanus plus diphtheria and Menactra vaccine for Meningitis must be attached.

After enrollment, use this form to screen cadets for continued medical fitness before sending to Orientation, Recruit, Advanced and/or other trainings.

Commanding Officer's (CO) and Commanding Officers of Training Contingents (COTC) retain the obligation to deny acceptance for enrollment or training to any cadet if upon review of this form, it is determined that the cadet is not physically/medically qualified for participation unless Medical Condition and/or disability accommodation per ADA guidelines has been requested and approved.

1. UNIT INFORMATION

| | |
|--|--------------------------|
| 1a. Unit Name Spruance Division / Radford Training Ship | 1b. Region 065 |
|--|--------------------------|

2. PERSONAL INFORMATION

| | | | |
|-------------------------|--------------------------------------|---|---|
| 2a. Last Name | 2b. First Name | 2c. MI | 2d. Social Security Number |
| 2e. Age | 2f. Date of Birth (DD MMM YY) | 2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 2h. Parent/Guardian Name (cadets only) |
| 2i. Home Address | | 2j. City | |
| 2k. State | 2l. Zip Code + 4 | 2m. Home Phone | 2n. Date of Physical Examination (DD MMM YY) |

3. MEDICAL PROVIDER/INSURANCE INFORMATION

| | |
|---|---|
| 3a. Medical Insurance Provider Name | 3b. Medical Insurance Policy Number |
| 3c. Medical Insurance Provider Address | 3d. Medical Insurance Provider Phone |
| 3e. Medical Provider Name | 3f. Medical Provider Phone Number |

4. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked YES must be fully explained in block 9: explain treatment to return cadet to medically fit for NSCC)

| HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS: | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 4a. Tuberculosis or live with someone with tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | 4n. Head injury or concussion | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Chronic or recurrent abdominal or stomach pain | <input type="checkbox"/> | <input type="checkbox"/> | 4o. Seizures, convulsions, epilepsy, or fits | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Asthma or breathing problems related to exercise, pollen, etc. | <input type="checkbox"/> | <input type="checkbox"/> | 4p. Car, train, sea, and/or air sickness | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Been prescribed or use an inhaler | <input type="checkbox"/> | <input type="checkbox"/> | 4q. A period of unconsciousness | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Loss of vision in either eye | <input type="checkbox"/> | <input type="checkbox"/> | 4r. Heart trouble or murmur | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Loss of hearing or wear a hearing aid | <input type="checkbox"/> | <input type="checkbox"/> | 4s. Received counseling for emotional or behavior disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Impaired use of arms, legs, hands, feet | <input type="checkbox"/> | <input type="checkbox"/> | 4t. Eating disorder (bulimia, anorexia) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4h. Knee problems | <input type="checkbox"/> | <input type="checkbox"/> | 4u. Sleepwalking | <input type="checkbox"/> | <input type="checkbox"/> |
| 4i. Broken bones(s) (cracked or fractured) | <input type="checkbox"/> | <input type="checkbox"/> | 4v. Bedwetting | <input type="checkbox"/> | <input type="checkbox"/> |
| 4j. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | 4w. Been hospitalized (<i>if yes, why, when, where</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4k. Anemia (including sickle cell) | <input type="checkbox"/> | <input type="checkbox"/> | 4x. Any illness or injury not mentioned above (<i>if yes, explain</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4l. Dizziness or fainting spells (including after exercise) | <input type="checkbox"/> | <input type="checkbox"/> | 4y. Advised to avoid certain physical activities (<i>if yes, explain</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4m. Frequent or severe headaches | <input type="checkbox"/> | <input type="checkbox"/> | 4z. FEMALES ONLY: At what age did you begin menstrual cycle: | | |

REPORT OF MEDICAL HISTORY

5. IMMUNIZATION RECORDS (attach copy of immunization record to this form)

| | | |
|--|--|--|
| 5a. Date of last tetanus or booster | 5b. Date of Menactra Vaccine for Meningitis | 5c. Date of negative PPD or Medical Provider Clearance for TB |
|--|--|--|

6. ALLERGIES (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 9)

| DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES: | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 6a. Bee or Wasp Sting | <input type="checkbox"/> | <input type="checkbox"/> | 6e. Latex | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Hay Fever or seasonal allergies | <input type="checkbox"/> | <input type="checkbox"/> | 6f. Any drug, E-mycin antibiotic, or sulfa allergies, list in Block 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Insect Bites | <input type="checkbox"/> | <input type="checkbox"/> | 6g. Other Allergies, list in Block 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Iodine/seafood | <input type="checkbox"/> | <input type="checkbox"/> | 6h. Food allergies, list in Block 9 | <input type="checkbox"/> | <input type="checkbox"/> |

6i. Describe the allergic reaction and what condition occurs: (Include comment if mild or seasonal, or life threatening requiring immediate medical attention)

7. OVER THE COUNTER MEDICATIONS (for NLCC orientation, NSCC recruit, and Advanced Training. NOT Unit Drills.)

7a. Over the Counter (OTC) medications that may be administered at training evolutions by our staff when requested, for these conditions:

