

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>	<b>CADET APPLICATION</b> <b>REPORT OF MEDICAL EXAM</b>	<i>FOR OFFICIAL USE ONLY</i>																																																			
<b>INSTRUCTIONS</b>																																																					
Acceptance criteria for 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 <b>FULLY</b> participate in training activities involving strenuous physical exercise and activities such as orientation in fighting shipboard fires in often hot and humid environments. The medical provider 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 illnesses, must be listed. The history of immunization should be verified to the satisfaction of the medical provider. <u>A licensed medical provider must complete this examination.</u>																																																					
<b>1. UNIT INFORMATION</b>																																																					
<b>1a. Unit Name</b>		<b>1b. Region</b>																																																			
<b>2. PERSONNEL INFORMATION</b>																																																					
<b>2a. Last Name</b>	<b>2b. First Name</b>	<b>2c. MI</b>																																																			
<b>2d. USNSCC ID Number</b>																																																					
<b>2e. Age</b>	<b>2f. Date of Birth (DD MMM YY)</b>	<b>2g. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female																																																			
<b>2h. Parent/Guardian Name</b>																																																					
<b>2i. Home Address</b>	<b>2j. City</b>	<b>2k. State</b>																																																			
<b>2l. Zip Code + 4</b>																																																					
<b>2m. Primary Phone</b>	<b>2n. Alternate Phone</b>	<b>2o. Date of Physical Examination (DD MMM YY)</b>																																																			
<b>3. CLINICAL EVALUATION</b>																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Anatomy</th> <th style="width: 10%;">Normal</th> <th style="width: 10%;">Abnormal</th> </tr> </thead> <tbody> <tr><td><b>3a. Head, Face, Neck, and Scalp</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3b. Nose</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3c. Sinuses</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3d. Ears – General (<i>Internal and External Canals</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3e. Drum (<i>Perforation</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3f. Eyes- General</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3g. Ophthalmoscopic</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3h. Pupils (<i>Equality and Reaction</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3i. Heart (<i>Thrust, Size, Rhythm, and Sounds</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3j. Lungs and Chest</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3k. Abdomen and Viscera (<i>Include Hernia</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3l. External Genitalia (<i>Genitourinary</i>)</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3m. Upper Extremities</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3n. Lower Extremities</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3o. Feet</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><b>3p. Spine and other Musculoskeletal</b></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Anatomy	Normal	Abnormal	<b>3a. Head, Face, Neck, and Scalp</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3b. Nose</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3c. Sinuses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3d. Ears – General (<i>Internal and External Canals</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3e. Drum (<i>Perforation</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3f. Eyes- General</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3g. Ophthalmoscopic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3h. Pupils (<i>Equality and Reaction</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3i. Heart (<i>Thrust, Size, Rhythm, and Sounds</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3j. Lungs and Chest</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3k. Abdomen and Viscera (<i>Include Hernia</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3l. External Genitalia (<i>Genitourinary</i>)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3m. Upper Extremities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3n. Lower Extremities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3o. Feet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3p. Spine and other Musculoskeletal</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTES:</b> (Describe every abnormality in detail. Enter pertinent item number before each comment)	
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<b>4. LABORATORY FINDINGS</b> ( <i>only required for those with a history of urinary tract infections or anemia, enter N/A if tests were not administered</i> )																																																					
<b>4a. Urinalysis</b> (1) Albumin: _____ (2) Sugar: _____	<b>4b. Blood</b> (1) Hemoglobin: _____ (2) Hematocrit: _____																																																				
<b>5. MEASUREMENTS AND OTHER FINDINGS</b>																																																					
<b>5a. Height</b> inches	<b>5b. Weight</b> lbs.	<b>5c. Obese</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			
<b>5d. Pulse</b>		<b>5e. Blood Pressure</b> (1) Systolic: _____ (2) Diastolic: _____																																																			
<b>5f. Audiogram (if available)</b>		<b>5g. Wears Glasses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			
<b>5h. Wears Contacts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>5i. Uncorrected Vision</b> (1) Left: 20/ _____ (2) Right: 20/ _____																																																			
<b>5j. Color Vision</b> <input type="checkbox"/>	<b>5k. Other Findings (if more room is needed, continue on reverse)</b>																																																				

