



STATE OF NEW YORK
 DIVISION OF MILITARY AND NAVAL AFFAIRS
NEW YORK NAVAL MILITIA
 330 OLD NISKAYUNA ROAD, LATHAM, NEW YORK 12110

Non-Drilling Enlisted Service Member

Application Instructions

Before you are able to partake in any benefits available to New York Naval Militia members (including tuition assistance) or provide aid for your local community, the Naval Militia Headquarters (in Latham, NY) will need to receive & accept your complete application packet. Once received and input, you will receive a welcome letter via email informing you that you have been accepted as a member. Please be vigilant about checking your email for important messages from NYNM HQ.

To submit this form electronically, save as: NYNM Form 102C LastName, FirstName DateSubmitted PRIOR TO FILLING IT OUT. Once downloaded and saved, you MUST select "Enable All Features" at the top of the page. **EXAMPLE:** Joe Snuffy wants to submit his form on 1NOV18, he would save this form as: **NYNM Form 102C Snuffy, Joe 1NOV18** and enable all features before filling anything out. Once you have finished filling out the form, then hit the SUBMIT button on the bottom left corner of the last page and attach all additional documents to the email before sending. **Please note, if submitting this way, you must print out pages 9 & 10 (NYNM Form 88) because these MUST be filled out by your medical provider prior to being submitted to HQ.**

For a prior service/retired service member, a complete application packet will consist of the following: (Forms marked with ★ are attached below)

- | | |
|--|---|
| <input type="checkbox"/> ★Privacy advisory statements
(from all applicable forms) | <input type="checkbox"/> ★NYNM Form 93 |
| <input type="checkbox"/> ★NYNM 100A
(prior enlisted application) | <input type="checkbox"/> ★NYNM Form 88
(filled out & signed by MD) |
| <input type="checkbox"/> ★NYNM Form 100B | <input type="checkbox"/> Copy of driver's license |
| <input type="checkbox"/> ★NYNM Form 1070C | <input type="checkbox"/> Copy of most recent DD-214
(must include RE code) |
| <input type="checkbox"/> Current resume | <input type="checkbox"/> Full length photo in PT gear |

If you are an Officer and/or a current member of a drilling reserve unit, please visit our website and obtain the proper application packet for an Officer and/or drilling reservist.

Note: The form numbers can be found on the top right corner of each form. All blocks must be filled in on all forms; **applications with blanks will not be accepted or processed**. If something does not apply, fill in "N/A". Please send all requirements at one time, DO NOT send incomplete packets as they cannot be processed.

Applications can be sent electronically via email to: NG.NY.NYARNG.MBX.NYNavalMilitia@Mail.Mil, via fax to (518)786-4427, or via post to: New York Naval Militia Headquarters 330 Old Niskayuna Rd Latham, NY 12110. If sending electronically, please send in PDF (preferred) or JPEG format. Do not send through websites such as Google drive as they will be blocked and the documents will be inaccessible.

If you have any additional questions on applying for the Naval Militia, please visit our website at: <http://dmna.ny.gov/nynm/> or contact the Naval Militia headquarters at (518) 786-4583. Thank you again for your interest in the Naval Militia, we look forward to working with you!

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Accession, Program and Separation Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) eligibility for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all-inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature

Date (DD/MM/YYYY)

Printed name and grade/rank



NOTICE

Acknowledgement

Persons enlisting into the New York Naval Militia acknowledge the following:

- a. New York Naval Militia members are subject to recall to State Active Duty by the Governor of the State of New York.
- b. The New York Naval Militia is a state military agency under the Division of Military and Naval Affairs. It is not part of the United States Department of Defense or Department of Homeland Security.
- c. Persons 68 years of age and older are not eligible for membership in the New York Naval Militia.
- d. The applicant consents to a background check which may include investigation of my employment history, educational background, criminal history, military records, credit history and department of motor vehicle records.

Conditions for Enlistment

The age, citizenship and residency, educational, military service and other requirements are found in NYNM FORM 1121.

