

2015 US Army Student Detachment PAI Survey Student Information Form

Last Name:	First Name:	Middle Initial:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:	Rank:	Date Of Rank (YYYY-MM-DD):	PMOS:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch:	Do you have ID Tags?	Do you have medical ID Tags?	
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
UIC:	Do you have a current Military ID Card?	ID Card Expiration Date (YYYY-MM-DD):	
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	

Mailing Address

Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	State:	Zip Code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Information

Home Phone Number:	Alternate Phone Number:
<input type="text"/>	<input type="text"/>
Enterprise Email Address:	Alternate Email Address:
<input type="text"/>	<input type="text"/>

School/Industry Information

School/Industry Name:	School/Industry City:	School/Industry State:
<input type="text"/>	<input type="text"/>	<input type="text"/>
School/Industry Country:	Graduation/Training Completion Date (YYYY-MM-DD):	School/Industry Program:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Deployment Information

Date Of Last Deployment (YYYY-MM-DD):	<input type="text"/>
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Required Vaccination Information

Date Of Last Flu Shot:	Location Received Flu Shot:	Flu Shot Lot Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Required ONLY if received at Civilian Location
		Flu Shot Batch Number:
		<input type="text"/>
		Required ONLY if received at Civilian Location

Physical Profile Information

Current Profile:

- Yes
 No

If Yes Is Profile Temporary or Permanent?

- Permanent
 Temporary

If Temporary Expiration Date (YYYY-MM-DD):

Attach your current profile below:

 **File Attachment**

APFT Information (Use YYYY-MM-DD Format):

Last APFT Date

Last APFT Score

Height and Weight

- Pass
 Fail

If Fail - Enter Height, Weight, and Body Fat %
Height: (inches) Weight: Body Fat %:

Remarks: