



DEPARTMENT OF THE ARMY
UNITED STATES ARMY ENGINEER SCHOOL
US ARMY MANEUVER SUPPORT CENTER OF EXCELLENCE
DIRECTORATE OF TRAINING AND LEADER DEVELOPMENT
14000 MSCOE LOOP, BUILDING 3200, SUITE 336
FORT LEONARD WOOD, MISSOURI 65473-8300

REPLY TO
ATTENTION OF:

ATSE-DT

29 March 2019

MEMORANDUM FOR Prospective Engineer Diver Applicants

SUBJECT: Becoming an Army Engineer Diver MOS 12D

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers, MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge.

Note: As of 07 May 2016, there are restrictions for some individuals attempting to re-class to MOS 12D. Refer to the latest MILPER Message for *Update to Reclassification IN/OUT Calls* for more information. Contact the undersigned (ref. encl. 1) for more details.

2. Our Dive Program offers:

- a. Overseas and CONUS assignments
- b. Monetary incentive (Dive pay)
- c. Basic and Advanced training in underwater construction, repair, reconnaissance, demolition, salvage and hyperbaric treatment.
- d. The opportunity to work with highly motivated and dedicated individuals in units with extremely high levels of esprit de corps.

3. Prospective applicants must apply.

- a. Formally apply for reclassification or reenlistment for MOS 12D by completing a DA Form 4187 (Personnel Action), DA Form 5030 (Engineer Diver Training Application) and in some instances, a reenlistment contract.
- b. Be in the rank of PVT, PFC, or SPC/CPL. SPC and CPL must be in a NON-PROMOTABLE status when reporting for initial MOS 12D training and duty. Please note that all Soldiers in the ranks of SPC and CPL will remain in a NON-PROMOTABLE status until evaluation by their leadership at their first diving duty assignment. **NOTE: Soldiers will be disenrolled from the Diver Phase 1 and 2 courses if they arrive in an E-4 (promotable) status.**
- c. Soldiers must meet the 24 months service-remaining requirements IAW AR 614-200, Ch. 4 upon graduation from the Diver Phase 2 course.
- d. If on a current term of enlistment in which an enlistment bonus (EB) or selective reenlistment bonus (SRB) has been received, Soldier should be advised that the bonus MAY be prorated and he/she MAY be responsible to pay the unearned portion back to the government. Contact your career counselor to discuss your situation.

- e. Have attained a minimum score of 107 in aptitude area General Technical (GT) or a minimum score of 106 in aptitude area Skilled Technical (ST) and attained a minimum score of 98 in aptitude area General Mechanical (GM).
 - f. Have attained a minimum score of 180 (60 points in each event) or higher on the APFT. **(Keep in mind these are the minimum standards. It is highly recommended that Diver candidates score a minimum of 270 or above on the APFT with at least 90 points in each event).**
 - g. Have successfully completed the Diver Physical Fitness Test (DPFT) according to standards outlined in MILPERSMAN 1220-410, dated 06 January 2013.
 - h. Have undergone a Diving Medical Examination as prescribed in AR 40-501 within 9 months of attending Phase I.
 - i. Have a physical profile of 111111 (PULHES) and meet the height and weight standards prescribed in AR 600-9.
 - j. Understand that Soldier must successfully complete a 3 week Diver Phase I course conducted at Ft. Leonard Wood, Missouri prior to attending Phase II at the Naval Diving and Salvage Training Center at Panama City, Florida.
- 4. Enclosed is an easy to follow process to ensure your packet gets the attention it deserves.
 - 5. Good luck and HOOYAH! DEEP SEA!
 - 6. POC for this memorandum is the Army Diver Phase I Reclassification Manager at (573) 563-7192 or DSN 676-7192.

8 ENCLS

- 1. Dive Candidate Application Process
- 2. Requests for Waiver Info
- 3. Medical Screening Requirements and Checksheet
- 4. DD Form 2807-1
- 5. DD Form 2808
- 6. Removal from Promotion List/Grade Reduction Example
- 7. DA 4187 Example
- 8. Waiver Example
- 9. Basic Engineer Diver Phase 1 Information Packet

///original signed///

LOGAN M. FORBING

SSG, USA

Phase I Reclassification Manager

Encl. 1 DIVE CANDIDATE APPLICATION PROCESS

1. Contact the 12D Reclassification Manager SSG Forbing. He will guide and advise you through the process. Use this memorandum as a checklist to make sure you don't miss anything. Also ensure you are working with your Career Counselor/Retention NCO throughout this process.
2. Contact your installation medical facility and schedule a physical examination. **(Provide them with enclosures 3 through 5 from this packet).** Tell them you need a "Dive Physical" for your application to become an Engineer Diver. As a reference they can use AR 40-501 to ensure the medical standards are met.
3. All dive candidates attending Naval Diving and Salvage Training Center (NDSTC) require a sickle cell test, CBC w/Differential, and G6PD test with results recorded on DD Form 2808 (Report of Medical Examination) and Medical Screening form (encl. 7) in order to have the dive physical approved by the Medical Department at NDSTC.
4. Make several copies of the completed DD Form 2808, DD Form 2807-1 (Report of Medical History), and Medical Screening form. This will prevent having to complete another physical exam if the originals become lost.
5. While waiting for your physical, begin gathering the rest of the paperwork for your application.
6. Complete a Personnel Action, DA Form 4187, indicating that you want to reclassify **(if greater than one year left in service)** as an Engineer Diver, MOS 12D.
7. If the Soldier has less than one year left in service before ETS, he or she must reenlist for MOS 12D. **NOTE: For Soldiers in a critical shortage MOS, this is your only way out of your MOS. (Do not re-up; option 1 (reg. Army) if you are in a critical MOS. This will lock you back into your old MOS. You must only re-up under option 3 (retraining) for MOS 12D.** To qualify for this you must be a first term Soldier and meet all other prerequisites outlined for entry into 12D, Engineer Diver MOS (ref. DA 5030, Part III and IV). Make sure you are using your Retention NCO as regulations change.
8. Complete the Engineer Diver Training Application, DA Form 5030, with updated Diver's Physical Fitness Test standards applied (<https://armypubs.army.mil/>).
9. Complete Waiver Request(s) if applicable. See Enclosure 2.
10. Provide a current ERB.
11. Provide your most recent APFT Score card, DA Form 705; within 6 months.
12. Provide separate copies of labs report, vaccine report, and radiology report from chest x-ray.
13. Once your physical and all other forms are complete, scan and e-mail the application packet to logan.m.forbing.mil@mail.mil.
 - **Ensure that all scanned documents are clear and legible. If you can't read it, we can't read it.**
 - **Do not submit your packet directly from a digital sender. Send it to yourself then submit it to the above.**

14. While waiting for approval of your packet, begin increasing the intensity of your physical fitness level. It is imperative that you report to the Diver Phase I Course in the best physical condition of your life.
15. If approved, you will receive a signed memorandum from the 12D Reclassification Manager stating that you are a qualified candidate for dive training. Take this memorandum to your Retention NCO for processing.

NOTES:

- For purposes of assignment orders, 12D training is a PCS move to Panama City, FL, with Phase I training conducted in Fort Leonard Wood, MO. This is typically done as a “TDY en Route” through Missouri to final PCS in Florida upon successful completion of Phase I. If your orders do not bring you to Fort Leonard Wood prior to arrival in Panama City, contact your retention NCO and also the 12D Reclassification Manager at 573-563-7192 immediately to correct the issue.
- Ensure you are consulting your chain of command. See **ALARACT 114-2017** regarding mandatory promotions. One of the biggest problems for re-class candidates is promotions. You need to make sure your timeline isn’t going to be an issue. You cannot arrive to your duty assignment after dive school in a SPC (P) status. Dive school Phase I is 3 weeks, Phases II and III are 6 months. Use these numbers for planning purposes.
- Read the packet thoroughly and come up with questions for the re-classification manager.

