

Soldier Data Sheet				All dates will be in the following format: DD-MMM-YY (11 Jun 01)			Date		
Last Name		First		MI	Rank		SSN		
MOS	Platoon <i>(pencil)</i>	Section <i>(pencil)</i>	Security Clearance	Religion	Blood Type	Gender	Race	GT Score	
Last NCOER <i>(pencil)</i>		Next NCOER <i>(pencil)</i>		Rater <i>(pencil)</i>	Senior Rater/Intermediate <i>(pencil)</i>		Reviewer <i>(pencil)</i>		
DOB		BASD	DOR <i>(pencil)</i>	Date in Command		DEROS <i>(pencil)</i>	Home of Record		
APFT <i>(pencil)</i>		APFT Score <i>(pencil)</i>	Combat Lifesaver <i>(pencil)</i>	ANCOC <i>(pencil if "NO")</i>	BNCOC <i>((pencil if "NO")</i>	Religion			
CIV Education <i>(pencil)</i>			Height		Weight <i>(pencil)</i>	Over Table Weight <i>(pencil)</i>	Last Tape <i>(pencil)</i>		
Passes Tape <i>(pencil)</i>	% Body Fat	Eye Color	Hair Color	Glasses	Mask Inserts Needed		Allergies	Cold Weather Injury	
Hot Weather Injury	Last HIV Test Date <i>(pencil)</i>		Last Dental Exam <i>(pencil)</i>	Special Meal Needs	BDU Top	BDU Pants	Boot Size	Headgear	
MOPP Suit	MOPP Glove	Mask Size	MSM(s) <i>(pencil)</i>	ARCOM(s) <i>(pencil)</i>	AAM(s) <i>(pencil)</i>	Last GCM <i>(date)</i>	MECH Badge <i>(pencil if "No")</i>	Wheel Badge <i>(pencil if "NO")</i>	Track Badge <i>(pencil if "NO")</i>
Family Data									
Next of Kin (NOK) <i>(pencil)</i>			Telephone of NOK <i>(pencil)</i>		NOK address (street, city, state, zip) <i>(pencil)</i>				
Marital Status <i>(pencil if "NO")</i>		Spouse		Dual Military <i>(yes/no and branch)</i>	Spouse on Station? <i>(pencil)</i>	Date Married	Spouse's DOB		
Your current Address				City and State		Home Phone		Cell Phone	
Spouse's Street (if not living with you)					Spouse City and State (if not living with you)			Spouse State	
Child 1		Child 1 DOB		Child 2		Child 2 DOB		Child 3	Child 3 DOB
Child 4		Child 4 DOB		Child 5		Child 5 DOB		Child 6	Child 6 DOB
Passports Current <i>(for all dependents)</i>		NEO Packet <i>(pencil)</i>	TriCare <i>(pencil)</i>	Family Care Plan <i>(pencil)</i>	Power of Attorney <i>(pencil)</i>	Will <i>(pencil)</i>	EFMP Member		
POV	Year 1	Make 1	Model 1			Are all of your children living with you? If no, which children) are not, and where is their residence.			
POV 2	Year 2	Make 2	Model 2						

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