

Competitor Pre-Competition Checklist

CANDIDATE INFORMATION

Name (First, Last, MI):
Rank:
SSN:
Home Phone Number:
Cell Phone Number:
Work Phone Number:
E-Mail Address:
Emergency Contact Information (Name/Relationship/Phone Number):
Unit of assignment to include State: (i.e. D co, 1st Bn, 160th INF)
Vegetarian: YES NO
Special Meal Request:

MEDICAL INFORMATION

Blood Type:
Prescription Medication: YES NO
If YES to medication, type and dosage:
Allergies:
Permanent Profile: YES NO
If permanent Profile, list alternate events:
Glasses: YES NO
Hearing Aid: YES NO
Other Medical Conditions:

UNIT INFO

BDE S1 (Last Name, First MI):
Phone Number:
Cell Phone:
Email:

BN S1 (Last Name, First MI):
Phone Number:
Cell Phone:
Email:

CO AGR (Last Name, First MI):
Phone Number:
Cell Phone:
Email:

CO 1SG (Last Name, First MI):
Phone Number:
Cell Phone:
Email: