

Classroom assigned # \_\_\_\_\_

**NCOLCOE & SERGEANTS MAJOR ACADEMY  
SERGEANTS MAJOR COURSE-DL (Phase 3)  
IN-PROCESSING CHECKLIST**

RANK: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last, First MI YYY/YY/DD

\_\_\_\_\_ #1: In-Processing Packet  
a. Emergency Data (below)  
b. Demographics Data Sheet  
c. Graduation Information

\_\_\_\_\_ #2: **Records (turn in)**  
a. TRADOC Form 350-18-2-R-E (Pre-Execution Checklist)  
b. Orders (1 copy)  
c. MED PROS

\_\_\_\_\_ #3: **Do You Have a Profile?**  
**Do You Take an Alternate APFT Event?**

Is Profile Temp or Permanent?  
If yes, which event?

\_\_\_\_\_ #4: Is PHA Valid?  
\_\_\_\_\_ #5: Lodging Rm#: \_\_\_\_\_ Building#: \_\_\_\_\_  
\_\_\_\_\_ #6: Are you a TPU (typically train on 1 time month and perform 2 week AT) Soldier?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**State/Division/Brigade CSM Name and phone number**

\_\_\_\_\_

**EMERGENCY DATA**

AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Your Contact #: (\_\_\_\_\_) \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
MEDICAL CONDITIONS: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE#: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
CELL #: (\_\_\_\_\_) \_\_\_\_\_

ALT. EMERGENCY CONTACT: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE#: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
CELL #: (\_\_\_\_\_) \_\_\_\_\_

What are your transportation arrangements?  
POV: \_\_\_\_\_ RENTAL CAR: \_\_\_\_\_ RENTAL AGENCY: \_\_\_\_\_ NO TRANSPORTATION: \_\_\_\_\_

\_\_\_\_\_ #7: For the weigh in, do you anticipate being required to be taped? \_\_\_\_\_

\_\_\_\_\_ #8: In Processing Complete