

# WOCS Orientation Packet

1. **PURPOSE.** The purpose of this packet is to provide information to help you prepare for Warrant Officer Candidate School (WOCS).

2. **COURSE OVERVIEW.**

a. Report in the Army Combat Uniform to Headquarters & Headquarters Company (HHC), U.S. Army Warrant Officer Career College (WOCC), building 5901 on Skychief Street. We encourage you to arrive by 1500 hours or earlier if possible on your report date. Bring the enclosed WOCS Pre-Reporting Checklist with all applicable documents required to begin training. HHC Cadre or the Candidate In Charge (CIC) will provide in-processing instructions and assign you a room in the billets. On report day, the class will have formation in the HHC area for WOCS orientation. You will be issued a Warrant Officer Candidate Standing Operating Procedure (WOC SOP); study it and pay close attention during the orientation. Additional information is available at: <http://usacac.army.mil/organizations/cace/wocc/courses/wocs> or 334-255-1967/1287.

b. TAC Officers and other cadre members at the WOCC educate, train, and evaluate each candidate in leadership and academics. Moreover, TAC Officers advise, counsel, develop, and make recommendations concerning the progress of each candidate. They demand maximum performance and set the standard for all candidates to follow. In order to graduate WOCS, candidates must pass all course requirements in accordance with current ISAP.

3. **ENROLLMENT/COURSE PREREQUISITES.** You must:

a. Meet all application and selection prerequisites outlined by the Warrant Officer Procurement Program and the Selection Board.

b. Meet the medical fitness standards for WOCS in AR 40-501, Chapter 2. The standard three-event APFT will be administered on day two/three. If you fail the APFT you will not be enrolled in WOCS training. If you are reporting with a permanent profile to the aerobic event, you will still be required to participate in all WOCS training events, to include PRT, foot marches and carry a rucksack with a prescribed weight.

c. Meet the height and weight screening criteria of the Army Weight Control Program. If you exceed weight standards, you will be measured for percentage of body fat. If you exceed body fat standards you will not be enrolled/denied enrollment into the program in accordance with AR 350-1 and AR 600-9.

d. Possess an initial issue of serviceable clothing as outlined in AR 670-1 and AR 700-84.

4. **SECURITY CLEARANCE REQUIREMENTS.** The Joint Personnel Adjudication System (JPAS) is the Army system of record for security clearance eligibility and access. You must have a SECRET clearance upon your **arrival** at HHC. We recommend you check with your unit security officer to ensure the correct access is granted in JPAS. **If you do not meet security clearance requirements you will be returned to your home station.**

5. **CONDUCT AND APPEARANCE.** You are required to present a neat, professional appearance IAW AR 670-1 and DA Pam 670-1. Mustaches are not permitted in WOCS. If you have any tattoos, ensure that they comply with AR 670-1, paragraph 3-3; DA Pam 670-1, paragraph 3-3.

6. **DINING FACILITY.** You will use the Consolidated Dining Facility. Your class will march as a unit to and from the dining facility. You will also receive guidance from cadre on how to conduct yourself individually and as a class while in the DFAC.

7. **FINANCES.**

a. It is your responsibility to ensure your financial matters are in order before your arrival. A report of indebtedness or bad checks may result in your removal from training until the problem is resolved. Recurring problems of this nature may result in setback, dismissal, or elimination from the course.

b. Do not waste money purchasing unauthorized items. You will be given ample time to purchase required items after your arrival. The average course costs have been \$400 to \$500 for alterations, laundry and class/personal items. The taxi fee from Dothan airport to Fort Rucker is around \$60. Once training begins, you will be limited to \$350 on hand. You are authorized to have personal checks, traveler checks, and ATM cards during the course.

8. **MILITARY CLOTHING.** Verify that you have the military clothing required for the course. Do not waste money buying all new uniforms if your old ones are serviceable IAW AR 670-1; however, if you have missing or unserviceable items, purchase replacements from your local Military Clothing Sales Store (MCSS). The Fort Rucker MCSS may not have all the basic issue items required. Appendix A and B list all military clothing requirements for males and females. If you report from Basic Training with poorly fitted uniforms (too large, too small, etc.) contact the HHC cadre for direct exchange.

c. The ACU with tan boots or OCP with coyote boots is the daily duty uniform.

d. If you are Reserve Component, CTA 50-900 (paragraph 8b and table 3) authorizes you to receive two additional sets of ACUs through your unit supply prior to your arrival.

