



# NORTHERN WARFARE TRAINING CENTER

## STUDENT IN-PROCESSING FORM



CLASS : \_\_\_\_\_ CLASS # \_\_\_\_\_ SSN \_\_\_\_\_  
 RANK: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 AGE: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX: MALE FEMALE  
 UNIT: \_\_\_\_\_ UNIT PHONE # \_\_\_\_\_  
 UNIT ADDRESS: \_\_\_\_\_ FIRST SERGEANT \_\_\_\_\_  
 MOS: \_\_\_\_\_ BASD: \_\_\_\_\_ AKO E-MAIL: \_\_\_\_\_  
 OTHER NWTTC CLASSES ATTENDED: BMC ACC MWOC CWLC CWOC N/A

ANY SPECIALIZED TRAINING (RANGER, AIRBORNE, ECT...) \_\_\_\_\_  
 ARRIVAL DATE HERE IN ALASKA \_\_\_\_\_ DEROS DATE \_\_\_\_\_  
 PREVIOUS TOURS IN ALASKA \_\_\_\_\_  
 DATE OF LAST REDEPLOYMENT \_\_\_\_\_  
 # OF DEPLOYMENTS \_\_\_\_\_  
 LOCATION (COUNTRY) OF DEPLOYMENTS \_\_\_\_\_  
 OTHER OVERSEAS TOURS (PLACE / LENGTH) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

DATE OF YOUR LAST PHYSICAL (AT LEAST MONTH AND YEAR) \_\_\_\_\_

1. Have you ever been diagnosed or currently have any of the following:
- |   |     |    |     |
|---|-----|----|-----|
| 2. Heat Casualty  | YES | NO | N/A |
| 3. Cold Weather Injury  | YES | NO | N/A |
| 4. Hip, back, or neck injury  | YES | NO | N/A |
| 5. Leg, knee, or ankle injury   | YES | NO | N/A |
| 6. Blood pressure, poor circulation , or heart problems   | YES | NO | N/A |
| 7. TBI, recent head injury, or concussions?   | YES | NO | N/A |
| 8. History of seizures?   | YES | NO | N/A |
| 9. Asthma, or any respiratory problems?   | YES | NO | N/A |
| 10. Anaphylactic reaction to bees, instcts medication, or food?   | YES | NO | N/A |
| 10a. IF YES, do you have the required medication in your possession?  | YES | NO | N/A |
| 11. Are you currently on any medical profile?   | YES | NO | N/A |
| 11a. IF YES, do you have a copy of the profile on hand?   | YES | NO | N/A |
| 12. Are you currently taking any medications or supplements?  | YES | NO | N/A |
| 12a. IF YES, do you have enough for the length of the class?  | YES | NO | N/A |
| 13. In the past year, have you had any serious injury, surgery, or medical problem that would prohibit you from completing this course? | YES | NO | N/A |

\*If you answered yes to any of the above, please explain on the space provided on the back of this form.