Encl. 2 REQUEST FOR WAIVERS AND MOU

1. The following guidelines outline requests for waivers if prospective candidates do not meet certain criteria or prerequisites. Waiver requests are approved on a case by case basis and based on MOS strength. A waiver request is a request for an exception to the current policy. A waiver may be necessary if the candidate does not meet requirements outline in Part III of DA Form 5030 or Para. 5.11 of AR 40-501. Waiver requests must be submitted with the original application. Call the 12D Training Development Office at 573-563-7192 or DSN 676-7192 before submitting to ensure that specific conditions may be waived. An example may be found in enclosure 12.
2. **Age (DA Form 5030, part III, item 8.b):** Currently processing age waivers.
3. **Current term of enlistment for which an enlistment or selective reenlistment bonus has been received (DA Form 5030, part III, item 8.e):** Submission of a waiver is not necessary for this prerequisite; however, Soldiers falling into this category must contact their Retention NCO to determine responsibility for repayment of bonuses.
4. **Medical issues (DA Form 5030, part III, item 9.g):** We are currently not processing waivers for medical issues which are considered disqualifying conditions.

NOTE: We need Soldiers for this MOS. Due to the extreme environmental conditions and risks associated with this MOS and the expense of training, we must recruit only qualified and able personnel.

Encl. 3 - MEDICAL SCREENING REQUIREMENTS

ENSURE THAT THE DOCTOR DOING YOUR PHYSICAL GETS THIS INFORMATION!

In order to facilitate faster processing of medical requests, please format all forms according to the examples in this packet. Any disease or condition that causes chronic or recurrent disability shall be disqualifying at the discretion of the cognizant medical officer. **Detailed medical fitness standards for MOS 12D can be found in AR 40-501, Chapter 5-11 Medical fitness standards for initial selection for other marine diving training (MOS 00B).** Particular attention shall be directed to the following items:

- (1) **Weight** – IAW AR 600-9
- (2) **Vision** – All divers shall correct to 20/20 (100 percent B.V.E.) and documented on DD 2808. Combat swimmers shall have uncorrected vision no lower than 77 percent B.V.E; nor shall have uncorrected vision in either eye less than 20/70. **All other divers shall have uncorrected vision no lower than 49 percent B.V.E.; nor shall have uncorrected vision in either eye less than 20/200.**
- (3) **Color Vision** – Diving candidates must pass the Pseudo Isochromatic Plate (P.I.P) Test, unless the applicant is able to identify vivid red and vivid green as projected by the Ophthalmological Projector or the SVT, and have results documented on DD 2808. The Farnsworth Lantern Test is no longer required.
- (4) **Dental** – A dental officer shall conduct a complete dental exam. If a dental officer is not available, a medical officer shall conduct the exam. Acute infectious diseases of the soft tissue of the oral cavity are disqualifying until remedial treatment is completed. Advanced oral diseases and generally unserviceable teeth shall be cause for rejection. Applicants with moderate malocclusion, or extensive restorations and replacements by bridges or dentures, may be accepted, if such do not interfere with effective use of self-contained underwater breathing apparatus. If student meets this criteria and does not require any dental work (i.e. fillings, etc., then document on DD 2808 type of exam and dental class. **(Note: Must indicate Type of Exam (annual, physical, etc.), and must read “Acceptable” (class 1 or 2 only) to be considered).**
- (5) **Ears, Nose, and Throat** – The following conditions are disqualifying: acute disease, chronic serous otitis or otitis media, perforation of the tympanic membrane, any nasal or pharyngeal respiratory obstruction, chronic sinusitis if not readily controlled, speech impediments due to organic defects, or inability to equalize pressure due to any cause.
- (6) **Pulmonary** – Congenial and acquired defects, which may restrict pulmonary function, cause air-trapping, or affect the ventilation-perfusion balance shall disqualify for both initial training and continuation. In general, chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying.
- (7) **Hematology** – Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying. All applicants for diving duty shall have a sickle cell test in their health record. The minimum requirement for such test is the dithionite solubility test, for which a hemoglobin electrophoresis may be substituted. Sickle trait is disqualifying in applicants.
- (8) **Skin** – Acute or chronic diseases that are exacerbated by the hyperbaric environment are disqualifying.

- (9) **Neurological** – Organic brain disease seizure disorders of any sort, and head injuries with sequelae shall be disqualifying.
- (10) **Musculoskeletal** – Saturation divers shall have triennial long bone roentgenogram surveys with diving medical examinations.
- (11) **Psychiatric** – The special nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, neuroses, immaturity, instability, asocial traits, and stammering or stuttering shall be disqualifying.
- (12) **Ability to equalize Pressure** – All candidates shall be subjected in a recompression chamber to a pressure of 50 pounds per square inch (22.50 kg) to determine their ability to withstand the effects of pressure. This test should not be performed in the presence of a respiratory infection that may temporarily hinder the ability to equalize or ventilate. **(For Army this test should be attempted prior to attending Diver Phase I Course. However, inability to perform this test due to inadequate facility will not be disqualifying).**

Documentation of the following items on DD Form 2808 (Report of Medical Examination) is important during execution of the medical examination. Failure to document these items correctly may lead to delayed processing of the application packet.

- (1) **Dental Class** (block 43)
- (2) **Comment on TM's and Valsalva SAT** (block 44 or 72b)
- (3) **Complete Neurological Exam** in detail (block 44, Cranial Nerves, Strength, Sensation, Deep Tendon Reflexes, Motor Sensory, Mental Status)
- (4) **Complete list of scars and/or tattoos** (block 44)
- (5) **Urinalysis** (Block 45, within 30 days of physical)
- (6) **Complete Blood Count (CBC) with differential** (H/H block 47, WBC/PLT block 73 with date of lab, within 30 days of physical)
- (7) **Blood type** recorded (block 48)
- (8) **HIV** (block 49, results and date, within one year of training)
- (9) **G6PD** (block 52b, any time prior to physical)
- (10) **Sickle Cell** (block 52c, any time prior to physical)
- (11) **Blood Pressure** lower than 140/90 (block 58)
- (12) **Vision** (block 61)
- (13) **Audiogram** (block 71, no results greater than 55db, within one year of training)
- (14) **Electrocardiogram** (block 73, date and impression, within one year of training)
- (15) **Chest X-ray** (block 73, Date, Exam#, Location, Impression, within one year of training)

- (16) **Fasting Lipid Panel** (block 73, within 30 days of physical)
- (17) **Fasting Glucose (FBS) Panel** (block 73, within 30 days of physical)
- (18) **PPD** (block 73, date read and reaction, within one year of training)
- (19) **Two Doses of both Hepatitis A and Hepatitis B** documented (block 73, YES/NO/IMMUNE)
- (20) **Immunizations** up to date (block 73, YES/NO, initials of screener)
- (21) **Hepatitis C Screening** (block 73, result with date of draw, within one year of training)
- (22) **USE THE FOLLOWING CHECKSHEET**

“The sea’s only gifts are harsh blows and, occasionally, the chance to feel strong.”- Primo Levi

Patient's Name: _____ DOD ID: _____
 Cell Phone # _____

Diving Special Duty - (MANMED article 15-102)
SO Special Duty (SEAL/SWCC/RECON/MARSOC/EOD) - (MANMED article 15-105)
Parachuting (aka "Jump" for Basic/MFF/HAPS/HALO) - (AR 40-501)

MEDICAL DEPARTMENT SPECIAL DUTY EXAM CHECK LIST

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> DD 2807-1
(Medical History) | <input type="checkbox"/> DD 2808
(Physical) | <input type="checkbox"/> NAVMED 6150/2
(Special Duty Abstract) | <input type="checkbox"/> OPNAV 8020/6
(Explosive Handler/Driver) |
|---|--|---|---|

Note: Include a NAVPERS 1200/6 (the U.S. Military Diver Medical Questionnaire) only for those who will be attending the Dive School. It is an interval history review to be completed within 30 days of transfer/arrival to NDSTC for training.

Note for medical representative:

All study results must be TRANSCRIBED with date of lab on DD 2808, and then printed and filed in service member's hard copy chart.

