

DEFENSE INFORMATION SCHOOL COMMAND SCREENING CHECKLIST

1. Purpose: To ensure Marines selected to attend the DEFENSE INFORMATION SCHOOL course(s) are fully qualified to attend training.

2. Information: Resident MOS schools are not screening institutions. In order to prevent Marines from being turned away upon arrival, it is **essential** that parent commands ensure their Marines **are fully qualified and satisfy the enrollment prerequisites set forth in this checklist**. A failure to satisfy any of the prerequisites on **this** checklist may disqualify a Marine from attending the course.

3. Action: Commands must ensure .

NAME: _____ RANK/GRADE: _____			
EDIPI: _____ UNIT: _____			
Prerequisites		Yes/No	Remarks
1	Appropriate grade and EPME completion. DOR: _____ EPME Completion date _____		_____ _____ _____
2	Meets minimum obligated service upon completion of school. (One year upon Graduation) EAS: _____		_____ _____ _____
3	Lodging requested (If SNM is not lodging at the MARDET annotate the name of the hotel) MARDET _____ Hotel (On-base/Off-base) _____ If lodging is not required, why? _____		_____ _____ _____ _____ _____ _____
4	Are there any existing family or financial hardships that would preclude this individual from attending the course?		_____ _____ _____
5	Possesses appropriate uniforms for the course. (i.e. Alpha, Bravo, Charlie, Utilities, PT attire, and any climate dictated attire that may be needed)		_____ _____ _____
6	Physically capable of participation in a progressive physical readiness program. Passed the PFT/CFT, per MCO P6100.13 within the current semi-annual period. Date Last PFT/CFT: _____ Score Last PFT/CFT: _____		_____ _____ _____ _____ _____ _____

7	Meets height/waist standards per MARADMIN 066/26. Date of Weigh-in: _____ WHtR: _____ BF% (If required): _____ Age group Male Females 17-26 18% 26% 27-39 19% 27% 40-45 20% 28% 46+ 21% 29%		_____ _____ _____ _____ _____ _____ _____ _____
8	*Medically qualified (current 5 year physical) to participate in a physical training readiness program. In Full Duty Status. Date of Physical: _____ Medical Officer Name: _____ Medical Officer Billet: _____ Medical Officer Signature: _____ * Note: Must be signed not just stamped		_____ _____ _____ _____ _____ _____ _____ _____
9	Has the Marine been informed that he/she must have orders and Medical/Dental records (electronic or hard copy) with him/her on reporting date to attend the course.		_____ _____ _____
10	To TAD FITREP or JEPES Marks completed. (TD FITREP required for PACS-Q only)		_____ _____ _____

Circle course attending:

- VIM (CID: A18M6N2)
- IPC (CID: A1843E2)
- JCPAC (CID: A18DC42)
- PACS-Q (CID: A18DCA2)
- IMMC (CID: A18KCU2)
- MCF-W (CID: A18M7L2)
- DMC (CID: A18T4Z2)
- IPAC (CID: A18DCG2)

_____	_____	_____	_____
TAD Marine (Student)	Phone#	Signature	Date
_____	_____	_____	_____
SgtMaj	Phone#	Signature	Date
_____	_____	_____	_____
Commanding Officer (0-5 or above)	Phone#	Signature	Date