

# NEVADA AIR NATIONAL GUARD



## APPLICATION WORKBOOK

**Specialized Undergraduate Pilot Training**  
**Combat Systems Officer Training**

## **Nevada Air National Guard**

This application workbook contains information regarding your application for Specialized Undergraduate Pilot Training (SUPT) and Combat Systems Officer Training (CSO) with the Nevada Air National Guard in Reno. It contains the eligibility and application requirements. It also includes all of the important information that you will need to be considered for an interview. Please read carefully and follow all instructions.

The 152<sup>D</sup> Airlift Wing is located at the Reno-Tahoe International Airport in Reno, Nevada. Our mission is Tactical airlift and airdrop. The unit is comprised of one flying squadron, the 192<sup>D</sup> Airlift Squadron with 8 C-130H2 and 1 C-130H3 aircraft assigned. The Wing employs about 1,050 Traditional Guardsmen (part-time) and about 300 full-time personnel.

We routinely fly local proficiency and tactical training sorties and maintain readiness to deploy globally at any given time. During peacetime, the 152<sup>nd</sup> Airlift Wing is assigned to the State of Nevada serving the Governor as our Commander in Chief. If the unit is federally activated for any reason, our Commander in Chief is the President of the United States.

If selected for a Pilot position, your obligation to the Air National Guard will be 10 years of service upon completion of training. If selected for a Navigator position, your obligation to the Air National Guard will be 7 years of service upon completion of training. You will be required to fly at least 4 sorties per month, attend 1 drill weekend each month and be available for off base missions each quarter.

The 192<sup>D</sup> Airlift Squadron convenes a selection board once to twice each year. Selection as an alternate does not guarantee future selection for a training slot. If you are not selected as a primary candidate, you will have to compete with all other applicants on future selection boards.

# SUPT & CSO APPLICATION WORKBOOK

This workbook describes the application process for individuals interested in becoming a Pilot or Navigator with the Nevada Air National Guard. Individuals must meet the requirements established by the United States Air Force and those of the Air National Guard.

## ELIGIBILITY

**AGE:** You must be no older than the age of 27 at the time of interview. The age regulation for Pilots/navigators states that a candidate must be under the age of 30 the day they begin Specialized Undergraduate Pilot Training or Combat Systems Officer Training, which takes on average, 16 months.

**EDUCATION:** A bachelor's degree from an Air Force accredited four year college or university is required. If you are enrolled in your final semester at the time of the interview, your application may be considered.

**AFOQT:** The Air Force Officers Qualification Test is mandatory prior to your application being considered. This test takes approximately 4 hours and may be scheduled through our Base Training Office at (775) 788-4538. If you do not reside in Northern Nevada, call your local Air Force Recruiter to schedule this test.

The Air Force requires the following minimum scores:

<b>VERBAL:</b>	15	
<b>QUANTITATIVE:</b>	10	
<b>PILOT:</b>	25 (for Pilot)	10 (for CSO)
<b>CSO:</b>	10 (for Pilot)	25 (for CSO)
<b>TOTAL:</b>	50 (the minimum combined Pilot and CSO score)	

These scores are minimum scores required to PASS the AFOQT test, these scores may not be competitive in the hiring process. It is strongly recommended that you prepare for this test as it can only be taken twice, and the second test cannot be taken within 180 days of the first test. The last score supersedes your first score and is considered final. You will find study material at most bookstores and libraries that carry SAT preparatory material. You may also find study material on the internet. More information can be found here <https://www.baseops.net/afqt>

**TBAS Testing** (Pilot only): The Test of Basic Aviation Skills is a hand-eye coordination test usually done at an Active Duty Air Force Base or a ROTC location. You may contact Sacramento State University by calling (916) 278-7449 and make an appointment to take this test.

**PHYSICAL:** All applicants must be in excellent physical and psychological health. You must include in your application the Medical Prescreening Form, which is provided

in this workbook. Minimum vision requirements, with no exceptions, are 20/70 corrected to 20/20 for Pilot and 20/200 for Navigator. You must have full hearing in both ears, have no color blindness and meet height and weight standards.

**MORAL STANDARD:** This section involves criminal history. A local application is included in this workbook. Any law violations, including juvenile offenses and traffic violations must be documented on this application (be prepared to supply back-up documentation on these offenses). Law violations do not necessarily disqualify an individual but **non-disclosure of any offense is disqualifying**. If selected, a federal background check will be initiated as part of the security clearance requirement.

## **SUPT/CSO APPLICATION PACKAGE REQUIREMENTS**

### **MANDATORY ITEMS**

1. Cover Letter (Letter of Introduction)
2. Resume
3. AFOQT Test Results (<https://w20.afpc.randolph.af.mil/afoqtsnet20/>)
4. PCSM Composite Score <http://access.afpc.af.mil/pcsmdmz/>
5. College Transcripts (unofficial or copies are accepted)
6. Preliminary Information Request (return by email ASAP, contained in this workbook)
7. Medical Prescreening Form (self-completed, contained in this workbook)
8. Minimum of 3 Letters of Recommendation
9. If you are/have prior Military Service you must include military documentation such as: Enlistment Document or Oath of Office, DD 214, NGB 22, Discharge Order, latest promotion order, Record Review RIP, Point Credit Summary, and most recent evaluation report)

### **PREFERRED QUALIFICATIONS**

1. Be a member of the Nevada Air Guard
2. Have a Private Pilot License
3. AFOQT scores of at least 70 Pilot and 70 Navigator
4. Be willing to establish residency

The importance of a completed package cannot be overstated, however, do not include additional extraneous information. The Selection Board will only review the items listed above during the selection process.

Mail completed packages to:

Nevada Air National Guard  
152 OSS/OST  
Attn: Capt David McNally  
1776 National Guard Way  
Reno, NV 89502-4415

Email a duplicate digital package in a PDF file no larger than 10 MB to [david.j.mcnally2.mil@mail.mil](mailto:david.j.mcnally2.mil@mail.mil)

## INTERVIEWS

Interviews will be conducted when allocations for SUPT and CSO training class dates are received by the 152nd Airlift Wing. Interviews will be conducted with the best qualified candidates. Generally the 152nd Airlift Wing is allocated 1 or 2 class slots each fiscal year. The interview process follows:

- All SUPT/CSO candidates' packages will be read and considered by a selection team comprised of 152nd Operations Group Pilots and Navigators. The packages selected will be forwarded to 152nd Operations Group Commander.
- The 152nd Operations Group Commander will convene a board of officers to review the applications and interview each applicant. The Board will be charged to evaluate each applicant's suitability to be commissioned as an Officer in the United States Air Force and the Nevada Air National Guard.

## SELECTION PROCESS

The applicants selected by the Board will have their applications forwarded through the chain of command for review and approval. Final approval rests with the United States Air Force.

- The selectees will be required to take and pass a full Flying Class I Physical.
- Selectees will be required to complete and submit a Security Clearance Questionnaire.
- Non-prior service candidates will be enlisted into the unit until graduation from the Academy of Military Science (AMS) and promotion to a Second Lieutenant.
- The applicant with the highest point rating will receive the first school position allocated to the unit. The unit may also be offered an additional class assignment on short notice due to cancellations by other units.

**Please note:** The amount of coordination and paperwork required for a candidate can be very demanding. You must be prepared for no notice trips to the 152AW to sign paperwork, provide copies of documents, testing, etc. Generally the approval process takes 6 months or longer. The approval process includes the 152AW, Nevada State Headquarters, Air National Guard Headquarters and United States Air Force Headquarters. Please be patient and flexible with the process. All trips to the 152nd Airlift Wing to complete the application/selection process will be at the candidate's expense.

# PILOT/NAVIGATOR TRAINING PROGRAM

If you are selected as a Pilot or Navigator Candidate, you will be required to complete the mandatory initial training that will require approximately 2 - 3 years to complete. Acceptance of this commitment should not be taken lightly. Successful completion of this training program requires dedication, long hours and strong support from your family. Your family should be fully aware of and be prepared for this demanding period. Feel free to make an appointment for you and your spouse (if applicable) to talk with someone at the unit about the Pilot/navigator training program.

The following is a breakdown of this training.

**Medical Screening:** Physical evaluation given at Wright Patterson AFB 3 days

**Academy of Military Science:** Air National Guard Officer Training School 6 weeks

**Initial Flight Screening:** IFS provides initial flying training allowing students to successfully transition to SUPT or CSO training in Pueblo, CO 5 weeks

**Undergraduate Pilot Training:** Initial Flight School including academics, primary training in the T-6 Texan II and advanced training in T-1 Jayhawk 54 weeks

-or-

**Combat Systems Officer:** Navigator Training academics, primary training in the T-6 Texan II and advanced training in T-1 Jayhawk - 50 weeks

**Water Survival Training:** Located in Pensacola, FL 5 days

**Combat Survival Training:** Conducted at Fairchild AFB 3 weeks

**C-130 Initial Qualification Training:** Conducted at Little Rock AFB 6-9 months

## NOTES

-All of your training is paid training

-Families are not permitted to accompany you to AMS. Furthermore, there will be training at other temporary duty locations where family members are not allowed, therefore any family members that accompany you, will do so at their own expense.

-Training locations vary throughout the nation, and are subject to change. You will be informed of your locations should you be selected.

-It is preferred that you reside or plan to live within 50-100 miles of the base upon returning from training.