Review that document thoroughly **and provide all supporting documentation when submitting this application.**

Federal Component Alignment

Members of the New York Naval Militia wear the uniform and hold the rank of their respective federal military component.

All questions must be filled in, do not leave blanks. If something does not apply, please fill in "N/A". Applications will not be accepted with unanswered questions.

I AM RETIRED, A MILITARY VETERAN, OR A DRILLING RESERVIST FROM THE FOLLOWING FEDERAL MILITARY COMPONENT:

Select One: U.S. Coast Guard U.S. Marine Corps U.S. Navy

1. APPLICANT INFORMATION

1a. Complete SSN:		1b. Last Name:		1c. First Name:		1d. MI:	1e. Date of Birth (DD/MM/YYYY):	
1f. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	1g. Mailing Address:			1h. City:	1i. County:		1j. State:	1k. Zip Code:
1l. Physical Address (IF DIFFERENT FROM MAILING ADDRESS):				1m. City:	1n. County:	1o. State:	1p. Zip Code:	1q. Number of Dependents:
1r. Marital Status: <input type="radio"/> Single <input type="radio"/> Married/Civil Union				1s. Mobile Phone Number:		1t. Alternate Phone:		
1u. Mobile Phone Carrier:				1v. Primary Email Address:			1w. We may send alerts about missions or important NYNM information via text message, do you agree to receive text messages from NYNM? (Standard messaging & data rates may apply) <input type="radio"/> YES <input type="radio"/> NO	
1x. Secondary Email Address:				1y. Next of Kin (NOK)/Emergency Contact Name:				
1z. NOK/Emergency Contact Relation:				1aa. NOK/Emergency Contact Phone:				

2. MILITARY PERSONAL INFORMATION

Current Status: (Select One) Drilling Reservist Military Veteran (Discharged) Retired Military

2a. Designator/MOS:	2b. Rate/Paygrade:	2c. Date of Rank (DD/MM/YYYY):	2d. Federal Pay Entry Base Date (DD/MM/YYYY):
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3. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION (if applicable)

3a. Reserve Center Name:	3b. Reserve Unit Name:	3c. UIC:	3d. Normal Drill Location:
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4. CIVILIAN EMPLOYMENT INFORMATION

4a. Employer Name:	4b. Employer Address:	4c. Occupation/Job Title:
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5. CRIMINAL HISTORY (INCLUDING DUI, DWAI, BUI)

5.a. Offense, Date, Location (MUST LIST ALL CRIMINAL HISTORY OR SELECT N/A IF NONE):

N/A

6. REFERRAL INFORMATION

6a. Recruited or Referred By:



Oath of Enlistment

STATE OF NEW YORK; COUNTY OF _____

I, _____
(First Name) (Middle Name) (Last Name)

A citizen of the United States, do hereby acknowledge to have voluntarily enlisted this _____ day of _____, 20____, as a member of the New York Naval Militia under the conditions prescribed by law, unless sooner discharged by proper authority, and I do also agree to accept from the State of New York such benefits as are or may be established by law, and I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America and the State of New York; that I will serve them honestly and faithfully; and that I will obey the orders of the Governor of the State of New York and the orders of the Officers appointed over me, according to Law. I understand that this enlistment will expire coincident with my federal reserve enlistment date or four years from date of acceptance, whichever is sooner.

(Signature of applicant)

Home of Record (HOR)

(Date of federal reserve enlistment expiration)

Email Address(s)

Phone Number(s)

Unit Name/UIC/Location

To be completed by New York Naval Militia Headquarters

Certificate of Enlistment

I certify that the above individual was enlisted and enrolled in the service of the State of New York on this _____ day of _____, 20__.