e. If you are attending WOCS in a TDY or ADT status wear the unit patch of your current or last unit. All others wear the Aviation Center patch.

f. If you are an inter-service transfer or have six months or more break in service you must report to HHC supply with a copy of your DD Form 214 in order to receive basic clothing issue from Fort Rucker MCSS. Recommend you report early to allow time to receive the basic clothing issue prior to the start of your class.

g. Sign in wearing the ACU/OCP with patrol cap. Soldiers who are authorized to wear the maroon/tan beret and black jump boots will only wear these items to reception and graduation.

h. **Wait** until you get to HHC to mark your equipment to ensure it is marked IAW WOCS policy.

i. You will wear the Army Service Uniform (ASU) for WOCS graduation. **The Army Service Uniform is a graduation requirement; those who do not possess it will not graduate this course.**

9. **PRIVATELY OWNED VEHICLES.** On the second day of in-processing you will park your POV in the designated class area, where it will remain for the duration of your time in WOCS. Store valuable personal items in a designated area, not in your POV. Every Sunday you will be allowed to start and idle your vehicle to prevent battery and engine problems. Unless approved by the commander, you are not authorized to move your vehicle once training begins.

10. **PRIVATELY OWNED WEAPONS (POW).** We recommend that you leave any POW at your place of residence. If you have a POW with you, report it immediately to the HHC cadre (XO or Operations Officer). If it is after duty hours, have the Candidate in Charge (CIC) notify HHC cadre by phone. You will register your weapon with the military police and store it in the arms room until you complete the course. Do not store any privately owned weapons (shotgun, rifle, or handgun) in your POV. Ensure you receive a briefing on how you are to draw your weapon from the arms room after the course.

#### 11. **MEDICAL.**

a. Ensure your annual Periodic Health Assessment (PHA) is current in the Army's Medical Protection System (MEDPROS) and will not expire while attending WOCS. (Flight physicals should be current and not expire during the course attendance.)

b. Notify the Warrant Officer Recruiting Team or HHC cadre if your medical status changes after selection for WOCS. You must provide HHC cadre a copy of any permanent profiles during in-processing. If you receive a profile while in training, you will be required to have an updated DD Form 2808 prior to continuing training. If you are assigned to HHC while on medical or administrative hold you will be required to perform duties within the limits of your profile.

12. **STATIC ITEMS.** Static items are not authorized. A static item is anything that duplicates an item that you display for inspections, or an inspected item that is hidden for the purpose of evading inspection. You will have ample opportunity to store extra items in a security room on your first day of active training, so do not throw duplicate items away. Avoid having items that may be considered "static" by waiting until arrival at HHC to purchase additional items.

13. **UNAUTHORIZED ITEMS.** You are not permitted to use certain clothing items, equipment and products in WOCS. Appendix E contains a list of unauthorized items.

14. **ALCOHOLIC BEVERAGES AND TOBACCO USE.** You may neither consume nor possess alcoholic beverages or tobacco products while assigned to WOCS. This restriction applies from the date of sign-in to date of departure, regardless of your status (i.e., wait status, active class, admin/medical hold, or holdover). Violation of this restriction may result in a recommendation for your dismissal and/or elimination. Nicotine patches or similar medication aiding in smoking cessation is authorized.

15. **MAIL.** If you request a mailbox it will be issued when you in-process. Your address while attending WOCS is: WOC (Your Name)  
Class Number (18-XX)  
5901 Skychief Street  
Fort Rucker, AL 36362

16. **TELEPHONES AND CELLULAR PHONES.** You are not authorized to use military phones for personal business. Personal cellular phones are authorized during scheduled times while in-processing. Once training begins, you will not have telephone privileges until your class earns those privileges (usually after the first two weeks). At HHC, you are encouraged to call or email your family members to inform them of your safe arrival and to advise them of your new address. Do not store cellular phones in your POV. In case of an emergency while you are in training, provide your family with contact information to WOCC, Red Cross, and the WOC family Facebook page.

17. **AKO ACCOUNT.** You must have an AKO account. Register in advance at [www.us.army.mil](http://www.us.army.mil). We recommend that you renew your password one week prior to your arrival so it will not expire during your time in WOCS. A computer lab is available at HHC for your use. Prior to training, upload all documents required to your personal folder in AKO (Distance Learning Completion Certificate, DL Grades, Senior TAC essay, autobiography, awards, lease, marriage certificate, etc.).

18. **MOVING DEPENDENTS.** You will be in a TDY and return status while at WOCS regardless of MOS (Aviators are IAW **your orders**) and movement of your dependents will not be authorized. Moving your family at your own expense may create undue hardship and is not reimbursable.

19. **WARRANT OFFICER NETWORK (WO Net).** <https://www.milsuite.mil/> . You may join the WO Net on the Army Professional Forums by creating a “MilBook” account and identify yourself as a candidate to gain access. The Warrant Officer Career College through the “MilBook website” has an area within the WO Net for your WOCS class to collaborate with each other prior to the start of WOCS. Once you have gained authorization or access to the “MilBook” website, you will click on the following menus: Army Professional Forums>Warrant Officer Network (WO Net) > Warrant Officer Career College> Content>Class number (i.e., 18-xx) discussion group.

20. **Fort Rucker Community Spouses’ Club.** For information concerning the Fort Rucker Community Spouses’ Club, please log into [www.Facebook.com/FortRuckerSpousesClub](http://www.Facebook.com/FortRuckerSpousesClub) or [www.fortruckeresc.com](http://www.fortruckeresc.com).

**If you still have questions on items to bring, contact HHC for information.  
Phone 334-255-1287/1967 or DSN 558-1287/1967; for Distance Learning  
questions please contact: 334-255-1326/9210.**

## **ENCLOSURE**

WOCS Pre-Reporting Checklist

## **APPENDICES**

- Appendix A Inventory Form – Male Clothing Requirements
- Appendix B Inventory Form – Female Clothing Requirements
- Appendix C Inventory Form – Required Additional Items
- Appendix D Inventory Form – Optional Items
- Appendix E Unauthorized Items
- Appendix F Sample Report of Medical Examination
- Appendix G Sample USAREC 3.1 Physical Coversheet

**Warrant Officer Candidate School Pre-Reporting Checklist**

|   |   |   |
|---|---|---|
| NAME (type or print)                                    |   | SSN   |
| UNIT  | DOR:  | BASD (AC only)  |
| COURSE TITLE<br><b>Warrant Officer Candidate School</b> |   | START DATE:   |
| <b>Supervisor Initial</b>                               | <b>Soldier Initial</b>  | <b>PART I – PRE-EXECUTION (D-90 to D-1)</b>   |
|   |   | Unit verified the Soldier has a valid WOCS ATRRS seat and date?   |
|   |   | Candidate has all course information, read the entire welcome packet (at <a href="http://usacac.army.mil/cac2/wocc/wocourses.asp">http://usacac.army.mil/cac2/wocc/wocourses.asp</a> ) and viewed all links related to WOCS?  |
|   |   | Possesses required clothing/equipment IAW WOCS orientation packet?  |
|   |   | Soldier successfully passed physical fitness requirement on standard 3-event APFT administered within 30 days of scheduled departure for WOCS?<br>Must score 60 points in each event (receive a “GO” in an authorized alternate event). Approved exceptions will not preclude participation in foot marches or carrying a rucksack. (Bring DA Form 705, APFT Scorecard signed by the 1SG/Cdr or equivalent) |
|   |   | Soldier meets height and weight standards of AR 600-9?  |
|   |   | Adequate cash/traveler checks/Government Credit Card?   |
|   |   | 15 copies of individual orders received? (PCS for Aviation.)  |
|   |   | School mailing address/telephone numbers received for family?   |
|   |   | Soldier’s transportation requirements completed?  |
|   |   | Valid Common Access Card (CAC) and ID tags (1 pr)   |
|   |   | If corrective lenses are required, Soldier has a set of military prescription eyeglasses.   |
|   |   | DL Phase 1 Candidates only: Soldier has completed WOCS Phase 1 DL NLT 14 days prior to scheduled arrival at WOCS. Students will only have 90 days to complete DL phase upon enrollment. Ensure you print your grades within 5 days of completion and be prepared to turn them in upon arrival at WOCS.  |
| <b>Unit POC List:</b>                                   |   |   |
| Commander   | Work phone  | Home phone  |
| First Sergeant  | Work phone  | Home phone  |
| ARNG/USAR Unit Tech/AGR                                 | Work phone  | Home phone  |
| Unit FAX  | Unit Email  |   |
| <b>Equipment Qualifications (if applicable)</b>         |   |   |
| <b>YES / NO</b>   | Soldier has current military and civilian vehicle operator license(s) through end of course?  |   |
|   | List special equipment qualifications (e.g., bus driver. Bring DA Form 348):  |   |
|   | Completed the Army Accident Avoidance Course at <a href="https://www.lms.army.mil">https://www.lms.army.mil</a> (Use “Catalog Search” to register for the online course)? Bring your certificate. |   |

