

New Check In Form for Command Urinalysis

Check In Date: _____

Name (Last, First, Middle): _____

Rank/Rate: _____

Date of Birth (Day/Month/Year): _____

Sex (M of F): _____

Full SSN: _____

Directorate assigned: _____

Work Center assigned: _____

Work Phone #: _____

Sponsor's name : _____

Sponsor's contact phone number: _____

Privacy Act Statement: Authority Title 10 USC SOSC 301, (Privacy Act of 1974.)

Purpose: This information will be used only for the Command Urinalysis Program.

DISCLOSURE OF ALL ABOVE INFORMATION IS MANDATORY. No information will be released outside the official DOD channels.

Signature: _____

Date: _____

Once this form is completed, please turn in to LT Crider (Main OR): 727- 3600
HM1 Ingle (Specialty Clinics): 727-3403; HM1 Escanilla (Education and Training): 727-3497; HM1 Calhoun (Radiology): 727-3430

Thank you and Welcome Aboard.