

Contingency CHECK-IN Form

PRIVACY ACT STATEMENT: AUTHORITY TITLE 10 USC SOSC 301, (PRIVACY ACT OF 1974).

PURPOSE: This information will be used to identify training needs, coordinate assignments of Augmentation and Surgical Response Teams, Contingency planning and to aid in submitting reports required of this command. **DISCLOSURE IS MANDATORY.** No information will be released outside the official DOD channels.

CHECK-IN DATE _____ PRD _____ EAOS _____
DAY/MONTH /YEAR

NAME _____ RANK _____ RATE _____
LAST FIRST MIDDLE

(Circle One) HM MC NC NP MSC PA CIV

DOB _____ SEX _____ DEPT _____ PHONE _____
DAY /MONTH /YEAR

HOME / MAILING ADDRESS _____ PHONE _____

Enlisted _____ Officers _____
NEC _____ DESINATOR CODE _____ SUB-SPECIALTY _____ PNOBC _____ SNOBC _____
SPECIFY (IDC, TECH, 8404, ETC) _____ SSP1 _____ SSP2 _____

Marital Status: Single _____ Married _____ Dependent Children: Yes _____ No _____ How many _____

BLOOD TYPE _____ HAIR COLOR _____ EYE COLOR _____ WEIGHT _____ RELIGION _____ HT _____

NEXT OF KIN: _____
LAST FIRST MI

RELATIONSHIP _____ PHONE _____

Allergies or Sensitivities	Yes	No	If Yes, What? _____
Medical Warning Tags	Have	Need	N/A
Security Clearance	Yes	No	N/A
Prescription Glasses 2 Pair	Have	Need	N/A
Gas Mask Inserts	Have	Need	N/A
Dog Tags	Have	Need	
Family Care Plan (single parents or dual military only)	Yes	No	N/A
Dependents (page 2 updated)	Yes	No	N/A
Valid Last Will & Testimony	Advisable (Spouse, Children or Real-estate involved)		
Power of Attorney	Advisable (Understand general & special)		

Deployment History (OIF, OEF, GWOT, Humanitarian, UDP, etc):
Theater (circle) NORTHCOM, CENTCOM, EUCOM, PACOM, SOUTHCOM *Theater (circle) NORTHCOM, CENTCOM, EUCOM, PACOM, SOUTHCOM*
Unit or Ship: _____ Unit or Ship: _____
Operation: _____ Operation: _____
Date Deployed: _____ Date Deployed: _____
Date Returned: _____ Date Returned: _____

If You have been deployed 120+ Days in the last year see Family Practice or Deployment Readiness.

SIGNATURE _____ DATE _____