| Soldier Initial   | <b>PART II – REQUIREMENTS</b>  |
|---|--|
|   | Joint Personnel Adjudication System (JPAS) verification of SECRET level access (no printout is required). Soldiers are required to complete ALL security submissions, e.g., e-QIP, fingerprints, etc., prior to reporting to WOCS. Soldiers who do not possess a SECRET Clearance will not be enrolled in WOCS.  |
|   | Hand carry all four pages of the approved DD Form 2808, Report of Medical Examination (Chapter 2, AR 40-501). If a waiver is required you must provide a copy of the approved waiver. The Report of Medical Examination must be no more than 24 months old from the date signed by the examining physician as of the projected WOCS graduation date for technical MOS candidates, and 18 months for aviation candidates. <b>**Technicians are authorized to bring their signed HQ USAREC Form 3.1 in lieu of the DD Form 2808. **</b>  |
|   | If you have a medical profile hand carry the DA Form 3349, Physical Profile, signed by your commander. Remember that you must be able to pass the standard 3-event APFT. No alternate events are authorized unless approved by exception to policy through Army G-3. Approved exceptions will not preclude participation in daily PRT, road marches, or carrying a rucksack.   |
| <b>Hand carry the following records. <u>All must have been screened and updated within 30 days of your departure for WOCS by the unit S-1 or supporting personnel office.</u></b> |  |
|   | Your Enlisted Record Brief (ERB), SGLI Election, Record of Emergency Data, DA 2-1, and/or ARNG/USAR Personnel Qualification Record. AC only, also your DA 61, Application for Appointment, pages 1-3.  |
|   | <b><i>The following documents are essential for ensuring that the DD Form 214, Certificate of Release/Discharge from Active duty, issued prior to your receiving WO1 is complete and correct. Entries on DD 214 must be verified against copies the source documents.</i></b> <ul style="list-style-type: none"> <li>• Copies of orders for all awards, decorations, and qualification badges.</li> <li>• Previously issued DD Form 214 or DD Form 220, Active Duty Report</li> <li>• Proof of deployment if not annotated on your ERB</li> <li>• Initial enlistment contract(s) for AC Soldiers with a break in service; pages 4/1, 4/2, and 4/3</li> </ul> <b><i>For those who were in ARNG and USAR:</i></b> <ul style="list-style-type: none"> <li>• Retirement Points Worksheet, previous DD 214, or NGB 22 for ARNG and USAR</li> <li>• A copy of the contract and orders bringing you into the ARNG/USAR</li> <li>• Copies of orders for all ADSW/ADOS periods and <u>all</u> amendments/extensions</li> <li>• AGR Title 10 or Title 32: Copies of orders bringing you into AGR with <u>all</u> amendments/extension</li> </ul> |
|   | ARNG/USAR may be required to provide copies of lease/mortgage agreement, marriage license/certificate or proof of court ordered child support in order to receive BAH entitlements   |

I have been counseled and have read all requirements applicable to the WOCS. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from, or prevent me from, successfully completing course requirements.

Candidate’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the above candidate’s qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.

Commanding Officer (typed or printed name) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Unit commanders will ensure all candidates enrolled in WOCS meet course prerequisites. Candidates who report for training must have in their possession a completed pre-execution checklist signed by the candidate and the unit commander, along with other required documents. The commander can also certify the completion of prerequisite testing/evaluation (i.e., FAST test). The commander's signature certifies that the candidate meets the stated course prerequisites. Candidates reporting for training without the required supporting documents and a completed checklist signed by the candidate and unit commander will be returned to their unit.*

