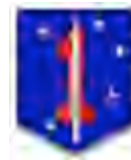




**1<sup>st</sup> Marine Special Operations Battalion**  
**NSW/SO Examination Checklist**  
**18 AUG 2009**



Name/Rank/SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Screening: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

**Record Screening:**

G6PD	Date: _____	Result: _____
Sickle Cell Screen	Date: _____	Result: _____
Blood Type	Date: _____	Result: _____
HIV (within last 2 years)	Date: _____	Result: _____
PPD (within last year)	Date: _____	Result: _____

***ORDER THE LAB IF NOT DOUMENTED IN MEDICAL RECORD***

**Labs: The following labs must be completed within 90 days of exam**

CBC (w/ or w/o diff)	Date: _____	Result: <u>NL / ABNL</u>
Hep C AB Screen	Date: _____	Result: <u>NL / ABNL</u>
Fasting Lipid Panel	Date: _____	Result: <u>NL / ABNL</u>
Fasting Blood Glucose	Date: _____	Result: <u>NL / ABNL</u>
Urinalysis	Date: _____	Result: <u>NL / ABNL</u>
PSA (age >40 only)	Date: _____	Result: <u>NL / ABNL</u>

**Other Studies: The following studies must be completed within 90 days of exam**

12-Lead ECG	Date: _____	Result: <u>NL / ABNL</u>
CXR	Date: _____	Result: <u>NL / ABNL</u>

**Additional Requirements: Also must be completed within 90 days of exam**

Dental Exam (Class I or II only)	Date: _____	Class: <u>I / II</u>
Audiometry	Date: _____	
Optometry (Including color vision)	Date: _____	