

**RECORD OF EMERGENCY DATA**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel,** it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel,** it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

**INSTRUCTIONS TO SERVICE MEMBER**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

**INSTRUCTIONS TO CIVILIANS**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: **Section 1 - Emergency Contact Information** and **Section 2 - Benefits Related Information.** **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

**SECTION 1 - EMERGENCY CONTACT INFORMATION**

1. NAME (Last, First, Middle Initial)

Doe, John A.

2. SSN

123-45-6789

3a. SERVICE/CIVILIAN CATEGORY

ARMY  NAVY  MARINE CORPS  AIR FORCE  DoD  CIVILIAN  CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION

AFROTC/Det 585, Durham NC

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

SINGLE  DIVORCED  WIDOWED

Your Current Address & Phone  
Number

5. CHILDREN

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH (YYYYMMDD)

d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

None

6a. FATHER NAME (Last, First, Middle Initial)

Doe, Steve

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

100 Flying Way, Durham NC

277708

919-660-1861

7a. MOTHER NAME (Last, First, Middle Initial)

Doe, Sally

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

100 Flying Way, Durham NC

277708

919-660-1862

8a. DO NOT NOTIFY DUE TO ILL HEALTH

None

b. NOTIFY INSTEAD

None

9a. DESIGNATED PERSON(S) (Military only)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)

**SECTION 2 - BENEFITS RELATED INFORMATION**

<b>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i>	<b>b. RELATIONSHIP</b>	<b>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>d. PERCENTAGE</b>
Doe, Steve	Father	100 Flying Way Durham NC 27708/919-660-1861	50%
Doe, Sally	Mother	100 Flying Way Durham NC 27708/919-660-1862	50%

  

<b>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only)</i> NAME AND RELATIONSHIP	<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>c. PERCENTAGE</b>
Doe, Steve                                  Father	100 Flying Way Durham NC 27708/919-660-1861	100%

  

<b>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only)</i> NAME AND RELATIONSHIP	<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>
Doe, Steve                                  Father	100 Flying Way Durham NC 27708/919-660-1861

**14. CONTINUATION/REMARKS**

**15. SIGNATURE OF SERVICE MEMBER/CIVILIAN** *(Include rank, rate, or grade if applicable)*

**16. SIGNATURE OF WITNESS** *(Include rank, rate, or grade as appropriate)*

**17. DATE SIGNED**  
*(YYYYMMDD)*

**Sign in the presence of a notary**

15 Aug 2020

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*This form is not an authorization or consent to use or disclose your health information.*

### 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

### 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

### 3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

### 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

### 5. SIGNATURE OF PATIENT OR SPONSOR

Your Signature here

### 6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

123-45-6789

### 7. DATE (YYYYMMDD)

15 Aug 2020

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

The Detachment Commander (CC), the Personnel NCO (DP), and the Information Management NCO (IM) need to open official US Air Force (USAF) correspondence delivered to the detachment addressed to cadets. Access to these documents is for the verification and accuracy of the contents ONLY. Specific documents we open are: assignment orders for cadets entering active duty, cadet travel summaries, and cadet Leave and Earnings Statements (LES). We must verify these documents when received to ensure accuracy and to immediately correct or report any discrepancies to higher headquarters. In accordance with the Privacy Act, we must have your permission to access this mail. Therefore, request you sign your payroll signature below to consent to our access. Giving consent is strictly voluntary. However, if you do not give your consent, delays may be encountered in processing these vital items. Only OFFICIAL USAF correspondence specifically approved by the detachment commander will be opened. Please sign below if you agree to authorize cadre members to open OFFICIAL USAF mail addressed to you.

\_\_\_\_\_  
Cadet Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date  
(Only for applicants under legal age of majority.  
Must be notarized if not signed in presence of  
detachment personnel)

\_\_\_\_\_  
Printed Name and Signature Witness (or Notary) and Date

*Sign/Date in the presence of a notary*

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

**MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY  
FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)**

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a ROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

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Cadet Signature and Date

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Parent/Guardian Signature and Date  
(Only for applicants under legal age of majority.  
Must be notarized if not signed in presence of  
detachment personnel)

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Printed Name and Signature Witness (or Notary) and Date

*Sign/Date in the presence of a notary*

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

**DATE: 15 Aug 2020**

**CADET NAME** Doe, John A.

1. In compliance with PL 93-389, “Family Educational Rights and Privacy Act”, your consent is required to permit the educational institution or AFROTC Detachment in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to Department of Defense (DOD) agencies, as may be required by such agencies.
2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of tis present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of this request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.
3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copies of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release to the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

Your signature here  
\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Parent’s Signature if student is under 18 years of age)

**AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL**

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
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**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

**AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
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4. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM
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5. BODY FAT MEASUREMENT	6. BODY FAT STANDARDS: FEMALE - 26% MALE - 18%	7. CHECK APPLICABLE BOX <input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> IS BELOW AIR FORCE WEIGHT STANDARDS
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8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, (print name), HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)  
I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. \_\_\_\_\_ (Medical Authority Initials)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)  
I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. \_\_\_\_\_ (Medical Authority Initials)

11. (FOR ALL CADETS/APPLICANTS)  
I **DID / DID NOT** (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

EXAMINATION DATE	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

**AFROTC CADRE:** REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE	AFROTC CADRE SIGNATURE

**ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS**  
 (Per DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*)

HEIGHT (INCHES)	POUNDS	
	MINIMUM (BMI = 19 kg/m)	MAXIMUM (BMI = 25.0 kg/m)
58	91	119
59	94	124
60	97	128
61	100	132
62	104	136
63	107	141
64	110	145
65	114	150
66	117	155
67	121	159
68	125	164
69	128	169
70	132	174
71	136	179
72	140	184
73	144	189
74	148	194
75	152	200
76	156	205
77	160	210
78	164	216
79	168	221
80	173	227



## RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

### INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

<b>1. RECRUIT/TRAINEE NAME</b> <i>(Last, First, Middle)</i> Doe, John A.	<b>2. PAY GRADE</b> Cadet	<b>3. RECRUITING OFFICE/TRAINING COMMAND</b> AFROTC Det 585
<b>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS</b> <i>(City, State, ZIP Code)</i> 310 Trent Drive Durham NC 27708	<b>5. DATE SIGNED</b> <i>(YYYYMMDD)</i> 20190824	<b>6. SIGNATURE</b>

**7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:**

- (Initial)*
- a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
  - b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
  - c. Consume alcohol with a recruiter/trainer on a personal social basis.
  - d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
  - e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
  - f. Gamble with a recruiter/trainer.
  - g. Make sexual advances toward, or seek to accept sexual advances or favors from, a recruiter/trainer.
  - h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

**8. EXCEPTIONS.** Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

*(Initial)*

**9. VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

**10. APPROVED BY**

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. DATE SIGNED <i>(YYYYMMDD)</i>	d. SIGNATURE/RANK
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Read and all initial blocks we will sign at  
New Student Orientation