All studies must be within 3 months of exam unless otherwise stated in MANMED

Medical to Check or initial blocks below only after transcribed on DD 2808

- | | |
|---|---|
| <input type="checkbox"/> CXR (PA/LAT – candidates only or as indicated)
<input type="checkbox"/> 12 lead EKG
<input type="checkbox"/> Audiogram (current w/in 12 mo of exam)
<input type="checkbox"/> Visual Acuity (Refraction for >20/20)
<input type="checkbox"/> Field of Vision
<input type="checkbox"/> Color Vision (candidates only)
<input type="checkbox"/> Depth Perception (candidates only in SO/Parachuting)
<input type="checkbox"/> PPD (or TB screener on NAVMED 6224/8)
<input type="checkbox"/> CBC (WBC, PLT, HGB, HCT)
<input type="checkbox"/> Fasting Blood Glucose
<input type="checkbox"/> HEP C
<input type="checkbox"/> UA dipstick (w/ Micro for SO/Parachuting)
<input type="checkbox"/> Lipid (Only parachuting or screening for PHA age over 40) | <input type="checkbox"/> PSA (Male over 40) (Only Parachuting)
<input type="checkbox"/> IOP (If over 40)
<input type="checkbox"/> Blood Type (only once in career)
<input type="checkbox"/> Sickle Cell (only once in career)
<input type="checkbox"/> G6PD (only once in career)
<input type="checkbox"/> 2 Doses HEP A Documented
<input type="checkbox"/> 2 of 3 Doses HEP B Documented
<input type="checkbox"/> All Immunizations up to date
<input type="checkbox"/> HIV (As Per DoD Inst. 6485.01)
<input type="checkbox"/> Dental T-2 w/in 12 mo AND dental sig.
<input type="checkbox"/> Stool GUIAC (Only Parachuting)
<input type="checkbox"/> RPR (Only Parachuting)
<input type="checkbox"/> Current PHA (w/in 12 months of exam) |
|---|---|

All FEMALES to complete the following *IN ADDITION* to the above:

- Urine HCG (optional, as indicated. Does not need to be documented)
- Document "**counseled on fetal hazards of diving while pregnant**" in block 73 of DD 2808 per BUMEDINST 6200.15A: *"Medical and scientific evidence demonstrate that the hyperbaric environment may be hazardous to a fetus, potentially resulting in developmental anomalies or fetal death. These untoward fetal events may occur despite the absence of discernible maternal effects. Safe diving profiles that protect the fetus have not been developed. Factors related to the normal maternal-fetal circulation place the fetus at increased risk of injury, even if exposed to routine, "low risk" dive profiles performed by the mother. Therefore, pregnant divers should not dive or be occupationally exposed to a hyperbaric environment".* (To also be read and document on every PHA)
- Normal PAP Smear when indicated per ASCCP guidelines.
- Mammogram within the last 12 months starting at age 40 or if at high risk.
- Women's health exam may be transcribed if current for the Breast/Pelvic exam and Genital/Anal visual exam.

Note for Medical Representative: This checklist was created and intended to be a quick reference guide for special duty physicals. This should not replace reviewing and familiarizing yourself with instructions. Last updated 25FEB2019

Encl. 4 – DD Form 2807-1 Report of Medical History

Please ensure that section 6 of DD 2807-1 is filled out according to the example.

Have the medical officer review AHLTA records and initial on page 3 if candidate is fit for dive duty

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
Oct 31, 2017

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

ROUTINE USE(S): The Blanket Routine Uses found at <http://dpcid.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx> apply to this collection.

DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)			

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE	6.b. COMPONENT	6.c. PURPOSE OF EXAMINATION	7.b. USUAL OCCUPATION
<input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement DIVER <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	SOCIAL SECURITY NUMBER <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:		
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>	d. Other medical reasons (if yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>	20. Have you ever been treated in an Emergency Room? (if yes, for what?)	<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>	21. Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? (if yes, describe and give age at which occurred.)	<input type="radio"/>	<input type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (if yes, specify when, where, and give details.)	<input type="radio"/>	<input type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (if yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (if yes, give date and reason for rejection.)	<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? (if yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (if yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>			
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

AHLTA records have been reviewed. SM is fit for diving duty. PCM Initials: _____

b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>

Encl. 5- DD Form 2808 Report of Medical Examination

Please print and use the following form for your medical examination

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
--------------------------------------	---	----------------------------------

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State, ZIP code)	5. TELEPHONE NUMBER
---	--	----------------------------

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
-----------------	---------------------------------------	---------------	---	---	---

11. TOTAL YEARS GOV'T SERVICE a. MILITARY b. CIVILIAN	12. AGENCY (Non-Service Members Only) N/A	13. ORGANIZATION UNIT AND UIC/CODE
--	---	---

14.A. RATING OR SPECIALTY (Aviators Only) N/A	b. TOTAL FLYING TIME N/A	c. LAST SIX MONTHS N/A
---	------------------------------------	----------------------------------

15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> DIVE <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> SO <input type="checkbox"/> Retention <input type="checkbox"/> Academy/ROTC <input type="checkbox"/> SUB <input type="checkbox"/> Separation <input type="checkbox"/> OTHER <input type="checkbox"/> NFD	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
--	--	---	--

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Ab-normal	NE						
17. Head, face, neck, and scalp				44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.) 21. Eyes and Field of View OU: nml / abn 22. TM's Mobile/intact bilaterally: Yes No 25. PERRL and ACCOMMODATION: Yes No 39. Neuro Exam In detail: MENTAL STATUS EXAM: nml / abn CN II-XII intact and symmetric b/l: Yes No STRENGTH U/L extremity 5/5 symmetric throughout: Yes No SENSATION ALL DERMATOMES intact and symmetric: Yes No COORDINATION: GAIT nml/abn F-2-N nml/abn RAM nml/abn RHOMBERG: nml / abn H-S nml/abn REFLEXES: Bicep + /4 + /4 Brachioradialis + /4 + /4 Tricep + /4 + /4 Patellar + /4 + /4 Achelles + /4 + /4 b/l Babinski nml / abn (abn = upward deflect) 37. MST (mark/scars/tattoos): 41. Date of last well woman exam: Name of Provider: Comments: Pap Smear Results: Pap Smear Date:					
18. Nose									
19. Sinuses									
20. Mouth and throat									
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)									
22. Drums (Perforation)									
23. Eyes - General (Visual acuity and refraction under items 61 - 63)									
24. Ophthalmoscopic									
25. Pupils (Equality and reaction)									
26. Ocular motility (Associated parallel movements, nystagmus)									
27. Heart (Thrust, size, rhythm, sounds)									
28. Lungs and chest (Include breasts)									
29. Vascular system (Varicosities, etc.)									
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)									
31. Abdomen and viscera (Include hernia)									
32. External genitalia (Genitourinary)									
33. Upper Extremities									
34. Lower Extremities (Except feet)									
35. Feet (See Item 35 continued)									
36. Spine, other musculoskeletal									
37. Identifying body marks, scars, tattoos									
38. Skin, lymphatics									
39. Neurologic									
40. Psychiatric (Specify any personality deviation)									
41. Pelvic (Females only)									
42. Endocrine									

