

OPMIS NROTC STUDENT HISTORY FORM

Print your full name \_\_\_\_\_

Circle the appropriate code or number for each numbered category questions below:

1. JROTC (in High School): Yes No If yes, circle type: Army, Air Force, Navy, Marines

2. Martial Status: M=married, D=divorced, S=single

3. Number of Dependents for whom you are responsible (not including yourself): 0 1 2 3 4 5

4. Percentile High School Rank: 0 = Not Applicable (GED), 1 = Top 20 %, 2 = Top 40%, 3= Top 60%, 4 = Top 80%, 5 = below top 80%

5. Eagle Scout: Y = Yes N = No

6. Child of Career Military Member: Y = Yes N = No  
(Parent served more than original contract years)

7. High school type: 0 = Not Applicable (GED)  
1= Public, greater than 100 grads  
2 = Public, less than 100 grads  
3 = Private, greater than 100 grads  
4 = Private, less than 100 grads

8. Demographic type: 1 = Urban, city greater than 500,000  
2 = Suburban, city less than 500,000  
3 = Rural, farming/country environments

9. Service option: N = Navy M = Marines

10. College major: \_\_\_\_\_

11. Your SAT/ACT test scores: VERB \_\_\_\_\_ MATH \_\_\_\_\_ COMP \_\_\_\_\_

12. State legal residence: \_\_\_\_\_

13. Date of Birth: \_\_\_\_\_

14. Social Security Number: \_\_\_\_\_

Fax a copy of Medical Shot records along with this form documenting the completion of the below labs and immunizations.

Immunizations Records-Current

Blood Type

Sickle Cell

Hematocrit

TB

DPT Tetanus – within the last 10 years

MMR

2<sup>nd</sup> Measles

Hepatitis A & B

Meningitis

Upon orientation arrival, please bring in all medical paper work for your UNIT Medical file for proof of the completion of the above immunizations.

15. Your Email address to reach you:

---