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U.S. AIR FORCE

UNITED STATES AIR FORCE RECRUITING

U.S. AIR FORCE

PRE-QUALIFICATION WORKSHEET

	LASI I	NAME:	MID	DLE INITIAL	.: Age:	Todays' Date:
Place of Birth (city, State)	:	US Citiz	en/ Naturalized?	YES	NO	
Date of Birth (dd/mm/yyy	/y):A	ddress (include	city and zip):			
Phone:		E-mail:				
PRIOR SERVICE: YES	NO If ye	s: ACTIVE	RESERVE	GUARD	BRANCH:	
		ED	UCATION LEVEL			
HS S	TUDENT GE	ED HS GRAI	D HOME SCH	HOOL	COLLEGE	
High School Name/State:		Ye	ear Graduated:			
(If Applicable) College:		GPA	: Semest	ter/Qtr. Ho	urs/Credits:	
Have you ever taken the A	ASVAB? YES	NO If	yes: ASVAB QT	M	A G	E
		MARITAL	/ DEPENDENCY ST	<u>TATUS</u>		
Marital Status: Single	Married (ci	v) Marr	ied (mil) Se	parated	Divorced	Widowed
How many children?	Is Spouse p	regnant?				
			DRUGS			
Have you ever used, sold,	possessed any i	llegal drugs to ir	nclude, but not lir	mited to Ma	arijuana? YES	NO
	Lac	a atus su su su alu				
If Yes: Total times used: _	LdS	t time usea:				
If Yes: Total times used: _	LdS		EGAL/ MORAL			
Have you ever been arres	ted, charged, he	<u>l</u> ld or detained b	EGAL/ MORAL y law enforceme	_	-	told it would dropped,
Have you ever been arres dismissed, sealed or expu	ted, charged, he nged: YES	<u>l</u> ld or detained b NO If yes, e	EGAL/ MORAL y law enforceme			
Have you ever been arres dismissed, sealed or expu Speeding/ Parking tickets	ted, charged, he nged: YES	<u>l</u> ld or detained b NO If yes, e	EGAL/ MORAL y law enforceme explain: many?		d off? YES	
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EVES CURRENTLY HAVE OR ANY HISTORY OF: YES NO	SECTION II - MEDICAL HISTORY. All "Yes" items must be fully explained in Section III (Pages 4 and 5).							
1. Double vision 2. Detached retina or surgery to repair a detached retina 2. Detached retina or surgery to repair a detached retina 2. Ostaracts or surgery for cataracts 3. Cataracts or surgery for cataracts 4. Eye surgery to improve vision (RK, PRK, LASIK, etc.) 5. Night blindness 6. Giaucoma 7. Strabismus or "lazy eye" or any surgery to correct these 8. Any other eye condition, injury or surgery VISION 9. Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove ?2 Pours prior. Bring your eyeglasses no matter how old they are.) 10. Loss of vision in either eye 11. Color vision deficiency or color blindness 12. Perforated ear drum or tubes in ear drum(s) 13. Ear surgery, to include masticidectomy or repair of perforated ear drum 14. Loss of balance or vertigo 15. Hearing loss or wear a hearing aid 16. Ear, nose, or throat trouble including tonsillectomy 17. Chronic is insu infections or recurrent nose bleeds 18. Absence of, or disturbance of sense of smell 19. Any surgery of your face, mandbile or jaw DENTAL 20. Do you wear dental braces or plan to wear braces? (If so, your orthodonist mash submits a letter stating that active orthodonit treatment will be completed prior to active duty date: release form/ sample format can be found in the Recruiter's Medical Guide, and the properties of the propriet of the properties of the properties of the propriet of the properties of the propert	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO		
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12. Perforated ear drum or tubes in ear drum(s) 13. Ear surgery, to include mastoidectomy or repair of perforated ear drum 14. Loss of balance or vertigo 15. Hearing loss or wear a hearing aid 16. Ear, nose, or throat trouble including tonsillectomy 17. Chronic sinus infections or recurrent nose bleeds 18. Absence of, or disturbance of sense of smell 19. Any surgery of your face, mandible or jaw DENTAL 20. Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/sample format can be found in the Recruiter's Medical Guide.) 36. Any other heart problems ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM 37. Stomach, esophageal or intestinal ulcer 38. Difficulty swallowing 39. Frequent indigestion or heartburn 40. Gall bladder trouble or gallstones 41. Jaundice (except neonatal) or hepatitis (liver disease) 42. Rupture/hernia 43. Surgery to remove or repair a portion of the intestine or spleen (other than the appendix) 44. Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease 45. Rectal disease, hemorrhoids, or blood from the rectum 46. Hemorrhoid surgery	·			·				
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sample format can be found in the Recruiter's Medical Guide.) 46. Hemorrhoid surgery				45. Rectal disease, hemorrhoids, or blood from the rectum				
21. Tooth or gum problems (other than cavities) 47. Bariatric surgery (weight loss surgery)				46. Hemorrhoid surgery				
	21. Tooth or gum problems (other than cavities)			47. Bariatric surgery (weight loss surgery)				