43. DENTAL DEFECTS AND DISEASE <input type="checkbox"/> Acceptable <input type="checkbox"/> Class <input type="checkbox"/> <input type="checkbox"/> Not Acceptable	<i>(Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)</i> <input type="checkbox"/> Normal Arch <input type="checkbox"/> Mild <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Pes Cavus <input type="checkbox"/> Moderate <input type="checkbox"/> Symptomatic <input type="checkbox"/> Pes Planus <input type="checkbox"/> Severe
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LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER																					
LABORATORY FINDINGS *** SEE BOX 73 ***																															
45. URINALYSIS ***SEE BLOCK 73***					a. Albumin *BLK 73*					46. URINE HCG Not Required					47. H/H ***SEE BLOCK 73***					48. BLOOD TYPE **SEE BLOCK 73***											
b. Sugar *BLK 73*					RESULTS					HIV SPECIMEN LABEL					DRUG TEST SPECIMEN ID LABEL																
TESTS					49. HIV ***SEE BLOCK 73***					Not Required					Not Required																
50. DRUGS					Not Required																										
51. ALCOHOL					Not Required																										
52. OTHER					***SEE BLOCK 73***																										
a. PAP SMEAR					***SEE BLOCK 44***																										
b. ***SEE BLOCK 73***					***SEE BLOCK 73***																										
c. ***SEE BLOCK 73***					***SEE BLOCK 73***																										
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT					54. WEIGHT					55. MIN WGT - MAX WGT MAX BF% Not Required					56. TEMPERATURE					57. PULSE											
58. BLOOD PRESSURE * >140/90 needs clinical eval.										59. RED/GREEN (Army Only)										60. OTHER VISION TEST *As clinically indicated											
a. 1ST			b. 2ND			c. 3RD			Must Use Block 66																						
SYS.			SYS.			SYS.																									
DIAS.			DIAS.			DIAS.																									
61. DISTANT VISION					62. REFRACTION BY AUTOREFRACTION OR MANIFEST										63. NEAR VISION																
Right 20/		Cor. to 20/		By		S.		CX		*BLK 62 Required if		Right 20/		Cor. to 20/		by															
Left 20/		Cor. to 20/		By		S.		CX		uncorrected >20/20		Left 20/		Cor. to 20/		by															
64. HETEROPHORIA (Specify distance) *Test only as clinically indicated for when the visual axis is asymmetric on examination (i.e. one eye deviates)																															
ES°		EX°		R.H.		L.H.		Prism div.		Prism div.		NPR		PD		CT															
65. ACCOMMODATION					66. COLOR VISION (Test used and result)					67. DEPTH PERCEPTION (Test used and score) AFVT					*SO Only																
Right *BLK 44		Left *BLK 44		PIP		/ 14		PASS / FAIL		Uncorrected		Corrected																			
68. FIELD OF VISION ***SEE BLOCK 44***					69. NIGHT VISION (Test used and score)					70. INTRAOCULAR TENSION *Only if Age >40																					
										*SO Only, as clinically indicated					O.D. <input type="checkbox"/> O.S. <input type="checkbox"/>																
71a. AUDIOMETER Unit Serial Number										71b. AUDIOMETER Unit Serial Number										72a. READING ALOUD TEST											
Date Calibrated (YYYYMMDD)										Date Calibrated (YYYYMMDD)										*Only do if concern for speech impediment											
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right														Right														72b. VALSALVA **SEE BLOCK 44**			
Left														Left														SAT		UNSAT	
73. NOTES (Continued) AND SIGNIFICANT INTERVAL HISTORY (Use additional sheets if necessary.)																															
CBC										EKG (12 LEAD)																					
WBC: <input type="text"/>					DATE <input type="text"/>					Date: <input type="text"/>					*Any Cardiac Dysrhythmia ("history of" or current) other than 1st degree heart block or sinus bradycardia, must be cleared by cardiology with hard copy report filed in record.																
HGB: <input type="text"/>					*If abnormal, document repeat lab in 7 days. Abnormal x2 requires clinical eval.					Impression: <input type="text"/>																					
HCT: <input type="text"/>										CXR PA/LAT					*CXR is Indicated for:																
PLT: <input type="text"/>										Date: <input type="text"/>					1. Candidates. OR 2. Upon new program entry.																
LIPIDS (Parachute or age >40)					DATE <input type="text"/>					Exam #: <input type="text"/>					OR 3. As Clinically indicated. (If not clinically indicated, input the results of the most recent radiograph results)																
CHOL: <input type="text"/>										Impression: <input type="text"/>																					
HDL: <input type="text"/>																															
LDL: <input type="text"/>																															
TRIG: <input type="text"/>					DATE <input type="text"/>																										
GLUC: <input type="text"/>																															
HIV: <input type="text"/>																															
HCV: <input type="text"/>																															
Tuberculosis Screen/Test:										Blood type: O- O+ A- A+ B- B+ AB- AB+																					
PPD: <input type="text"/> mm OR DATE <input type="text"/>										G6PD entrance screen: POS / NEG					Sickle entrance screen: NML / ABNL																
NAVMED 6224/8 - minimal risk										Periodic Health Assessment Current OR <1 year of service: YES / NO / <1 YR																					
*Positive testing (due to vaccine/active/latent TB infection) requires full clinical investigation, documentation, and comment in block 77.										2/3 Hep B vaccinations OR appropriate titers: Yes / No / Immune (titer in record)																					
										2 Hep A vaccinations OR appropriate titers: Yes / No / Immune (titer in record)																					
										All required immunizations reviewed and completed: Yes / No																					
UA (circle) dipstick / micro DATE <input type="text"/>										PSA (male age >40): <input type="text"/>										DATE <input type="text"/>											
Spec Grav: <input type="text"/>										RPR (Parachute): <input type="text"/>										Stool Guaiac (Parachute): <input type="text"/>											
pH: <input type="text"/>					*UA with microscopy for SO/Parachute																										
Gluc: <input type="text"/>					*UA Dipstick for DIVE																										
Prot: <input type="text"/>																															
Ket: <input type="text"/>																															
Blood: <input type="text"/>																															

**Encl. 6 –VOLUNTARY REMOVAL FROM PROMOTION LIST/VOLUNTARY GRADE
REDUCTION EXAMPLE**



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNIT AND BATTALION
DIVISION
POST, STATE, AND ZIP

OFFICE SYMBOL

DATE

MEMORANDUM THRU.....

FOR Commander.....

SUBJECT: Voluntary Grade Reduction/ Removal from Promotion Standing List on SGT/SPC John Doe (xxx-xx-1234)

1. SGT/SPC John Doe is removed from the Promotion Standing List/reduced one grade IAW AR 600-8-19, effective immediately to meet qualifications for reclassification.
2. This is a voluntary removal/reduction and Soldier will not be authorized for reinstatement.
3. This action is final and chain of command is responsible for notifying the soldier of this action.
4. The point of contact for this action (**name, number, and email**)

Signature

NAME
RANK, USA
Duty Position

Note: This memorandum does not have to look exactly like the example since it will be coming from higher and every office does it differently; as long as it states removal from promotion standing list or reduction in grade.

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) (Your Unit Information Here) Commander 414th Signal Company Fort Stewart, GA 31314	2. TO (Include ZIP Code) 12D Phase 1 Reclassification Manager DOTLD, Engineer School Fort Leonard Wood, MO 65473	3. FROM (Include ZIP Code) (Your Unit Information Here) Retention NCO or Applicant 414th Signal Company Fort Stewart, GA 31314
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. SPC John W. Doe is requesting reclassification to 12D under Reclassification and Retention Program. (EXAMPLE) or 1. SPC John W. Doe is requesting reclassification to 12D as a reenlistment option. (EXAMPLE) 2. Met requirements IAW DA Form 5030. 3. I understand that prior to my attendance at the Phase 1 course, I must meet (or reenlist/extend to meet) the service-remaining requirement of 24 months upon completion of the Phase 2 Course. If I do not meet these requirements upon arrival at the Phase 1 course, I will be disenrolled from the course. Encl. 1. ERB 2. DA FORM 5030 3. DA FORM 705, (DA 5500 or DA 5501 if applicable) 4. Request for Waiver Memorandum(s) if applicable 5. Removal from Promotion Standing List or Reduction in Rank memorandum if applicable 6. Medical Screening Forms		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)



REPLY TO
ATTENTION OF

Encl. 8- WAIVER EXAMPLE

DEPARTMENT OF THE ARMY

YOUR UNIT AND BATTALION
YOUR DIVISION
YOUR POST, STATE & ZIP CODE

OFFICE SYMBOL

DATE

MEMORANDUM FOR: Engineer Personnel Development Office, Fort Leonard Wood, MO 65473

SUBJECT: Request age waiver to reclassify into MOS 12D, Engineer Diver.

1. Reference: DA FORM 5030 Engineer Dive Training Application.
2. Request age waiver for the following Soldier:

SPC John Doe W. XXX-XX-1234

3. A prerequisites for the MOS 12D is to be no more than 35 years old. SM is 38 years old and requests an age waiver.
4. Point of Contact for this request is SPC John Doe W. at (your number) or at john.w.doe@us.army.mil.

JOHN W. DOE
SPC, USA
Duty Position/MOS

Enc.9

BASIC ENGINEER DIVER PHASE 1
INFORMATION PACKET



Basic Engineer Diver Information Packet

The purpose of Basic Engineer Diver Phase I course is to determine a student's potential to pass Phases II and III at the Naval Diving and Salvage Training Center in Panama City Florida.

Table of Contents

1. High Attrition Events.....	Pg. 3
2. Skills to help you pass the course.....	Pg. 5
3. 8 Week Training Program.....	Pg. 6
4. Physical Fitness Test (DPFT).....	Pg. 11
5. Pull-up Progression Plan.....	Pg. 14
6. Packing List.....	Pg. 21

HIGH ATTRITION EVENTS

1. Class 1-Advanced Survival Swimmer Test (80-90% fail rate)

Key Information: To pass this test, you must execute each event in boots and full OCP uniform.

- (1) Be able to swim 25 yards using the breast stroke and side stroke without touching the bottom of the pool or the wall.
- (2) Be able to swim to the bottom of a 14 foot pool and across (20 meters) on a single breath before surfacing.
- (3) Enter the water from a height of 10 feet and swim 50 meters using the breast stroke or side stroke technique.
- (4) Tread water for 20 minutes.
- (5) Perform a hanging float for 20 minutes.

2. Diver Physical Fitness Test (reference DPFT Standards on pg. 11)

Key Information: To pass this test, you must successfully complete:

- (1) 500 yard/450 Meter swim using the breast stroke or side stroke technique in 12 minutes and 30 seconds or less.
- (2) 50 Pushups in 2 minutes or less (no sagging or flexing, see below for more detailed information) .
- (3) 50 Curl-ups in 2 minutes or less (see below for more detailed information)
- (4) 6 Strict Pullups (from a dead-hang position)
- (4) 1.5 mile run in 12 minutes and 30 seconds or less.

3. Drown Proofing

Key Information: To pass this test, you must be able to use the basic survival stroke for 5 minutes, followed by a modified survival stroke while holding a line behind your back (5 minutes), followed by a modified survival stroke with the ankles (loosely) tied (5 minutes).

Other Graded Events

1. Dolphin Swim (Snorkel Only)

Key information: To pass this test, you must be able to swim underwater without a mask while breathing through a snorkel (and clearing it over water) for several laps around a pool.

2. In-Water Proficiency Assessment.

Key Information: To pass this test you must be able to:

(1) Retrieve a diver's mask and snorkel from the bottom of the pool, don and clear both prior to surfacing.

(2) Retrieve a 20 pound weight belt from the bottom of the pool and tread water on the surface while breathing through a snorkel without the use of your hands for 1 minute and 30 seconds.

3. Bay Swim.

Utilizing swim fins, swim 1000 yards on your back, using only the legs as propulsion in under 21 minutes. (This event is tested on a separate day from the DPFT.)

SKILLS TO HELP YOU PASS THIS COURSE

There are several other evolutions and training exercises to determine student comfortability in the water that students need to be able to do to progress through this course. The following list is a sample of skills to practice prior to coming to phase I. These skills are also reasons that attribute to the high attrition rate of this course.

Some of these are:

- (1) Hold your breath for at least 45 seconds while swimming underwater.

Note: A good technique is to practice exhale breath holds.

- a) Breathe normally
- b) At the bottom of the exhale, hold your breath
- c) At the first sign of the body's involuntary urge to breathe, resume breathing.
- d) Ensure to that you don't hold your breath to the point that when you resume breathing, your breathing rate isn't normal. In other words, don't hold it so long that you can't resume breathing as if you never held your breath.
- e) Ref. The Oxygen Advantage, Patrick McKeown

- (2) Be able to swim at least 150 meters using a snorkel and no mask without the use of your arms.

Grasp the snorkel with the right hand and hold against the right side of your face. Submerge entire body approximately 3-4 feet allowing snorkel to partially or wholly fill with water and then surface. When surfacing, forcefully blow the water out of your snorkel, take one breath and submerge body. Repeat this cycle for at least 150 meters as you swim while performing a dolphin-like movement.

- (3) Tread water without the use of hands/feet (never both at the same time) for 10 minutes.
- (4) Clear a mask underwater.
- (5) Swim to the bottom of a 14 foot pool.
- (6) Swim the length of a 25 meter pool underwater while performing underwater tasks.
- (7) Remain calm underwater.
- (8) Treading water with various weights (up to 20 pounds).

ARMY ENGINEER DIVER: 8 WEEK PHASE 1 TRAINING PROGRAM

Being an Engineer diver is physically demanding. Divers are expected to perform strenuous tasks in and around an aquatic environment.

1. GENERAL TRAINING GUIDELINES

Key points to training:

1. Keep it simple
2. Use proper technique (get coaching from qualified sources if necessary)
3. Develop the whole body, especially the parts known to be vulnerable to injury

Your workouts should be

1. Planned, structured, organized
2. Balanced and well-rounded
3. Applied gradually and consistently

The weekly format tables provide samples of how you might arrange your weekly training schedule to combine all workouts for the first 8 weeks as well as for longer periods. You want to create balance considering how different workouts may interfere with each other, but results vary among different candidates, so construct a schedule that works for you. If you run and swim on the same day, you can do either one first.

You may choose to split a day into morning and afternoon/evening sessions to allow better recovery, but if that is not practical, do a single session. Worry more about completing your workouts every week rather than worrying about the exact schedule. Over time, make adjustments if necessary to the days you do specific workouts, but keep following the general progressions for increasing your running, swimming, lifting, and calisthenics. Maintain your commitment to train as effectively as possible to prepare for entering Phase 1.

2. WARM UP, ACTIVE RECOVERY AND COOL DOWN

Warm Up: Every workout should begin with a warm-up. You should spend several minutes preparing to improve the quality of your workout. Include some dynamic stretching, some easy jogging or swimming, and even some bursts of speed.

-Dynamic warm up exercise examples (use YouTube as a reference):

- | | |
|-----------------------|---|
| Walking Lunge w/Twist | Walking Lunge w/Overhead Reach |
| Lateral Lunge | Walking Lunge>Elbow to Instep>Twisting Overhead Reach |
| Knee Pull to Chest | High Knee Run |
| Power Skipping | T, Y, W & L's x 10 each |
| Heel Pull to Butt | Leg Cradle |
| Frankensteins | Lateral Shuffle |
| Carioca | |

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Active recovery: Spend at least half the recovery time jogging/walking briskly or swimming easily. This will maintain blood flow to the muscles, deliver oxygen and nutrients and remove waste, which allow you to perform at higher intensity during the work periods.

-Recovery time examples:

For longer interval training, recovery time should be between 7-10 min between intervals. When conducting shorter interval training, recovery times should be 2-2.5 times the work out time.

Cool-down: After your workout, include a cool-down period. This means a few minutes of easy jogging or swimming and more extended work to gradually return to baseline after an intense workout session. For cool-down, you may choose to do a cross-training activity like cycling instead of running or swimming. Your total distance of warm-up, cool-down, and active recovery for all workouts may be 1/3 to 1/2 of your total training distance so it is important to give these aspects proper consideration and perform them with as much attention to detail as the actual workouts.

3. PUSH UPS, SIT UPS AND PULL UPS

The DPFT requires you to give maximum effort to perform as many push-ups, sit-ups, and pull-ups as possible in two minutes. This specific performance requires specific preparation (dedicated training to improve max reps for these exercises). While it is necessary to focus on push-ups, sit-ups, and pull-ups for the DPFT, be aware that this may contribute to muscle imbalances that affect the injury risk during Phase 1 and BCT candidates. It is important to be efficient when training for push-ups, sit-ups, and pull-ups to avoid overtraining and creating imbalances.

Minimum performance goals for the DPFT are 50 push-ups, 50 curl-ups and 6 dead hang pull-ups. The basic training method is to start with several small sets and gradually progress towards fewer, larger sets. Recover enough between sets to maintain quality repetitions. Over time, reduce the recovery between sets, without reducing the quality of reps. About once a week, practice doing push-ups, sit-ups, and pull-ups as if you are doing the DPFT (emphasize proper technique). Determine your current max for each exercise. Work on the rhythm and pacing that will produce your best DPFT score. Make sure to review the standards for acceptable technique so all your reps will count when taking the DPFT. The following tables can be used as a guideline or to supplement your workout routine:

PUSH UP AND SIT UP			
MAX # OF REPS	SETS	REPS	TOTAL REPS
<40	5-6	10-15	50-90
40-60	4-5	15-20	60-100
60-80	4-5	20-25	80-125
80-100	3-4	30-40	90-160

PULL UPS			
MAX # OF REPS	SETS	REPS	TOTAL REPS
<6	5-6	2-3	10-18
6-9	4-5	4-5	16-25
10-12	4-5	5-6	20-30
13-15	3-4	8-10	24-40
>15	3-4	10-12	30-48

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IF YOU ARE UNABLE TO PERFORM 1 PULL UP, UTILIZED THE PHASE 1 PULL UP PROGRESSION PLAN

4. SWIMMING (BREAST AND SIDE STROKE)

During Phase 1, it is imperative that candidates can swim for extended periods of time utilizing the side stroke and breast stroke. The first event of the DPFT is the 450 m swim which tests a candidate's aquatic adaptability, technique and endurance. If a candidate is unable to complete the swim they will have an extremely difficult time during the course.