- | | |
|-------------------------|--|
| 1. Allergies | Benydril |
| 2. Colds: | Cough Medicine (Robitussin DM, Dimetapp, etc.), Throat/Cough Drops (Chloraseptic, Halls, etc.), Decongestant (Sudafed, etc.) |
| 3. Constipation: | Milk of Magnesia, Dulcolax, Ex-Lax, or Glycerin Suppository |
| 4. Cuts and Scraps: | Bacitracin ointment, Betadine, Neosporin ointment |
| 5. Diarrhea: | Pepto Bismol, Kaopectate, Immodium AD, etc. |
| 6. Headache | Tylenol or Ibuprofen (Motrin, Advil, Aleve) |
| 7. Indigestion: | Calcium Carbonate (Tums, Rolaids, etc.) |
| 8. Itch/Rash: | Cortisone Cream or Calamine Lotion |
| 9. Sea/Motion Sickness: | Dramamine, Bonine, etc. |
| 10. Sprains: | Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil, Aleve) |
| 11. Sunburn: | Calamine Lotion, Topical Lidocaine Spray or Aloe Vera Gel |
| 12. Wounds: | Bacitracin ointments, Betadine, Neosporin Ointment |

**Other medications not listed above may be administered if so recommended by qualified medical staff.
Parents will be contacted directly when over the counter medications need to be administered during unit drills**

8. STATEMENT OF UNDERSTANDING AND CONSENT

BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:

Parent/Guardian
Initial Below

8a. I understand that all medications will be administered to the cadet based on dosing instructions on the medication bottle/package. In no instance will cadets be allowed to self-medicate with any over the counter medication.

8b. I understand and consent that these written instructions may be superceded if, in the opinion of a medical provider, not doing so would place the cadet in a medically compromised condition.

8c. If you do not want your child to be administered over the counter medications, or certain medications concurrent with other medications, use Block 9 to specify those medications or write, **"Do not medicate my child with any over the counter medications"**.

9. REMARKS (please include comments as required by Blocks 4, 6, and/or 8. Also provide any other medical history that you or your physician deems important)

10. AUTHORIZATION AND RELEASE

I certify that to the best of my knowledge that the information provided is true and accurate and that I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this Authorization. I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my son/daughter's use of medication while participating in Naval Sea Cadet Corps Activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.

| | | |
|---|-----------------------|------------------------------|
| 10a. Parent/Guardian (for cadets) or Member Name (Type of Print) | 10b. Signature | 10c. Date (DD MMM YY) |
|---|-----------------------|------------------------------|

| | | |
|--|--|-----------------------|
| U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS | <h1 style="margin: 0;">REPORT OF MEDICAL EXAM</h1> | FOR OFFICIAL USE ONLY |
|--|--|-----------------------|

INSTRUCTIONS

Acceptance criteria for applicants the Naval Sea Cadet Corps/Navy League Cadet Corps (NSCC/NLCC) are listed on the reverse side. No one will be denied admission to the program due to a medical disability, however participation may be limited if the cadet is not able to meet the medical standards necessary to FULLY participate in training activities involving strenuous physical exercise and activities such as orientation in fighting shipboard fires in often hot and humid environments. The examiner should list any condition(s) that could interfere with full, unrestricted, participation in the NSCC/NLCC. Conditions that will or are likely to require treatment particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed medical provider must complete this examination.

1. UNIT INFORMATION

| | |
|--|--------------------------|
| 1a. Unit Name Spruance Division / Radford Training Ship | 1b. Region 065 |
|--|--------------------------|

2. PERSONNEL INFORMATION

| | | | |
|-------------------------|---|---|---|
| 2a. Last Name | 2b. First Name | 2c. MI | 2d. Social Security Number |
| 2e. Age | 2f. Date of Birth (DD MMM YY) | 2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 2h. Parent/Guardian Name (cadets only) |
| 2i. Home Address | 2j. City | 2k. State | 2l. Zip Code + 4 |
| 2m. Home Phone | 2n. Date of Physical Examination (DD MMM YY) | 2o. Location of Physical Examination | |

4. CLINICAL EVALUATION

| Anatomy | Normal | Abnormal | NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment) |
|--|--------------------------|--------------------------|--|
| 4a. Head, Face, Neck, and Scalp | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4b. Nose | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4c. Sinuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4d. Ears – General (<i>Internal and External Canals</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4e. Drum (<i>Perforation</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4f. Eyes- General | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4g. Ophthalmoscopic | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4h. Pupils (<i>Equality and Reaction</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4i. Heart (<i>Thrust, Size, Rhythm, and Sounds</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4j. Lungs and Chest | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4k. Abdomen and Viscera (<i>Include Hernia</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4l. External Genitalia (<i>Genitourinary</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4m. Upper Extremities | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4n. Lower Extremities | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4o. Feet | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4p. Spine and other Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | |

5. LABORATORY FINDINGS (*only required for those with a history of urinary tract infections or anemia, enter N/A if tests were not administered*)

| | |
|--|---|
| 5a. Urinalysis (1) Albumin: _____ (2) Sugar: _____ | 5b. Blood (1) Hemoglobin: _____ (2) Hematocrit: _____ |
|--|---|

6. MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | |
|-------------------------------------|---------------------------|--|--|---|-------------|-------------|---|
| 6a. Height inches | 6b. Weight lbs. | 6c. Obese <input type="checkbox"/> Yes <input type="checkbox"/> No | 6d. Pulse | 6e. Blood Pressure (1) Systolic: _____ (2) Diastolic: _____ | | | |
| 6f. Audiogram (if available) | | | 6g. Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No | 6h. Wears Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| HZ | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 6i. Uncorrected Vision (1) Left: 20/ _____ (2) Right: 20/ _____ |
| Right | | | | | | | 6k. Color Vision |
| Left | | | | | | | |

6l. Other Findings (if more room is needed, continue on reverse)

REPORT OF MEDICAL EXAM

7. CLINICAL SCREENING (Please check if the patient has any of the following conditions and whether it will affect the ability to participate in NSCC/NLCC activities.)

| Condition(s) | Pre-Existing | NOTES: (Describe every condition in detail. Enter pertinent item number before each comment) |
|--|--|--|
| 7a. Seizure or convulsion disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7b. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7c. Symptomatic/recurring orthopedic injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7d. Diabetes, Type I | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7e. Diabetes, Type II | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7f. Hypersensitivity to Food | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7g. Insect bites/stings sensitivity | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7h. Head injuries resulting in residual impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7i. Neurological Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7j. History of recurring loss of consciousness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7k. History of debilitating motion sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7l. Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7m. Bedwetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

8. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

9. MEDICAL PROVIDER ENDORSEMENT (Check all that apply):

I have reviewed the data above, reviewed the patient's medical history form and make the following recommendations for his/her participation in the NSCC/NLCC

9a. **CLEARED WITHOUT RESTRICTIONS**

9b. Cleared **AFTER** further evaluation or treatment for:

9c. Cleared for **LIMITED** participation

Not cleared for (specify activities):

Cleared only for (specify activities):

Reasons:

9d. **NOT CLEARED FOR PARTICIPATION**

Reasons:

9e. **OTHER RECOMMENDATIONS**

Recommend close monitoring during conditioning because of weight/fitness/other.

Recommend restrictions or monitoring of weight loss/gain or fitness concerns.

Recommend participations under following condition(s):

Other:

10. MEDICAL PROVIDER

10a. Name of Medical Provider (Type or Print) or Medical Provider Stamp

10b. Signature (MD, DO, PN, PA)

10c. Date (DD MMM YY)

10b. Medical Provider Address

10c. City

10c. State

10c. Zip Code +4

10c. Phone



Spruance Division/Radford Training Ship
Fort Lauderdale

Waiver/Release of Claim

I do hereby, for myself and my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages I may have or which may hereafter occur against:

**Navy League of the United States
Fort Lauderdale Council, Navy League of the United States
The Spruance Division of the United States Naval Sea Cadet Corps
Radford Division of the United States Naval Sea Cadet Corps
United States Coast Guard**

Their agents, officers, representatives, successors and/or assigns for any and all damages which may be sustained by me in connection with or arising out of my traveling to, participating in and returning from all activities.

Also, as parents or legal guardian of _____,
I authorize any certified team or certified meet official to seek out medical treatment in case of injury. Any certified medical person/persons have my release to initiate what they deem to be proper treatment.

Participant

Parent or Guardian

Witness

Date

Telephone

The adult leadership of the NSCC/NLCC is made up entirely of volunteers. Many are parents just like you. Now that your child is joining our program, we ask you to please look over this questionnaire to see if you might be able to help out in some way.

Yes, I am willing to help out the unit with the following:

- Volunteer as a uniformed adult leader (must meet weight requirements)
- Volunteer as a non-uniformed adult leader
- Join a Parent's Auxiliary Group
- Provide transportation for unit activities
- Chaperone unit activities
- Assist with unit recruiting
- Assist with unit fundraising
- Assist with unit morale activities (outings, picnics, dances, etc.)
- Assist with unit administrative functions (copying, typing, etc.)
- Assist with unit supply (issue uniforms, maintaining inventory)
- Become a member of the Navy League of the United States or Sponsoring Organization
- Make the NSCC a beneficiary of my Combined Federal Campaign contribution (CFC #10185)
(Federal and Military Employees only)
- Commit to an annual donation to the unit of \$ _____

If you can offer assistance with anything else that is not listed above please let us know:

Cadet Name (Last, First, MI Type or Print)

Parent/Guardian Name

Parent/Guardian Name

Relationship to Cadet

Relationship to Cadet

Home Phone

Home Phone

Work Phone

Work Phone

E-Mail Address

E-Mail Address

Times/Days you are available to assist

Times/Days you are available to assist