

## Background Sheet

**Information of Nominated Soldier:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ SSN \_\_\_\_\_

Unit \_\_\_\_\_ MOS \_\_\_\_\_ ETS Date \_\_\_\_\_

Current diagnoses: \_\_\_\_\_

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Date of last APFT: \_\_\_\_\_ Does Soldier currently meet ht/wt standards? \_\_\_\_\_

**Brigade or Battalion Command Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Company Command Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**1SG Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Brigade or Battalion Surgeon Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Physician Completing Packet (if different from unit surgeon):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_