-Training Recommendations: Candidates must utilize sprint and long distance swimming with limited rest periods.

5. TREADING WATER

Candidates must be able to tread water for extended periods of time with hands in and above of the water. They must also be able to tread while holding weights above the water surface.

-Training Recommendations: Practice treading water using the frog kick and egg beater techniques. Examples of how to use these techniques can be found on the internet.

6. FLUTTER KICKS

The flutter kick is important because it is the only form of movement utilized when conducting the 1000 meter bay swim during the course.

-Training Recommendations: Start position has the hands on your stomach with your fingers interlaced, head is up and looking at your feet, legs are straight with the toes pointed at approximately a 45 degree angle. The heel of your shoes are 6" off the floor. Begin the exercise by raising the left leg about 3' off the floor. As your left leg begins to come back down to the starting position raise your right leg about 3' off the floor. Lower your right leg and again raise your left leg. As your left leg returns to the starting position you have just completed one repetition. The repetitions are counted every other time the left foot returns to the starting position. After conducting all your repetitions return both legs to the starting position and hold them there for at least a ten count.

7. SPECIAL CONSIDERATIONS

Running: Try to do interval training on a measured course, such as a running track. If that is not possible, find a location with a firm, flat surface without traffic that is safe for fast running. Check out the POSE method on the internet.

Swimming: A pool is desirable for interval training, but ensure you take every safety precaution if you train in open water (lake or ocean). Also, mix free style swimming into your workouts in addition to the breast and side stroke. This will increase intensity and promote fitness that will translate to faster breast and side swimming.

Cross /Low Impact Training: You can supplement your run and swim training with cross/low impact training using other cardiovascular activities. Appropriate activities use large muscles and can be performed rhythmically and continuously. Examples include (but are not limited to) cycling, rowing, stair stepping, elliptical machines, and hiking. The use of cross-training activities help build your conditioning base without overtraining, it

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also adds variety into your routine. When necessary, substitute cross-training for running or swimming. This might happen if you have a minor injury, there is bad weather, or your regular training facility is not available.

8 WEEK TRAINING PROGRAM

WEEK 1-4

M	T	W	TH	F	S	S
Diagnostic DPFT	<p>AM: -Run 3 Miles (Slow pace) -Push Up/Sit up/Pull Up (P/S/P)</p> <p>PM: -Swim 450 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 50 m sprints x 4</p> <p>-Tread water 10 min (1 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 400 m x 4 -P/S/P</p> <p>PM: -Swim: 450 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 50 m sprints x 4</p> <p>-Tread water 10 min (1 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 3 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 450 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 4 Miles (Slow pace) -P/S/P</p> <p>PM: -Swim 500 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 50 m sprints x 6</p> <p>-Tread water 10 min (1 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 400 m x 6 -P/S/P</p> <p>PM: -Swim: 450 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 50 m sprints x 6</p> <p>-Tread water 10 min (1 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 4 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 450 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Low Impact Conditioning (bike, elliptical, rower, etc.) 30 min</p> <p>-Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 5 Miles (Slow pace) -P/S/P</p> <p>PM: -Swim 600 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 50 m sprints x 8</p> <p>-Tread water 15 min (2 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 400 m x 8 -P/S/P</p> <p>PM: -Swim: 600 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 50 m sprints x 8</p> <p>-Tread water 15 min (2 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 5 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 450 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Low Impact Conditioning (bike, elliptical, rower, etc.) 30 min</p> <p>-Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 5 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 600 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>-Upper body strength training</p> <p>PM: -Swim: 50 m sprints x 10</p> <p>-Tread water 15 min (2 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 400 m x 8 -P/S/P</p> <p>PM: -Swim: 600 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>-Lower body strength training</p> <p>PM: -Swim: 50 m sprints x 10</p> <p>-Tread water 15 min (2 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>-Run 5 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 600 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	Rest	Rest

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Weeks 5-8

M	T	W	TH	F	S	S
Diagnostic DPFT	<p>AM: -Run 4 Miles (Slow pace) -P/S/P</p> <p>PM: -Swim 500 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 100 m sprints x 4</p> <p>-Tread water 15 min (3 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 800 m x 4 -P/S/P</p> <p>PM: -Swim: 500 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 100 m sprints x 4</p> <p>-Tread water 15 min (3 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 4 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 500 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 5 Miles (Slow pace) -P/S/P</p> <p>PM: -Swim 600 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 100 m sprints x 6</p> <p>-Tread water 15 min (3 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 800 m x 6 -P/S/P</p> <p>PM: -Swim: 600 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 100 m sprints x 6</p> <p>-Tread water 15 min (3 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 5 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 450 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Low Impact Conditioning (bike, elliptical, rower, etc.) 45 min</p> <p>-Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 6 Miles (Slow pace) -P/S/P</p> <p>PM: -Swim 700 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Upper body strength training</p> <p>PM: -Swim: 100 m sprints x 8</p> <p>-Tread water 20 min (4 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 800 m x 8 -P/S/P</p> <p>PM: -Swim: 700 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Lower body strength training</p> <p>PM: -Swim: 100 m sprints x 8</p> <p>-Tread water 20 min (4 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run 6 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 700 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>AM: -Low Impact Conditioning (bike, elliptical, rower, etc.) 45 min</p> <p>-Stretch/Foam Rolling</p>	Rest
<p>AM: -Run 6 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 700 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>-Upper body strength training</p> <p>PM: -Swim: 100 m sprints x 10</p> <p>-Tread water 20 min (5 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>AM: -Run Int: 800 m x 8 -P/S/P</p> <p>PM: -Swim: 600 m</p> <p>-Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	<p>-Lower body strength training</p> <p>PM: -Swim: 100 m sprints x 10</p> <p>-Tread water 20 min (5 min hands out of water)</p> <p>-Abdominal exercise -Stretch/Foam Rolling</p>	<p>-Run 6 Miles (Mod pace) -P/S/P</p> <p>PM: -Swim 600 m</p> <p>- Abdominal exercise (include flutter kicks) -Stretch/Foam Rolling</p>	Rest	Rest

DIVER PHYSICAL FITNESS TEST (DPFT) STANDARDS

1. 450 meter Swim (Breast Stroke or Side Stroke) in 12:30 or less

The swim is a timed 450 meter swim. The student must complete the swim as quickly as possible using the side stroke or the breaststroke. Both strokes must be conducted without an overhand recovery, i.e., the student's hand must remain below the surface of the water.

Timer shall signal the start of the event. Students will call out their lap number as each lap is completed. Students may push off from the sides with hands and feet after each pool length. Resting is permitted by conducting survival float or by treading water. Students shall not stand on the bottom of the pool or hang on the side of the pool. Upon completion of the final lap, the student will call out "TIME," and the timer will call out the time to the nearest second. The event is terminated if the student completes the prescribed distance, receives or requires assistance, uses the overhand recovery, or uses the bottom or side of the pool to stand or rest.

-10 min Standing Rest

2. 50 Push Ups in 2 min

The student shall begin in a "front-leaning rest" position with the palms of the hands placed on the deck directly beneath or slightly wider than the shoulders. Both feet shall be together on the deck. The back, buttocks, and legs shall be straight from head to heels and must remain so throughout test. The toes and palms of the hands shall remain in contact with the deck. The feet shall not contact a wall or other vertical support surface. The student may only rest in the "up" position while maintaining arms, back, buttocks, and legs in a straight position. The event is ended if the student touches the deck with any part of his or her body except for the hands and feet, raises one or both hands or feet off of the deck or ground, fails to maintain back, buttocks, and legs in a straight line from head to heels, or receives more than two verbal warnings for executing incorrect procedures.



