

ATC SCREENING CHECKLIST

1. Team member: Name: _____ Team assigned: _____
Rank: _____ Line Number/Billet: _____

The following checklist is to be completed by commands providing Marines and signed by unit Commanders or by those with 'by direction' authority.
Contact I MEF ATC at (760) 763-6301 for questions on reporting and course start date.

S-1:

- EAS: _____.
- TAD Orders to I MEF MHG Till _____.
 - 210-DAY BOG TOTAL TIME IS 345 DAYS TAD.
 - 270-DAY BOG TOTAL TIME IS 405 DAYS TAD.
 - 365-DAY BOG TOTAL TIME IS 500 DAYS TAD.
- DTS: Unfunded orders - Team member removed from DTS.
- Team Member Dropped from MOL.
- Team Member RESOLVED GTCC account. Residual Balance _____.
- No pending On-Base or Off-Base legal actions or NJP /Page 11 in the last 12 months preceding class reporting date.

S-2:

- Clearance _____ Type _____ Date _____
- ISOPREP Completed Date _____
- SERE Level B (100) Level Complete (<https://www.marinenet.usmc.mil/>)

S-3:

- All Annual/Semi Annual Training Complete (BST, Gas Mask, etc)
- PFT: Date _____ Class _____ Score: _____
- CFT: Date _____ Class _____ Score: _____
- Ht/Wt: HT _____ WT _____ Body Fat% _____
- Current rifle Qual: Date _____ Score _____
- Current pistol Qual: Date _____ Score _____

Medically Qualified:

- Medical Officer Sign & Date: _____
- Dental Officer Sign & Date : _____
- Medical issue team member a skeleton medical record.
- Dental issue team member a skeleton dental record.

2. Commanding Officer's Certification

1. I certify that _____ is Annual Training complete as per 192245Z Jul 11, CG I MEF OEF PREDEPLOYMENT TRAINING GUIDANCE.

2. I have screened the above named Marine and certify that he is in compliance with Marine Corps administrative, medical, and personnel readiness requirements as listed in this checklist.

Signature of Commanding Officer