## Appendix A

### WOCS Military Clothing Requirements

#### INVENTORY FORM - MALE PERSONNEL

| Item  | REQ    | Additional<br><i>Optional</i> | O/H |
|---|--------|-------------------------------|-----|
| Bag, Duffel, Nylon, OG  | 1 each | 1 each                        |     |
| Belt, Black, Web (brass tip)  | 1 each |                               |     |
| Belt, Riggers, Desert Sand 503/OCP Tan 499  | 1 each | 1 each                        |     |
| Beret, Black, with flash (also maroon or tan if authorized to wear)                           | 1 each | 1 each                        |     |
| Boots, Combat, Tan/Coyote (must be 8-10 inch height; no zippers)                              | 2 pair | 1 pair                        |     |
| Buckle, Belt (brass)  | 1 each |                               |     |
| Cap, Patrol ACU/OCP   | 2 each |                               |     |
| Cap, Synthetic Microfleece, Green/Black (IPFU/APFU)   | 1 each | 1 each                        |     |
| Coat, Army Service Blue (AB 450)  | 1 each |                               |     |
| Coat, ACU/OCP   | 4 each | 2 each                        |     |
| Drawers, Neutral color, Tan, or Brown, Jockey or Boxer  | 7 each |                               |     |
| Glove, Inserts, Cold, Foliage Green, Black or Tan   | 2 pair |                               |     |
| Gloves, Shell, Leather, Black or Foliage Green  | 1 pair |                               |     |
| Jacket, Improved Physical Fitness Uniform or Army Physical Fitness Uniform (IPFU/APFU)        | 1 each | 1 each                        |     |
| *Rucksack, Large w/Frame  | 1 each |                               |     |
| Pants, IPFU/APFU  | 1 each | 1 each                        |     |
| Trunks, IPFU/APFU   | 3 each | 2 each                        |     |
| Shirt, Long Sleeve, IPFU/APFU   | 3 each | 2 each                        |     |
| Shirt, Short Sleeve, IPFU/APFU  | 3 each | 2 each                        |     |
| Necktie, Black (no clip on)   | 1 each |                               |     |
| Shirt, Long sleeve, White (ASU) AW 521  | 1 each |                               |     |
| Shirt, Short sleeve, White (ASU) AW 521   | 1 each | 1 each                        |     |
| Shoes, Dress, Black   | 1 pair |                               |     |
| Socks, Dress, Black   | 2 pair |                               |     |
| Socks, Boot, Black, Tan, or Green (may have logos on foot portion not to be visible in boots) | 7 pair |                               |     |
| Towel, Bath, Brown, Black or White (no logos)   | 4 each | 2 each                        |     |
| Trousers, ASU w/belt loops, AB 451  | 1 each |                               |     |
| Trousers, ACU/OCP   | 4 each | 2 each                        |     |
| Undershirt, Cotton, White   | 2 each |                               |     |
| Undershirt, Cotton, Tan/Coyote  | 7 each |                               |     |
| **Washcloth, Cotton, Brown, Black or White (no logos)   | 4 each | 2 each                        |     |

1. The above list shows military clothing items required to be displayed and/or accounted for throughout the course.
2. An asterisk (\*) indicates an item you must obtain from your Central Issue Facility if you currently possess the item. If you are unable to obtain the item, you must bring a signed Memorandum from your commander stating the reason(s).
3. A double asterisk (\*\*) indicates an item deleted from the FY12 clothing bag issue.
4. I have physically inventoried all required military clothing and annotated the correct quantities on hand.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix B

### WOCS Military Clothing Requirements

#### INVENTORY FORM - FEMALE PERSONNEL

| Item  | REQ    | Additional<br><i>Optional</i> | O/H |
|---|--------|-------------------------------|-----|
| Bag, Duffel, Nylon, OG  | 1 each | 1 each                        |     |
| Belt, black, 1" web (brass tip)   | 1 each |                               |     |
| Belt, Riggers, Desert Sand 503/OCF Tan 499  | 1 each | 1 each                        |     |
| Beret, black, with flash (also bring maroon or tan if authorized to wear)                     | 1 each | 1 each                        |     |
| Boots, Combat, Tan/Coyote (must be 8-10 inch height; no zippers)                              | 2 pair | 1 pair-field                  |     |
| Brassieres in neutral color (sports brassieres authorized)                                    | 5 each | 2 each                        |     |
| Buckle, Belt (brass) 1 and 1/8"   | 1 each |                               |     |
| Cap, Patrol, ACU/OCF  | 2 each |                               |     |
| Cap, Synthetic Microfleece, Green/Black (IPFU/APFU)   | 1 each | 1 each                        |     |
| Coat, Army Service Blue (AB 450)  | 1 each |                               |     |
| Coat, ACU/OCF   | 4 each | 2 each                        |     |
| Glove, Inserts, Cold, Foliage Green, Black, or Tan  | 2 pair |                               |     |
| Gloves, Shell, Leather, Black or Foliage Green  | 1 pair |                               |     |
| Jacket, Improved Physical Fitness Uniform or Army Physical Fitness Uniform (IPFU/APFU)        | 1 each | 1 each                        |     |
| Pants, IPFU/APFU  | 1 each | 1 each                        |     |
| *Rucksack, Large w/ Frame   | 1 each |                               |     |
| Trunks, IPFU/APFU   | 3 each | 2 each                        |     |
| Shirt, Long Sleeve, IPFU/APFU   | 3 each | 2 each                        |     |
| Shirt, Short Sleeve, IPFU/APFU  | 3 each | 2 each                        |     |
| Neck tab, Woman's Shirt, Black  | 1 each |                               |     |
| Shirt, Long sleeve, White (ASU) AW 521  | 1 each |                               |     |
| Shirt, Short sleeve, White (ASU) AW 521   | 1 each | 1 each                        |     |
| Shoes, Black, Poromeric (Oxfords)   | 1 pair |                               |     |
| Skirt, ASU, AB 450  | 1 each |                               |     |
| Slacks, ASU w/belt loops AB 451   | 1 each | 1 each                        |     |
| Socks, Boot, Black, Tan, or Green (may have logos on foot portion not to be visible in boots) | 7 pair |                               |     |
| Socks, Dress, Black   | 2 pair |                               |     |
| Towel, Bath, Brown, Black or White (no logos)   | 4 each | 2 each                        |     |
| Trousers, ACU/OCF   | 4 each | 2 each                        |     |
| **Underwear, Cotton, Neutral color or white   | 7 each |                               |     |
| Undershirt, Cotton, Tan/Coyote  | 7 each |                               |     |
| **Washcloth, Cotton, Brown, Black or White (no logos)   | 4 each | 2 each                        |     |