-2 min Standing Rest

3. 50 Curl Ups in 2 min

The student shall start by lying flat on his or her back with knees bent (heels approximately 10 inches from the buttocks). The arms shall be folded across and touching the chest with the hands touching the upper chest or shoulders. The student's feet shall be held to the deck by a partner's hands. Any other means of securing the member's feet is not authorized. The student curls body up, touching the elbows to his or her thighs no more than 3 inches below the knees while keeping the hands in contact with the chest or shoulders. After touching the elbows to his or her thighs, the student lies back, touching the lower edge of the shoulder blades to the deck. The student may rest in the up or down (May only rest in the down position for 5 seconds) position, but the hands must remain

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touching the upper chest or shoulders at all times. NOTE: When in the “up” position, the student may only rest with the elbows touching the thighs, not on top of his or her knees.

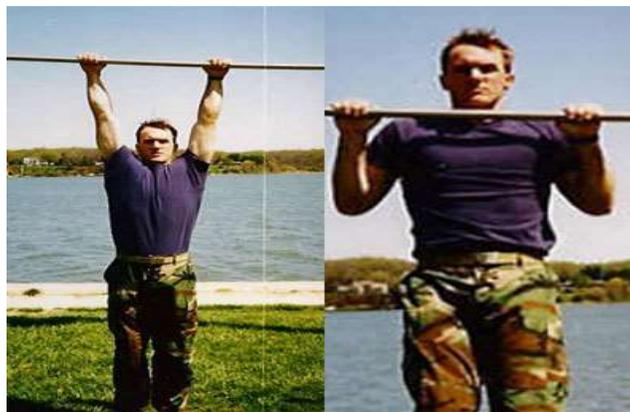
The event is ended if the student lowers his or her legs, raises feet off of the deck or ground, lifts buttocks off of the deck or ground, fails to keep his or her arms folded across and touching the chest, fails to keep his or her hands in contact with the chest or shoulders, remains in the down position for more than 5 seconds, or receives more than two verbal warnings for executing incorrect procedures.



-2 min Standing Rest

4. 6 Pull Ups

The student shall mount the bar, starting with the arms and shoulders fully extended in a dead hang. The student shall pull his or her body up until the chin is even with, or above the top of the bar. The student shall not use a lateral, forward, or backward “kipping” motion while performing a pull-up. After the chin has passed the bar or is even with the bar, the student must return to the starting position to complete the repetition. The student may rest in the starting position at any time. Both hands must remain on the bar for the duration of the event. The event is ended if the student touches anything other than the horizontal portion of the pull-up bar, removes his or her hands from bar, receives more than two verbal warnings for executing incorrect procedures.



-10 min Standing Rest

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5. 1.5 mile Run in 12:30 or less

The run is a timed 1.5 mile run to be completed as quickly as possible. The event shall be conducted on a flat, solid surface. The student shall stand at start line. The timer shall signal the start and call out time intervals until the completion of the test. The student calls out lap number when passing the timer. Upon completion of the final lap, the student will call out "time," and the timer will call out the time to the nearest second. The event is ended if the student stops running or walking other than to retie his or her shoelace or to remove foreign objects from the shoes, deviates from prescribed course, completes the 1.5 miles.

PULLUP PROGRESSION PLAN

This is based on a Soldier being able to perform zero pull-ups and is intended to develop the Soldier to the point where they can perform 7-8 strict pull-ups. On training day 1 of the 12D AIT, Phase I course, Soldiers will be administered a Diver Physical Fitness Test (DPFT). This test consists of 5 events and the pull-up event is the fourth event. Naturally, after every event the body will continue to fatigue and so it's important that the Soldier be able to perform 8 or more strict pull-ups when rested to perform at least 6 strict pull-ups after having already finished 3 events. The following is a list of exercises with descriptions that will strengthen the Soldiers upper body and should be followed as closely as possible over the course of a 9 week period. If this pull-up regiment is adhered to it will assist Soldiers in meeting their goal of performing 7-8 strict pull-ups.

Exercise Descriptions

Hold, arms extended – Soldier mounts pull-up bar, palms facing out and proceeds to hang from bar. Depending on forearm and grip strength candidate will hold for at least 5 seconds and work their way up to at least 30 seconds. Soldier should vary the width of their grip between wide, slightly greater than shoulder width, and narrow.

Scapula pull – Soldier mounts pull-up bar with hands shoulder-width apart, palms facing out and proceeds to hang from bar. From the hanging position, with slightly shrugged shoulders, draw the scapulae or shoulder blades down and together, raising their body slightly but without bending their arms and pulling as in a regular pull-up. Candidate should feel their head shifting backwards and chest raising upward, as they try and pinch their shoulder blades together. Hold position for one second and then return to starting position.

Hold, scapula – Same as above, except Soldier will hold for 5-10 seconds with their shoulder blades pinched together before returning to the starting position.

Negative, chin-up – Soldier mounts pull-up bar with hands slightly greater than shoulder-width apart, palms facing in and proceeds to hang from bar. The goal of the negative is to lower oneself in a slow and controlled manner (5 seconds) before arms are fully extended.

Negative, pull-up - Soldier mounts pull-up bar with hands slightly greater than shoulder-width apart, palms facing out and proceeds to hang from bar. The goal of the negative is to lower oneself in a slow and controlled manner (5 seconds) before arms are fully extended.

Inverted row with dip bar - Soldier sits beneath and perpendicular to the bar. With hands slightly greater than shoulder-width apart, palms facing out, Soldier reaches up and places both hands on bar closest to them. Soldier pulls themselves up until they are hanging from the bar. With arms and body straight and body at a 45 degree angle, Soldier pulls their chest to the bar and returns to the starting position. The Soldier may have to adjust their legs (straight or slightly bent) and feet (heels on ground or entire foot is flat) to find a position that is challenging, but still allows them to perform the exercise.

Hold, middle – Soldier mounts pull-up bar with hands slightly greater than shoulder-width apart, palms facing out and proceeds to hang from bar. Soldier will raise their body until their arms are at a ninety-degree angle. This is the “middle or halfway” position and the Soldier will hold this position for 5 to 30 seconds before lowering themselves until their arms are extended and then dismount. Candidates should vary the width of their grip between wide, slightly greater than shoulder width, and narrow.

Hold, top – Soldier mounts pull-up bar with hands slightly greater than shoulder-width apart, palms facing out and proceeds to hang from bar. Soldier will raise their body until their chin is even or above the bar, ensuring chin

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DOES NOT rest on the bar. Soldier will hold this position for 5 to 30 seconds before lowering themselves until their arms are extended before dismounting. Soldiers should vary the width of their grip between wide, slightly greater than shoulder width and narrow.

Hold with negative – This exercise is a combination of the Hold and Negative exercises and shall be performed utilizing the pull-up with palms facing out. After Soldier is done holding for a predetermined time Soldier will begin to slowly lower themselves until their arms are fully extended before dismounting the bar. Soldier should vary the width of their grip between wide, slightly greater than shoulder width and narrow. The Hold in seconds will be listed in the table and it is assumed the Soldier will perform the negative as a 5 second count.

Chin-up – Soldier mounts pull-up bar with hands slightly less than shoulder-width apart or whatever feels comfortable, palms facing in and proceeds to hang from bar. When ready, Soldiers will raise their entire body until the chin is even or above the bar before returning to the starting position (arms extended).

Pull-up, alternating grip – Soldier mounts pull-up bar with hands together or no greater than 3-inches apart with an alternating grip and proceeds to hang from the bar. Soldier will pull upward, allowing the head to move to the left or right side of the bar, and touch the left or right shoulder to the bar depending on which hand is closest to the head. If the left hand is closest to the head with the palm facing in, then the Soldier will raise their left shoulder to the bar before returning to the starting position. Soldier should perform an equal amount of repetitions on both sides.

Pull-up, close grip – Soldier mounts pull-up bar with hands together or no greater than 3-inches apart, palms facing out and proceeds to hang from bar. When ready, Soldier will raise entire body until the chin is even or above the bar before returning to the starting position (arms extended).