**152D AIRLIFT WING  
NEVADA AIR NATIONAL GUARD  
PRELIMINARY INFORMATION FOR PILOT/NAVIGATOR**

**SECTION 1 PERSONAL INFORMATION:**

Position Applying For  PILOT  NAV  BOTH

Name \_\_\_\_\_ SSAN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Driver's Lic. State/# \_\_\_\_\_

**SECTION 2 EDUCATION:**

High School Graduate  YES  NO College Graduate  YES  NO Date of Graduation \_\_\_\_\_

College Name \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_

Type of Degree received or pursuing \_\_\_\_\_

**SECTION 3 MILITARY BACKGROUND (if you have never served in the military please skip to next section):**

Branch, Unit and Location of current or most recent assignment \_\_\_\_\_

\_\_\_\_\_

Job Title \_\_\_\_\_ Rank \_\_\_\_\_ Security Clearance Level \_\_\_\_\_

Date of Enlistment/Appointment \_\_\_\_\_ Date of Separation \_\_\_\_\_

Have you ever attended Flight Screening, Officer Training or Undergraduate Pilot Training for any branch of the Service and if so, did you graduate from the program? Explain: \_\_\_\_\_

\_\_\_\_\_

**SECTION 4 FLIGHT BACKGROUND:**

AFOQT/PCSM Scores Pilot \_\_\_\_\_ Nav \_\_\_\_\_ PCSM \_\_\_\_\_

Do you have a Private License  YES  NO Total Flying Hours Student \_\_\_\_\_

Do you have a Commercial Pilot License  YES  NO Total Flying Hours PIC \_\_\_\_\_

Do you have an Instrument Rating  YES  NO Total Hours \_\_\_\_\_

Type of Aircraft flown as student or PIC: \_\_\_\_\_

\_\_\_\_\_

**PRELIMINARY INFORMATION CONTINUED**

Are you a conscientious objector?  YES  NO  
(A conscientious objector is defined as one who refuses to serve in the Armed Forces or bear arms on the grounds of moral or religious principles.)

Are you a sole survivor?  YES  NO  
(A sole surviving son or daughter is the only remaining son or daughter in a family where a parent or one or more sons or daughters was (a) killed in action or died in the line of duty while serving in the Armed Forces (b) is in a captured or missing-in-action status or (c) is permanently 100% disabled, physically or mentally employed due to such disability. NOTE: Members may acquire and obtain sole surviving son or daughter status even if there are no other living family members. It does not depend on the existence of a family unit. A sole surviving son may have living sisters and a sole surviving daughter may have living brothers.)

Are you a United States Citizen?  YES  NO  
If no please explain: \_\_\_\_\_

Are you currently enrolled in an advanced course or a scholarship program in ROTC?  YES  NO

Have you engaged in any act or acts designed to destroy or weaken the United States?  YES  NO

Are you an alcoholic?  YES  NO

If you are an alcoholic, have you completed a rehabilitation program?  YES  NO

Have you ever completed a drug rehabilitation program?  YES  NO

Do you have a history of mental illness?  YES  NO

Have you ever been charged, arrested, cited or held by any law enforcement agency to include juvenile offenses or traffic violations?  YES  NO

If yes, provide the nature of EACH offense, date of the incident, fines or sentencing and the final disposition on a separate sheet.

Have you used, possessed, sold or transported any illegal drugs to include marijuana?  YES  NO  
If yes, please describe each drug used and the last time it was used on a separate sheet

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In connection with my Application for Appointment in the Nevada Air National Guard, I certify that the preceding is a true and correct statement of eligibility. I understand that any information purposely left out of my application may render me ineligible for a commission with the Nevada Air National Guard.

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\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

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\_\_\_\_\_  
(Printed Full Name)

**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  
Aug 31, 2014

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, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (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://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) 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.

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

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

<b>8. CURRENT MEDICATIONS</b> ( <i>Prescription and Over-the-counter</i> )	<b>9. ALLERGIES</b> ( <i>Including insect bites/stings, foods, medicine or other substance</i> )
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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
<b>10.a.</b> Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble ( <i>e.g., pain, corns, bunions, etc.</i> )	<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 ( <i>e.g., locking, giving out, pain or ligament injury, etc.</i> )	<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) ( <i>cracked or fractured</i> )	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	<b>13.a.</b> 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"/>
<b>11.a.</b> Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis ( <i>liver disease</i> )	<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 ( <i>e.g. acne, eczema, psoriasis, etc.</i> )	<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 ( <i>RK, PRK, LASIK, etc.</i> )	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
<b>12.a.</b> Painful shoulder, elbow or wrist ( <i>e.g. pain, dislocation, etc.</i> )	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease ( <i>syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.</i> )	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	<b>14.a.</b> 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 ( <i>If no, explain in Item 29 on Page 2.</i> )	<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)	SOCIAL SECURITY NUMBER
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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:	<input type="radio"/>	<input type="radio"/>	
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, <i>convulsions</i> , <i>epilepsy</i> or <i>fits</i>	<input type="radio"/>	<input type="radio"/>		d. Other medical reasons <i>(If yes, give reasons.)</i>	<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? <i>(If yes, for what?)</i>	<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>	<input type="radio"/>	<input type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>	<input type="radio"/>	<input type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>		<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>		<input type="radio"/>	<input type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure	<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? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>	<input type="radio"/>	<input type="radio"/>	
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>	<input type="radio"/>	<input type="radio"/>	
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>	<input type="radio"/>	<input type="radio"/>	
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
f. Depression or excessive worry	<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? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>	<input type="radio"/>	<input type="radio"/>	
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>	
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>		<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 <i>(YYYYMMDD)</i>						
e. Date of last PAP smear <i>(YYYYMMDD)</i>						

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.)*