1. The above list shows military clothing items required to be displayed and/or accounted for throughout the course.
2. An asterisk (\*) indicates an item you must obtain from your Central Issue Facility if you do not currently possess. If you are unable to obtain the item, you must bring a signed Memorandum from your Commander stating the reason you are unable to obtain the item.
3. A double asterisk (\*\*) indicates an item deleted from the FY12 clothing bag issue.
4. I have physically inventoried all required military clothing and annotated the correct quantities on hand.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

### REQUIRED ADDITIONAL ITEMS INVENTORY

| ITEM   | QUANTITY    | ON HAND QTY |
|--|-------------|-------------|
| Serviceable Athletic/Running Shoes   | 1 pr        |             |
| All White/All Black Athletic ankle or crew length Socks  | 6 pr        |             |
| Eyeglass retaining strap (if wearing eyeglasses)   | 1 ea        |             |
| Shower Shoes   | 1 pr        |             |
| Staedtler Lumocolor Super Fine Tip Permanent Markers<br>(for map marking)  | 2 ea        |             |
| Personal hygiene items   | As needed   |             |
| Padlock (combination preferable)   | 1 ea        |             |
| Clear Double-Stick Scotch Tape   | 1 roll      |             |
| White 1" Medical Tape (cloth material)   | 2 rolls     |             |
| 3"x5" Cards, Ruled   | 1 pkg       |             |
| Soap (bar or liquid)   | 1 ea        |             |
| Eyewear, ballistic, Army Protective Eyewear List (APEL) -<br>approved, black (Wiley-X, ESS, Oakley M-Frame, Revision<br>Sawfly, Uvex) Note: If you were issued eye protection from your<br>CIF or during RFI, bring them. If you were never issued eye pro,<br>you will receive them from CIF. Also, bring prescribed optical<br>inserts, if needed. | 1 ea        |             |
| Safety whistle (pocket size)   | 1 ea        |             |
| Hearing protection (foam or Army-issued flange type)   | 2 pr        |             |
| Officer US and branch insignia for ASU (may purchase from Fort<br>Rucker MCSS)   | 1 set       |             |
| 1" Binder Rings  | Minimum (6) |             |
| Highlighter  | 1 ea        |             |
| Mechanical Pencil  | 1 ea        |             |
| White Paint Marker   | 2 ea        |             |
| Black Ball Point Pen   | Minimum (2) |             |
| Black Permanent Marker   | 1 ea        |             |
| Laundry bag  | 1 ea        |             |

1. I understand that I am required to possess these items during WOCS.
2. The required quantity is also the authorized quantity. Duplicate type items are considered "static" items and could be grounds for elimination from the program. Prior to purchasing any additional items, verify with your WOCS TAC Officer that you are authorized to possess them.
3. I understand that I may purchase required additional items prior to my arrival at Fort Rucker. However, waiting until I sign in at WOCS to purchase the listed items will ensure I have the correct items (e.g., color, type, etc.).
4. My signature below indicates I have physically inventoried all required purchase items (both required and authorized), that I am in compliance with the maximum authorized quantities, and that prior to purchasing additional items I will verify with my WOCS TAC Officer that I am authorized to possess them.
5. Required TA-50 will be issued at the Central Issue Facility during in-processing.  
WOC \_\_\_\_\_ Class No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D