Pull-up, slightly greater than shoulder-width – Soldier mounts pull-up bar with hands slightly greater than shoulder-width, palms facing out and proceeds to hang from bar. When ready, Soldier will raise entire body until the chin is even or above the bar. Afterwards, Soldier will return to starting position (arms extended) before dismounting or performing another repetition.

Pull-up, wide grip – Soldier mounts pull-up bar with hands wider than slightly greater than shoulder-width, palms facing out and proceeds to hang from bar. When ready, Soldier will raise entire body until the chin is even or above the bar before returning to the starting position (arms extended).

*Notes:

When pulling upward or returning to the starting position, Soldiers will attempt to raise or lower their body in a controlled manner, ensuring they DO NOT kip, sway or bicycle their legs

If a Soldier cannot perform the exercises or number of repetitions prescribed on their own then they should seek assistance from another Soldier.

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Schedule

Week 1	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	2	10 seconds	As Needed
	Scapula pull	2	5 reps	As Needed
	Hold, arms extended	2	10 secs	As Needed
Day 2	Scapula pull	3	5 reps	As Needed
	Hold, arms extended	3	10 secs	As Needed
Day 3	Negative, chin-Up	3	2 reps	As Needed
	Hold, scapula	2	10 secs	As Needed
	Hold, arms extended	3	10 secs	As Needed
Day 4	Negative, pull-up	2	3 reps	As Needed
	Scapula pull	3	8 reps	As Needed
Day 5	Inverted row with dip bar	3	4 reps	As Needed
	Negative, chin-up	2	3 reps	As Needed
	Hold, arms extended	3	10 secs	As Needed
Week 2	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	3	10 secs	As Needed
	Scapula pull	2	8 reps	As Needed
	Hold, arms extended	2	15 secs	As Needed
Day 2	Scapula pull	3	8 reps	As Needed
	Hold, arms extended	3	12 secs	As Needed
Day 3	Negative, pull-up	2	4 reps	As Needed
	Scapula pull	3	8 reps	As Needed
	Hold, scapula	3	10 secs	As Needed
Day 4	Inverted row with dip bar	3	4 reps	As Needed
	Hold, middle	3	5 secs	As Needed
	Negative, chin-up	2	3 reps	As Needed
Day 5	Pull-up, slightly greater than shoulder width	2	3 reps	As Needed
	Negative, pull-up	2	4 reps	As Needed

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	Scapula pull	3	4 reps	As Needed
Week 3	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	3	10 secs	As Needed
	Scapula pull	1	10 reps	As Needed
	Hold, arms extended	3	10 secs	As Needed
Day 2	Hold, top	3	5 secs	As Needed
	Hold, middle	3	8 secs	As Needed
Day 3	Negative, pull-up	3	4 reps	As Needed
	Negative, chin-up	3	6 reps	As Needed
	Scapula pull	4	7 reps	As Needed
Day 4	Inverted row with dip bar	4	5 reps	As Needed
	Chin-up	3	4 reps	As Needed
Day 5	Pull-up, slightly greater than shoulder width	3	3 reps	As Needed
	Chin-up	2	5 reps	As Needed
	Hold, scapula	3	5 secs	As Needed
Week 4	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	4	10 secs	30 secs
	Scapula pull	2	10 reps	1 min
	Hold, arms extended	2	20 secs	1 min
Day 2	Chin-up	3	5 reps	2 min
	Hold with negative	2	5 secs	1 min
Day 3	Pull-up, alternating grip	2	3 reps	2 min
	Hold, top	3	10, 5, 5 secs	30 secs
	Scapula pull	2	10	2 min
Day 4	Pull-up, close grip	3	4, 4, 3 reps	2 min
	Negative, pull-up	3	5, 4, 3 reps	1 min
Day 5	Pull-up, slightly greater than shoulder width	2	5, 4 reps	2 min
	Hold, top	1	12 secs	---

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	Hold, arms extended	1	30 secs	---
Week 5	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	2	15 secs	1 min
	Scapula pull	2	10 reps	2 min
	Hold, arms extended	2	30, 15 secs	30 secs
Day 2	Pull-up, alternating grip	2	4, 2 reps	2 min
	Hold, middle	2	15 secs	30 secs
Day 3	Inverted row with dip bar	2	6 reps	1 min
	Hold, top	4	10, 8, 6, 4 secs	30 secs
	Negative, pull-up	1	8 reps	---
Day 4	REST			
Day 5	Pull-up, slightly greater than shoulder width	2	Max Reps	2 min
	Pull-up, close grip	1	Max Reps	---
Week 6	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	2	15 secs	30 secs
	Scapula pull	2	10 reps	1 min
	Hold, arms extended (wide grip, shoulder width, close grip)	3	20 secs	1 min
Day 2	Pull-up, slightly greater than shoulder width	2	7, 5 reps	2 min
	Hold, top with negative	2	5 secs	1 min
Day 3	Pull-up, alternating grip	2	4, 3 reps	2 min
	Hold, middle	2	20, 15 secs	30 secs
	Negative, chin-up	2	6, 4	1 min
Day 4	REST			
Day 5	Pull-up, slightly greater than shoulder width	2	Max Reps, +2 assisted	3 mins
	Hold, middle	3	20, 10, 10 secs	1 min
	Negative, chin-up	1	8	---
Week 7	EXERCISE	SETS	REPS OR TIME	REST

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Day 1	Pull-up, close grip	3	7, 7, 4 reps	2 min
	Hold, middle	1	15 secs	---
	Negative, chin-up	1	8 reps	---
Day 2	Pull-up, slightly greater than shoulder width	2	Max Reps, +2 assisted	3 mins
	Hold, top with negative	1	10 secs	---
Day 3	REST			
Day 4	REST			
Day 5	Pull-up, slightly greater than shoulder width	3	Max Reps, +2 assisted	3 mins
	Hold, top with negative	1	5 secs	---
	Hold, scapula	1	10 secs	---
Week 8	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Hold, scapula	2	15 secs	30 secs
	Scapula pull	2	10 reps	1 min
	Hold, arms extended (wide grip)	3	30, 20, 20 secs	1 min
Day 2	Pull-up, close grip	3	5 reps	2 mins
	Hold, top with negative	3	10 secs	2 mins
Day 3	Pull-up, alternating grip	2	5, 4 reps	2 mins
	Hold, middle	2	20 secs	1 min
	Negative, pull-up	2	9 reps	2 min
Day 4	Chin-up	1	Max Reps	---
	Hold, arms extended	1	45 secs	---
Day 5	Pull-up, slightly greater than shoulder width	2	Max Reps, +2 assisted	3 mins
	Hold, top with negative	1	10 secs	---
Week 9	EXERCISE	SETS	REPS OR TIME	REST
Day 1	Pull-up, close grip	3	8, 6, 6 reps	2 mins
	Hold, top with negative	3	5 secs	1 min
Day 2	REST			

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Day 3	Pull-up, alternating grip	3	4, 3, 2 reps	2 mins
	Chin-up	2	4 reps	3 mins
	Hold, arms extended	2	15 secs	30 secs
Day 4	REST			
Day 5	Pull-up, slightly greater than shoulder width	3	Max Reps, +2 assisted	3 mins
	Pull-up, wide grip	1	Max Reps, +2 assisted	---

PACKING LIST

Bring all issued TA-50

- 4-Sets of serviceable ACU's (to include all patches/name tapes)
- 2- Patrol Caps
- 7-Tan T-Shirts
- 7- Pairs of green socks
- 7-Pairs of underwear
- 1-Belt, ACU
- 2-Pairs boots (1 Worn) (Cold Weather Boots Oct-March Classes)
- 1-Army Service Uniform w/ beret (Complete)
- 1-Wet weather top
- 1-Wet weather trousers
- 1-Cold weather top (Oct-March Classes)
- 1-Cold weather trousers (Oct-March Classes)
- 1-IPFU Jacket
- 1-IPFU Pants
- 3-Pairs Army PT Shorts
- 3-Short Sleeve PT Shirts
- 2-Long sleeve PT Shirts
- 1-PT Cap Fleece (Oct-March Classes)
- 1-Pair black leather gloves (All Classes regardless of season)
- 2-Pair of inserts for black leather gloves (All Classes regardless of season)
- 1-Pair PT Shoes
- 7-Pairs white PT Socks
- 5-Copies of orders/1610
- 1-Set linens (Soldier discretion)