

#### DEPARTMENT OF THE NAVY

##### NAVAL RESERVE OFFICERS TRAINING CORPS UNIT

###### University Name

**University Address**

6150

Ser 23 Jan 18

From: Commanding Officer, NROTCU xxxx

To: XXXX (NSTC, BUMED, DoDMERB as applicable)

Subj: NON-MEDICAL ASSESSMENT (NMA) ICO MIDN

Ref: (a) NSTC M-1533.2B AUGUST 2017

1. In accordance with reference (a), the following assessment is submitted to assist BUMED and NSTC in the determination of Fitness/Unfitness in the case of XXXX (applicant or MIDN name)

PART I: Questionnaire

a. MIDN’s Designator: (\*\*Response should include service and estimated date of commission. If in 2/C or 1/C year, should list what designator being considered for (ie: USMC ground, Navy EOD, Navy SWO, etc)).

b. Member’s current position: (\*\*Response should clarify Navy or USMC, year in program. Can also include current responsibilities or leadership positions held within the unit)

c. Is the MIDN currently on a Leave of Absence, requiring accommodations or a reduction in ROTC or academic responsibilities because of the medical condition? If yes, explain.

d. When did the MIDN last pass a “full” PRT:

e. Did the MIDN take the most recent PRT:

f. MIDN’s height and weight:

g. Is the MIDN within weight and body fat standards?

h. To your knowledge, is the MIDN fully attending all appointments and complying with all recommended treatments? Has the MIDN complied in the past?

i. What is the average number of work hours per week that the MIDN’s condition required to be away from his or her current duties for treatment, evaluation, and/or recuperation?

j. Considering the MIDN’s current physical condition, would he or she be worldwide assignable?

k. Does the MIDN have good potential for continued ROTC participation and commission in his or her present physical and mental condition?

l. Does the MIDN desire to continue in ROTC and commission?

Part II:

1.Commanding Officer’s Comments:

(\*\* Comments should include circumstances behind this review, how came to unit attention, performance in terms of academics, aptitude, fitness (including PFA results and waivers), outcomes from any PRBs, any time on PLOA, MLOA, aptitude/academic LOA, and recommendations on retention/commission.)

2. The following comments are provided for assistance to BUMED and NSTC in determination of Fitness/Unfitness for the MIDN:

a. How does the medical condition impact the MIDN’s work capacity in relation to ROTC, training, or academic responsibilities?

b. Include an explanation on what Mission Essential Tasks the MIDN substantively can or cannot do regarding the primary duties of her designator.

c. Aptitude score or Ranking within year group:

d. Submit any pertinent information in reference to Line of Duty determinations or investigations that affect the MIDN’s unfitting condition:

3. For follow-on questions concerning the NMA, the POC at the command is: Name, Phone #, email address.

X. X. XXXXXX

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