**Note:** These items are not required but can be useful during the course. You may decide to purchase either 1 item or as many as you think you may need during the course.

| OPTIONAL ITEMS  |        |     |  |      |     |
|---|--------|-----|--|------|-----|
| ITEM  | Qty    | O/H | ITEM   | Qty  | O/H |
| Baby wipes  |        |     | Moleskin   |      |     |
| Sewing kit  |        |     | Nonmilitary or modified issue boot inserts           |      |     |
| Extra bootlaces   |        |     | Nonmilitary or modified issue boot socks             |      |     |
| Foot powder   |        |     | Pace count cord                                      |      |     |
| Gore-Tex/Polypro gloves (black) – no logos visible ( <u>Seasonal</u> )  |        |     | Pantyhose (females)                                  |      |     |
| Gore-Tex/Polypro socks (black) ( <u>Seasonal</u> )  |        |     | Small flashlight for field use                       |      |     |
| Hand sanitizer (small bottles to fit in pockets)  |        |     | Religious writings                                   |      |     |
| Insect repellent  |        |     | Spandex type athletic wear/underwear (Black or gray) |      |     |
| Laundry bag (extra)   | 1 ea   |     | Waterproof bags, quart or gallon size (zip lock)     |      |     |
| Map pens  |        |     | Wire hangers   | 15ea |     |
| Gore-Tex jacket/ACU color or Army issued equivalent ( <u>Ensure your last name is sewn on left arm pocket</u> ). Due to unpredictable weather, it is highly recommended that you bring this item that you will be allowed to wear regardless of standardization of troop formation. | 1 each |     | 5” x 8” cards (plain on at least one side)           | 1 pk |     |
| Small mirror  |        |     | 3” x 5” Index Cards                                  | 1 pk |     |
| Serviceable Athletic / Running Shoes  | 1 pair |     |  |      |     |
| Pumps, Black (purchased with annual clothing allowance)   | 1 pair |     |  |      |     |
| Protractor (1:50,000 scale)   | 1 ea   |     |  |      |     |

At a minimum, the items on this list are required to ensure your success while at WOCS. Due a very limited storage space, you should bring only the items on this list.

\*\*\* All TA-50 will be issued at the Central Issue Facility. Do not bring your personal TA-50 items with the exception of the large rucksack with frame.

1. I understand that I may purchase authorized additional items prior to my arrival at Fort Rucker. However, waiting until I sign in at WOCS to purchase the listed items will ensure I have the correct items (e.g., color, type, etc.).

2. My signature below indicates I have physically inventoried all purchase items (both required and authorized), that I am in compliance with the maximum authorized quantities, and that prior to purchasing additional items I will verify with my WOCS TAC Officer that I am authorized to possess them.

WOC \_\_\_\_\_ Class No. \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix E

### UNAUTHORIZED ITEMS

1. The following list indicates those items which have been identified as unauthorized for possession or use while attending WOCS. Possession or use of unauthorized items may result in elimination from the school for attempting to gain an unfair advantage over fellow candidates or for failure to comply with course guidelines and standards.

2. If you have any questions concerning the use of any products or aids, ask your TAC Officer. If you are not authorized to use an item, it does not mean that you have to throw it away. Storage locations are available. Coordinate with your cadre and/or TAC Officer(s) to place all unauthorized items (except for flammables) in the security room or class amnesty box

- Tobacco products (\*)
- Civilian clothes
- Commercial cleaning products, items, and waxes (not issued by supply) (\*)
- Computer, e.g., PDA/ tablet
- Performance-enhancing and weight loss dietary supplements (\*)
- Alcohol (\*)
- Knife with blade in excess of four inches (\*)
- Pornography (\*)

Note: **DO NOT** bring items marked with an asterisk (\*) to school. WOCC will not provide storage for these items.