(Signature of Certifying Officer or Official)

(Name of Officer or Official)

(Rank/Position)

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA (NYNM) CIVILIAN-MILITARY SKILLS QUESTIONNAIRE

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory to insure that: (1) the civilian-military education and skills of NYNM personnel are matched to personnel and skill-set needs arising during routine and emergency NYNM operations; (2) NYNM can be quickly contacted at home or at work during an emergency; and, (3) requirements for personal information can be met expeditiously when processing NYNM state active duty payroll, if applicable, and related taxation. If the requested information is not furnished, the NYNM member will not be considered for assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all-inclusive Privacy Statement will apply to all requests for personal information made by the New York Naval Militia in order to maintain a rapid recall capability, to match civilian-military skill sets to operational needs, and to process NYNM state active duty payroll, if applicable, and any related taxation.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members with specific civilian-military education and skills and to match them to personnel needs arising during routine and emergency state active duty. The information provided will also be used to contact and pay, if applicable, the NYNM member if assigned to state active duty. This form provides you the advice required by the New York State Personal Privacy Protection Act and the federal Privacy Act of 1974.

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Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE

DATE

PRINTED NAME AND GRADE/RANK



PERSONAL IDENTIFIER INFORMATION:

Name:	(Last, First, M.I.)				
DOB:	(DD/MM/YYYY)	Grade:		Rank/Rate:	
Component:	<input type="checkbox"/> USCGR	<input type="checkbox"/> USMCR	<input type="checkbox"/> USNR	<input type="checkbox"/> Non-Drill Group	
UIC:		Duty Station:			
Status:	<input type="checkbox"/> Drilling Reservist		<input type="checkbox"/> Retired Military (receiving military retirement pay)		
	<input type="checkbox"/> Retired Reservist (eligible for pay at age 60)		<input type="checkbox"/> Other: (amplify)		
Length in Service:	(Total number of years & months in service)		Notes:		
Duty Availability:	<input type="checkbox"/> Within 24 hours	<input type="checkbox"/> Within 48 hours	<input type="checkbox"/> Within 7 days	<input type="checkbox"/> After 7 days	
Duty Duration:	<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> 1-2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> More than 4 weeks	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union		Dependent Exemptions Claimed:		

CIVILIAN EDUCATION:

HIGH SCHOOL, COLLEGE and/or PROFESSIONAL SCHOOL (Name and Location)	ATTENDED		DEGREE		MAJOR/MINOR/ FIELD OF STUDY
	FROM	TO	TITLE	DATE	

CIVILIAN OCCUPATION:

Employer :		<input type="checkbox"/> Student	
Address:			
City:		Zip:	
Phone:		Contact Name:	

CIVILIAN QUALIFICATIONS:

Personal Qualifications or Certifications: (Check all that apply)	<input type="checkbox"/> MD	<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Chaplain / Clergy	<input type="checkbox"/> Ferry Pilot
	<input type="checkbox"/> DDS	<input type="checkbox"/> Firefighter	<i>Faith:</i> _____	<input type="checkbox"/> Boat Coxswain
	<input type="checkbox"/> DO	<input type="checkbox"/> Police Officer	<input type="checkbox"/> CDL _____	<input type="checkbox"/> Other (amplify):
	<input type="checkbox"/> PA	<input type="checkbox"/> CISM	<input type="checkbox"/> Welder MIG/TIG	
	<input type="checkbox"/> NP	<input type="checkbox"/> Translator	<input type="checkbox"/> Diesel Mechanic	
	<input type="checkbox"/> RN / LPN	<input type="checkbox"/> Attorney	<input type="checkbox"/> Engine Mechanic	

MILITARY QUALIFICATIONS:

List all current military qualifications held:
(MOS, NOBC, NEC, Designator, etc.)

Code	Title

Military qualifications (Continued):

Code	Title

FOREIGN LANGUAGE FLUENCY:

FOREIGN LANGUAGE	LANGUAGE PROFICIENCY SOURCE CODE RATING				FOREIGN LANGUAGE (CONTINUED)	LANGUAGE PROFICIENCY SOURCE CODE RATING			
	SPEAK	WRITE	READ	LISTEN		SPEAK	WRITE	READ	LISTEN

LANGUAGE PROFICIENCY SOURCE CODE & DESCRIPTION

A	CIVILIAN SCHOOL COURSE	D	HOME ENVIRONMENT
B	DEFENSE LANGUAGE INSTITUTE (DLI)	E	MILITARY SCHOOL (OTHER THAN DLI)
C	FOREIGN RESIDENCE	F	SELF STUDY

