

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3		<b>REQUEST FOR EXAMINATION</b>			FOR OFFICIAL USE ONLY	
THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT						
<b>PRIVACY ACT STATEMENT AUTHORITY:</b> Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. <b>PRINCIPAL PURPOSE:</b> The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). <b>ROUTINE USE:</b> Record is maintained with other enlistment processing records. <b>DISCLOSURE:</b> Voluntary; refusal to provide required data could result in denial of enlistment.						
A. SERVICE PROCESSING FOR		B. PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		C. SELECTIVE SERVICE CLASSIFICATION		D. SELECTIVE SERVICE REGISTRATION NUMBER
1. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)				
3. CURRENT ADDRESS <i>(Street, City, County, State, Country, ZIP Code)</i>			4. HOME OF RECORD ADDRESS <i>(Street, City, County, State, Country, ZIP Code)</i>			
5. CITIZENSHIP (X One)		6. SEX (X One)		7.a. RACIAL CATEGORY (X one or more)		
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)		a. MALE <input type="checkbox"/> b. FEMALE		(1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE		
b. U.S. NATURALIZED		8. MARITAL STATUS (Specify)		9. NUMBER OF DEPENDENTS		
c. U.S. NON-CITIZEN NATIONAL		9. NUMBER OF DEPENDENTS		7.b. ETHNIC CATEGORY (X One)		
d. IMMIGRANT ALIEN (Specify)		9. NUMBER OF DEPENDENTS		<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		
e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		9. NUMBER OF DEPENDENTS		9. NUMBER OF DEPENDENTS		
f. ALIEN REGISTRATION NUMBER (As applicable)		9. NUMBER OF DEPENDENTS		9. NUMBER OF DEPENDENTS		
10. DATE OF BIRTH (YYYYMMDD)		11. RELIGIOUS PREFERENCE (Optional)		12. EDUCATION (Yrs/Highest Ed Gr Completed)		13. PROFICIENT IN FOREIGN LANGUAGE (X One) <i>(If Yes, specify)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
14. VALID DRIVER'S LICENSE (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, list State, number, and expiration date)</i>		15. PLACE OF BIRTH (City, State, and Country)		1st		2nd
16. APTITUDE: a. ASVAB REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO						
c. TEST TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST						
d. RETEST <input type="checkbox"/> 2ND RETEST <input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED						
e. PREVIOUS TEST VERSIONS 1. 2.						
f. PREVIOUS TEST DATES (YYYYMMDD) 1. 2.						
17.a. RECRUITER ID/SSN		b. STATION ID		18. TEST ADMINISTRATOR SSN/ID		19. TEST ADMINISTRATOR SIGNATURE
20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO						
b. EXAM TYPE <input type="checkbox"/> FULL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RE-EXAM <input type="checkbox"/> INSPECT <input type="checkbox"/> CONSULT <input type="checkbox"/> OTHER						
c. DATE LAST FULL MEDICAL EXAM (YYYYMMDD)						
21. APPLICANT'S SIGNATURE				22. MIRS CODING		
				W*ID ST DATE INT DATE INT		
23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR				24. RIGHT THUMBPRINT		
I certify that I am the person identified on this form:				Photo ID? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____ <i>(Signature of Applicant)</i>				If yes, type/organization _____		
				ID Number _____		
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL				24. RIGHT THUMBPRINT		
I certify that I am the person identified on this form and the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:				RIGHT THUMBPRINT, FIRST ATTEMPT <i>(AFFIX THUMBPRINT WITH THUMB NAIL POINTED TO THE LEFT)</i>		
a. <input type="checkbox"/> I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.				IF SECOND ATTEMPT IS REQUIRED, TURN FORM OVER (TOP OF FORM ON THE BOTTOM) AFFIX RIGHT THUMBPRINT ON UPPER RIGHT CORNER, THUMB NAIL POINTED TO THE LEFT		
b. <input type="checkbox"/> I was tested with the ASVAB on or about _____ at _____ <i>(Most Recent Date Tested) (School, City, and State)</i>						
c. <input type="checkbox"/> Request for student test scores (high school look-up) _____ at _____ <i>(Most Recent Date Tested) (School, City, and State)</i>						
d. <input type="checkbox"/> Yes, I want to keep my AFQT scores from the student test listed in "c" above.						
e. Current or last high school attended _____ / _____ <i>(High School) (13 Digit Code)</i>						
f. _____ / _____ / _____ <i>(Signature of Applicant) (Social Security Number) (Date)</i>						
<b>MEDICAL RECORDS RELEASE AUTHORITY:</b> I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.						
26. APPLICANT'S CURRENT MEDICAL INSURER NAME <i>(If none, sign your complete name to affirm you have no current medical insurer):</i>				27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME <i>(If none, sign your complete name to affirm you have no current medical provider):</i>		
28. MEDICAL INSURER ADDRESS <i>(Street, City, State, Country, ZIP Code)</i>				29. MEDICAL PROVIDER ADDRESS <i>(Street, City, State, Country, ZIP Code)</i>		
30. CERTIFICATION BY RECRUITING PERSONNEL					APPLICANT SSN	
I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:						
_____ <i>(Signature of Recruiter (or rep, if auth))</i>		_____ <i>(Printed/Typed Name of Recruiter or Rep)</i>		_____ <i>(Date)</i>		
_____ <i>(Printed/Typed Name of Recruiter (if not recorded above))</i>						
_____ <i>(Recruiter ID/SSN)</i>		_____ <i>(Local Recruiting Activity)</i>		_____ <i>(Bn, NRD, Sq or RS Location)</i>		