

N3M ENLISTED APPLICANT COVERSHEET/QUALITY ASSURANCE (QA) CHECKLIST

APPLICANT'S DATA			
Name (Last, First, MI):	Last 4 of SSN:	Age:	
Type of Application (Check all that apply):			
<input type="checkbox"/> COURTESY REVIEW <input type="checkbox"/> ACTIVE DUTY USN <input type="checkbox"/> USNR <input type="checkbox"/> NAVET AFFILIATION		<input type="checkbox"/> SHIPPER (call N3M ASAP@ 901-874-9445) <input type="checkbox"/> SPECWAR (must be forwarded to CNRC NSO/NSW department for upload into MEDWAIVE)	
NRD MEDWAIVE PROCESSOR DATA			
Name (Last, First, MI):	NRD:	Phone Number:	Email Address:
Comments:			
REQUIRED DOCUMENTS			
<b><u>ACTIVE DUTY APPLICANTS</u></b>			
<input type="checkbox"/> N3M Enlisted Coversheet <input type="checkbox"/> Report of Medical Examination (DD 2808) and Report of Medical History (DD 2807-1), no more than 2 years old <input type="checkbox"/> All medical documents pertaining to the disqualifying condition(s) <input type="checkbox"/> HIV and Drug and Alcohol Test (DAT) results <input type="checkbox"/> Letter of Activity (LOA) statement from applicant relating to the disqualifying condition (s) <input type="checkbox"/> If NAVET or OSVET, DD 214 or Statement of Service and Current Point Capture Summary (for USNR Drilling applicants) <input type="checkbox"/> Copy of Veterans Administration compensation and pension (C&P) history (if NAVET or OSVET)			
<b><u>RESERVE APPLICANTS</u></b>			
<input type="checkbox"/> All documents required for an Active duty applicant (NAVCRUIT 1131/45, HIV Statement of Understanding, can be submitted in place of HIV results) <input type="checkbox"/> SF600, Chronological Record of Medical Care <input type="checkbox"/> CNAVRES 1326/4, Enlisted Inactive Duty Training Orders to a Navy Reserve Unit (OBLIGOR) <input type="checkbox"/> Updated 2807-1 (If original is over 90 days, per COMNAVCRUITCOM 1130.8J, Volume II)			
<b><u>COURTESY REVIEW</u></b>			
<input type="checkbox"/> Medical Prescreen (DD 2807-2) signed by CMO and all medical documents pertaining to the disqualifying condition(s)			
<b><u>Also required if applicant is over 40 years of age</u></b>			
<input type="checkbox"/> Labs for over age 40 (Lipid panel, fasting, glucose) <input type="checkbox"/> EKG with interpretation <input type="checkbox"/> DRE with Guaic		<input type="checkbox"/> IOP (Intraocular Pressure) results <input type="checkbox"/> Mammogram results (females) per USMEPCOM regulation 40-1,7-8, item 52(4)	