DRIVER LICENSE INFORMATION:

ID#:	STATE:	CLASS:	EXPIRES:
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OTHER RELEVANT INFORMATION:

Signature:

Date: (DD/MMM/YYYY)

1. This form will assist the New York Naval Militia to determine the various skills sets possessed by members of the force. This form asks for comprehensive information on both civilian and military-acquired skills that may prove beneficial to the Naval Militia.
2. Members are to complete this form and return to New York Naval Militia headquarters. Enclose copies of certifications, qualifications, diplomas, to support the information provided.
3. Information provided by this form will be maintained in the New York Naval Militia database, and in the member's service record at headquarters.



PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Health and Medical Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) medical record information is accurate for the individual member; and (2) to document all active duty medical incidents in view of future rights and benefits. If the requested information is not furnished, the NYNM member will not be considered for assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all-inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia and applicable health care providers, or for medical treatment purposes. It will become part of your New York Naval Militia service record. The intended use is in order to maintain a rapid recall capability, emergency notification, and to facilitate and document your health care.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are physically capable of conducting routine and/or arduous tasks that may arise during the performance of state active duty. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

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Signature

Date

Printed name and grade/rank

INSTRUCTIONS

The applicant may be participating in strenuous activity, which may include exposure to extreme weather conditions, cold water, fatigue and remote locations. Please, complete the following items and summarize your findings in the section below. By your signature, you have determined that the applicant is fit for full duty in the New York Naval Militia.

Medical examinations recorded on another agency or organizational record of medical examination form, with signature of licensed medical practitioner are acceptable in lieu of this completed form. Attach the completed other agency form to this form, and complete sections 1 and 2 below.

Acceptance criteria for applicants to the New York Naval Militia include the ability to FULLY participate in militia activities. This includes strenuous physical exercise and activities. Defects that are cause for rejection of an applicant for actual enlistment or appointment into the naval service should be identified. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed healthcare provider must complete this examination.

1. UNIT INFORMATION

1a. Unit Name:	1b. Unit UIC:	1c. NYNM Region:
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2. PERSONNEL INFORMATION

2a. Last Name:	2b. First Name:	2c. MI:	2d. Date of Birth: (DD/MMM/YYYY)
2e. Age:	2f. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	2g. Emergency Contact Name & Relation:	2h. Emergency Contact Phone Number:
2i. Home Address:	2j. City:	2k. State:	2l. Zip Code:
2m. Home Phone:	2n. Date of Physical Examination: (DD/MMM/YYYY)	2o. Location of Physical Examination:	

3. CLINICAL EVALUATION

	Normal	Abnormal		Normal	Abnormal
3a. Head, Face, Neck, and Scalp	<input type="checkbox"/>	<input type="checkbox"/>	3q. Mouth and Throat	<input type="checkbox"/>	<input type="checkbox"/>
3b. Nose	<input type="checkbox"/>	<input type="checkbox"/>	3r. Vascular System (<i>Varicosities, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3c. Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	3s. Prostate	<input type="checkbox"/>	<input type="checkbox"/>
3d. Ears – General (<i>Internal and External Canals</i>)	<input type="checkbox"/>	<input type="checkbox"/>	3t. Testicular	<input type="checkbox"/>	<input type="checkbox"/>
3e. Ear Drum (<i>Perforation</i>)	<input type="checkbox"/>	<input type="checkbox"/>	3u. Anus and Rectum	<input type="checkbox"/>	<input type="checkbox"/>
3f. Eyes- General	<input type="checkbox"/>	<input type="checkbox"/>	3v. Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
3g. Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	3w. G-U System	<input type="checkbox"/>	<input type="checkbox"/>
3h. Pupils (<i>Equality and Reaction</i>)	<input type="checkbox"/>	<input type="checkbox"/>	3x. Skin, lymphatics	<input type="checkbox"/>	<input type="checkbox"/>
3i. Heart (<i>Thrust, Size, Rhythm, and Sounds</i>)	<input type="checkbox"/>	<input type="checkbox"/>	3y. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
3j. Lungs and Chest	<input type="checkbox"/>	<input type="checkbox"/>	Notes: (Describe abnormalities in detail. Continue in Section 6 or additional sheets as necessary.)		
3k. Abdomen and Viscera (<i>Include Hernia</i>)	<input type="checkbox"/>	<input type="checkbox"/>			
3l. External Genitalia (<i>Genitourinary</i>)	<input type="checkbox"/>	<input type="checkbox"/>			
3m. Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>			
3n. Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>			
3o. Feet	<input type="checkbox"/>	<input type="checkbox"/>			
3p. Spine and other Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>			