SOCIAL SECURITY NUMBER (Last 4)

SECTION II - MEDICAL HISTORY (Continued). CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
FEMALES ONLY:	1123	140	SKIN AND CELLULAR	123	140
	ı	I			
48. A change of menstrual pattern (other than pregnancy)			93. Acne or psoriasis		
49. Pregnancy, abortion or miscarriage			94. Eczema		
50. Any abnormal PAP smear(s) 51. Date of last PAP smear (YYYYMMDD)			95. Atopic dermatitis		
		1	96. Large or painful scars		
52. Diagnosed with endometriosis or ovarian cysts53. Evaluation, treatment or surgery for any other gynecological			97. Any other skin problems		
(female) disorder			BLOOD AND BLOOD FORMING TISSUES		
54. Sexually transmitted disease (syphilis, gonorrhea, chlamydia,			98. Anemia		
genital warts, herpes, etc.)			99. Blood clots requiring blood thinner medicine		
55. First day of last menstrual period (YYYYMMDD)			100. Absence or removal of the spleen		
MALES ONLY:	1	ı	101. Prolonged bleeding (after an injury or tooth extraction)		
56. Missing a testicle, testicular implant, or undescended testicle			102. Any other blood or circulation problems		
57. Variocele, hydrocele, or any scrotal mass, swelling or pain			SYSTEMIC		
58. Prostate problems			103. Adverse reaction to medication (describe reaction in Section III)		
 Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) 			104. Adverse reaction to serum, insect stings, or tree nuts		
URINARY SYSTEM			105. Allergy to common foods (milk, eggs, fish, meat, etc.)		
60. Missing a kidney			106. Allergy to wool, latex, or other material		
61. Kidney stone, infection or disease	+		107. Tuberculosis or lived with someone who had tuberculosis		
62. Kidney or urinary tract surgery of any kind	+		108. Positive test for tuberculosis (PPD or blood test)		
63. Blood or protein in urine			109. Malaria		
64. Painful or difficult urination			110. Disorder(s) of your immune system (including HIV)		
65. Bedwetting or treatment for bedwetting (after childhood)			111. Car, train, sea, or air sickness		
66. Hernia			ENDOCRINE AND METABOLIC		
			112. Thyroid trouble or goiter		
SPINE AND SACROILIAC JOINTS	1	I	113. High or low blood sugar		
67. Recurrent back pain or back problem			114. Diabetes or told that you should be tested for diabetes		
68. Herniated disk			NEUROLOGIC		
69. Recurrent neck pain			115. Cerebrovascular incident (stroke)		
70. Back or neck surgery			116. Frequent or severe headaches, including migraines		
71. Abnormal curvature of your spine (any part)			117. Taking medication to prevent headaches		
UPPER EXTREMITIES	_	,	118. Lost time from work or school due to frequent or severe		
72. Painful shoulder, elbow, wrist, hand or fingers			headaches		
73. Dislocated shoulder, elbow, wrist, hand or fingers			119. A skull fracture		
LOWER EXTREMITIES			120. A head injury, memory loss, or amnesia		
74. Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)			121. A period of unconsciousness or concussion		
75. Knee trouble (e.g., locking, giving out, or ligament injury, etc.)			122. Loss of memory or amnesia, or neurological symptoms		
76. Painful hip, knee, ankle, foot or toes			123. Paralysis		
77. Dislocated hip, knee, ankle, foot or toes	1		124. Meningitis, encephalitis, or other neurological problems		
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES			125. Seizures, convulsions, epilepsy or fits		
	T	I	126. Dizziness or fainting spells		
78. Bone, joint, or other orthopedic deformity	1		127. Any other neurologic problems		
79. Loss of finger or toe, or extra finger or toe			SLEEP DISORDERS		
80. Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint			128. Sleepwalking or narcolepsy		
81. Impaired use of arms, hands, legs, or feet (any reason)	1		129. Frequent trouble sleeping		
82. Arthritis, rheumatism, or bursitis	1		130. Sleep apnea or severe snoring		
83. Any swollen joint(s)	1		LEARNING, PSYCHIATRIC, AND BEHAVIORAL		
84. Surgery on any joint/bone (including arthroscopy)	1		131. Evaluated or treated for Attention Deficit Disorder (ADD) or		
85. Plate(s), screw(s), rod(s) or pin(s) in any bone	+		Attention Deficit Hyperactivity Disorder (ADHD)		
86. Pain or swelling at the site of an old fracture	+		Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance		
87. Any need to use corrective devices such as prosthetic devices,	+		133. Diagnosed with a learning disorder, to include dyslexia		
knee brace(s), back support(s), lifts or orthotics			134. Received counseling of any type		
88. Any other orthopedic, muscle, or sports injury problems			1		
			135. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient)		
VASCULAR	T	ı	including counseling or treatment for school, adjustment, family,		
89. High or low blood pressure	1		marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request		
90. Raynaud's phenomenon or disease	1		sealed medical supporting documents from health care pro-		
91. Deep Vein Thrombosis (blood clot; leg or elsewhere)			viders marked "CONFIDENTIAL: MEPS MEDICAL DEPART-		
92. Pulmonary embolism (blood clot in lung)		I	MENT" and submit directly to MEPS medical personnel.)		

CURRENTLY HAVE OR <u>ANY HISTORY</u> OF:	YES	NO	CURRENTLY HAVE OR ANY HISTORY OF:	YES	NO
LEARNING, PSYCHIATRIC, AND BEHAVIORAL (Continued)	SUPPLEMENTAL QUESTIONS (Continued)				
136. Been expelled or suspended from school			154. Any recent unexplained gain or loss of weight		
137. Been kicked out or removed from your home			155. Artificial or replacement body part (eye, bone, palate, hip, knee,		
138. Been arrested or other encounters with law enforcement			joint, leg, arm, etc.)		
139. Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry			 156. Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details in Section III.) 		
140. Nervous trouble of any sort (anxiety or panic attacks)			157. Have you ever been treated in an Emergency Room? (If "yes",		
141. Anorexia, bulimia, or other eating disorder			explain in Section III.)		
142. Habitual stammering or stuttering			158. Have you ever been a patient in any type of hospital (including being kept overnight)? (If "yes", specify when, where, why, and		
143. Have you ever purposely cut or harmed yourself			name of doctor and complete address of hospital in Section III.)		
144. Have you ever attempted or considered suicide			159. Have you ever had, or have you been advised to have any operations or surgery? (If "yes", describe and give age at which		
145. Used illegal drugs or abused prescription drugs			occurred in Section III.)		
 Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, 			160. Have you ever been rejected for military Service for any reason? (If "yes", give date and reason in Section III.)		
prescription medications or other substances)			161. Have you ever been discharged from the military Service for		
 Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction 			any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability in Section III.)		
148. Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience	' •		162. Have you ever been refused employment or been unable to		
. Any other learning, psychiatric, or behavioral problems		hold a job or stay in school because of any of the following: (If "yes", answer a - d below and give reasons in Section III.)			
TUMORS AND MALIGNANCIES					
150. Tumor, growth, cyst, or cancer of any type			a. Sensitivity to chemicals, dust, sunlight, etc.		
MISCELLANEOUS			b. Inability to perform certain motions		
151. Cold injury, frostbite or cold intolerance			c. Inability to stand, sit, kneel, lie down, etc.		
	ļ	-	d. Other medical reasons		

163. Applied for and/or received disability evaluation and/or

compensation for an injury or other medical conditions (If "yes", provide details in Section III.)

164. Have you ever been denied life insurance? (If "yes", provide reason(s) in Section III.)

SECTION III - APPLICANT COMMENTS. Explain all "Yes" answers to questions 1 - 164 above. To the best of your knowlege.

-Begin with the Item Number.

(If "yes", list all in Section III.)

SUPPLEMENTAL QUESTIONS

152. Heat injury, heat stroke or heat intolerance

 Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements

-Provide date(s) of problem(s)/condition(s); HOW OLD WERE YOU AT THE TIME.

-Describe answer(s) fully: provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; -explain what was done (e.g., evaluation and/or treatment); and describe your current medical status.

List all law violations to include traffic tickets regardless of the outcome.						
Drivers License #:		Expiration date:	City Issued in:			
Date	Violation	City & State	Disposition	Amount of Fines		

n the block below, write a few sentences explaining your personal and career interes	sts						
that you are looking for the Air Force to provide for you.							

Once this form is completed, please e-mail it back to me so I can determine your qualifications.

Before sending this form to me, you can add a password on the Adobe PDF file itself, this "ECNRYPTS" the file for protection of your information and then text me the password. You can also email me the document without password if you like. You may also look up on YouTube or Google how to properly do this if you don't know how to add a password to a PDF file.