4. LABORATORY FINDINGS (as clinically indicated)

4a. Urinalysis (1) Albumin: (2) Sugar:	4b. Blood (1) Hemoglobin: (2) Hematocrit:
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5. MEASUREMENTS AND OTHER FINDINGS

5a. Height inches	5b. Weight lbs.	5c. Obese <input type="checkbox"/> Yes <input type="checkbox"/> No	5d. Pulse	5e. Blood Pressure (1) Systolic: (2) Diastolic:					
5f. Audiogram (if available, attach audiogram printout)			5g. Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	5h. Wears Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No					
HZ	500	1000	2000	3000	4000	6000	8000	5j. Best/Corrected Vision (1) Left: 20/ (2) Right: 20/	
Right								5i. Color Vision	
Left								5k. Or valid NYS Driver License Number/Class	

5l. Other Findings (if more room is needed, continue on reverse)

Last Name	REPORT OF MEDICAL EXAM	NYNM Form 88
6. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)		
ACCEPTANCE CRITERIA FOR APPLICANTS TO, AND CONTINUED SERVICE IN THE NEW YORK NAVAL MILITIA		
<p>A. Acceptance is based upon ability to participate in strenuous physical activity, (which may include exposure to extreme weather conditions, cold water, fatigue and remote locations) and the absence of contagious disease, illness, or history that will or is likely to require medical care or restriction of participation. All members must be able to run/walk one (1) mile in less than 20 minutes and be able to lift or carry up to 40 pounds on a frequent basis.</p> <p>B. Special attention should be given to orthopedic and cardiovascular conditions or complaints.</p> <p>C. There is no specific limit for vision. However, applicants who wear glasses or contact lenses but cannot participate in activities that require the removal of glasses (or contacts) should be reviewed on a case-by-case basis.</p> <p>D. Examining physicians may submit appropriate statements for consideration of acceptance, when the physician is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the New York Naval Militia.</p>		
7. ENDORSEMENT		
<p>It is my professional medical opinion in accordance with the above criteria that the examinee is:</p> <p><input type="checkbox"/> PHYSICALLY QUALIFIED: Fit for full duty in the New York Naval Militia</p> <p><input type="checkbox"/> NOT PHYSICALLY QUALIFIED: NOT fit for full duty for reasons stated above in Block 6 (notes)</p>	7a. BMI (required):	
7b. Name of Physician (Type or Print) or Physician's Stamp	7c. Signature	7d. Date (DD MMM YY)



PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Health and Medical Personal Information

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Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature

Date

Printed name and grade/rank

NOTICE

The information requested below is required to provide the medical examiner an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the New York Naval Militia. Also this information will be provided to medical examiners in case of injury or illness. **If taking medications at time of application, list in Block 6.**

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private medical provider regarding past illnesses.

1. UNIT INFORMATION

1a. Unit Name:	1b. Unit UIC:	1b. NYNM Region:
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2. PERSONAL INFORMATION

2a. Last Name:	2b. First Name:	2c. MI:	2d. Date of Birth: (DD/MMM/YYYY)
2e. Age:	2f. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	2g. Emergency Contact Name & Relation:	2h. Emergency Contact Phone Number:
2i. Home Address:		2j. City:	
2k. State:	2l. Zip Code:	2m. Home Phone:	2n. Date of Physical Examination: (DD/MMM/YYYY)

3. MEDICAL HISTORY - Mark each item "YES" or "NO"
Every item marked YES must be fully explained in block 6. (Explain treatment to return member to medically fit for duty)

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:	YES	NO		YES	NO
3a. Tuberculosis or live with someone with tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	3m. Head injury or concussion	<input type="checkbox"/>	<input type="checkbox"/>
3b. Chronic or recurrent abdominal or stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	3n. Seizures, convulsions, epilepsy, or fits	<input type="checkbox"/>	<input type="checkbox"/>
3c. Asthma/breathing problems related to exercise, pollen, etc.	<input type="checkbox"/>	<input type="checkbox"/>	3o. Car, train, sea, and/or air sickness	<input type="checkbox"/>	<input type="checkbox"/>
3d. Been prescribed or use an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	3p. A period of unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
3e. Loss of vision in either eye	<input type="checkbox"/>	<input type="checkbox"/>	3q. Heart trouble or murmur	<input type="checkbox"/>	<input type="checkbox"/>
3f. Loss of hearing or wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	3r. Received counseling for emotional or behavior disorder	<input type="checkbox"/>	<input type="checkbox"/>
3g. Impaired use of arms, legs, hands, feet	<input type="checkbox"/>	<input type="checkbox"/>	3s. Eating disorder (bulimia, anorexia)	<input type="checkbox"/>	<input type="checkbox"/>
3h. Knee problems	<input type="checkbox"/>	<input type="checkbox"/>	3t. Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
3i. Broken bones(s) (cracked or fractured)	<input type="checkbox"/>	<input type="checkbox"/>	3u. Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
3j. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	3v. Been hospitalized (if yes, why, when, where)	<input type="checkbox"/>	<input type="checkbox"/>
3k. Anemia (including sickle cell)	<input type="checkbox"/>	<input type="checkbox"/>	3w. Any illness or injury not mentioned above (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
3l. Dizziness or fainting spells (including after exercise)	<input type="checkbox"/>	<input type="checkbox"/>	3x. Advised to avoid certain physical activities (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>

4. IMMUNIZATION RECORDS

IMMUNIZATIONS		Month/Year Given		Month/Year Given		Month/Year Given	
Tetanus	____/____	Mumps	____/____	Tdap	____/____	Hepatitis A	____/____
Diphtheria	____/____	Rubella	____/____	Hepatitis B	____/____	TB/PPD	____/____
Pertussis	____/____	Polio	____/____	Anthrax	____/____		
Measles	____/____	Chicken Pox	____/____				
Small Pox	____/____	Influenza	____/____				



REPORT OF MEDICAL HISTORY

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5. ALLERGIES (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 5i)

DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES:		YES	NO			YES	NO
5a. Bee or Wasp Sting		<input type="checkbox"/>	<input type="checkbox"/>	5e. Latex		<input type="checkbox"/>	<input type="checkbox"/>
5b. Hay Fever or seasonal allergies		<input type="checkbox"/>	<input type="checkbox"/>	5f. Any drug, E-mycin antibiotic, or sulfa allergies (list in Block 5i)		<input type="checkbox"/>	<input type="checkbox"/>
5c. Insect Bites		<input type="checkbox"/>	<input type="checkbox"/>	5g. Other Allergies, list in Block 6		<input type="checkbox"/>	<input type="checkbox"/>
5d. Iodine/seafood		<input type="checkbox"/>	<input type="checkbox"/>	5h. Food allergies, list in Block 6		<input type="checkbox"/>	<input type="checkbox"/>

5i. Describe the allergic reaction and what condition occurs:

6. Remarks: (Please include comments as required by Block 3. Also provide any other medical history that you or your physician deems important. List all current medications, including over-the-counter medications, vitamins, and supplements.)

Social History:

Tobacco Use: Number of packs or dips per day: _____

Alcohol Use: Number of drinks per week (on average): _____

List all current medical restrictions:

Have there been any significant changes in your health since your last medical examination: NO YES.

If YES, please describe:

7. AUTHORIZATION AND RELEASE

I certify that to the best of my knowledge the information provided is true and accurate and that I have disclosed all pertinent medical history.

8a. Service Member Name:	8b. Service Member Signature:	8c. Date: (DD/MMM/YYYY)