# Appendix F

| REPORT OF MEDICAL EXAMINATION  |  |  |   | 1. DATE OF EXAMINATION<br>(YYYYMMDD)<br>20121022   | 2. SOCIAL SECURITY NUMBER<br>555-55-5555  |   |
|--|--|--|---|--|---|---|
| <p>Expiration date is 2 years from exam date. Must be valid through WOCS graduation.</p>   |  |  |   | <p>AGENCY STATEMENT</p> <p>and 4346; and E.O. 9397.</p> <p>ation of medical fitness for enlistment, ind</p> <p>n will also be used for medical boards and</p>  |   |   |
| <p>ROUTINE USE(S): None.</p> <p>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. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p> |  |  |   | <p>Verify SSN is correct</p>   |   |   |
| 3. LAST NAME - FIRST NAME - MIDDLE NAME<br>(SUFFIX)<br>LEE, BRUCE M  |  |  | 4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)<br>1234 Hopkins Drive<br>Apt #123, Columbia SC 29061 |  | 5. HOME TELEPHONE NUMBER<br>(Include Area Code)<br>(813) 555-5555   |   |
| 6. GRADE<br>SFC  | 7. DATE OF BIRTH<br>(YYYYMMDD)<br>19741015 | 8. AGE<br>38   | 9. SEX<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                     | 10.a. RACIAL CATEGORY (X one or more)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White                                | b. ETHNIC CATEGORY<br><input type="checkbox"/> Hispanic/Latino<br><input checked="" type="checkbox"/> Not Hispanic/Latino |   |
| 11. TOTAL YEARS GOVERNMENT SERVICE<br>a. MILITARY 12<br>b. CIVILIAN  |  | 12. AGENCY (Non-Service Members Only)  |   | 13. ORGANIZATION UNIT AND UIC/CODE<br>HHC, 264TH (WYQSCB0)   |   |   |
| 14.a. RATING OR SPECIALTY (Aviators Only)  |  | b. TOTAL FLYING TIME   |   | c. LAST SIX MONTHS   |   |   |
| 15.a. SERVICE<br><input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard<br><input type="checkbox"/> Navy<br><input type="checkbox"/> Marine Corps<br><input type="checkbox"/> Air Force   |  | b. COMPONENT<br><input checked="" type="checkbox"/> Active Duty<br><input type="checkbox"/> Reserve<br><input type="checkbox"/> National Guard |   | c. PURPOSE OF EXAMINATION<br><input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement<br><input type="checkbox"/> U.S. Service Academy<br><input type="checkbox"/> Separation (ROTC, Subaltern, etc.) |   |   |
| 16. NAME OF EXAMINING LOCATION, AND ADDRESS<br>(Include ZIP Code)<br>28th MSC<br>2800 Doolittle Dr.<br>Ft Jackson, SC 29061  |  |  |   |  |   |   |
| CLINICAL EVALUATION (Check each item in appropriate column. Enter pertinent item in 73 and use additional)   |  |  |   |  |   |   |
|  |  |  |   | Normal   | Abnormal  |   |
| 17. Head, face, neck, and scalp  |  |  |   |  | X   |   |
| 18. Nose   |  |  |   |  | X   |   |
| 19. Sinuses  |  |  |   |  | X   |   |
| 20. Mouth and throat   |  |  |   |  | X   |   |
| 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)  |  |  |   |  | X   |   |
| 22. Drums (Perforation)  |  |  |   |  | X   |   |
| 23. Eyes - General (Visual acuity and refraction under items 61 - 63)  |  |  |   |  | X   |   |
| 24. Ophthalmoscopic  |  |  |   |  | X   |   |
| 25. Pupils (Equality and reaction)   |  |  |   |  | X   |   |
| 26. Ocular motility (Associated parallel movements, nystagmus)   |  |  |   |  | X   |   |
| 27. Heart (Thrust, size, rhythm, sounds)   |  |  |   |  | X   |   |
| 28. Lungs and chest (Include breasts)  |  |  |   |  | X   |   |
| 29. Vascular system (Varicosities, etc.)   |  |  |   |  | X   |   |
| 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)  |  |  |   |  | X   |   |
| 31. Abdomen and viscera (Include hernia)   |  |  |   |  | X   |   |
| 32. External genitalia (Genitourinary)   |  |  |   |  | X   |   |
| 33. Upper extremities  |  |  |   |  | X   |   |
| 34. Lower extremities (Except feet)  |  |  |   |  | X   |   |
| 35. Feet (See Item 35 Continued)   |  |  |   |  | X   |   |
| 36. Spine, other musculoskeletal   |  |  |   |  | X   |   |
| 37. Identifying marks  |  |  |   |  |   | X |
| 38. Skin, lymphatics   |  |  |   |  | X   |   |
| 39. Neurological   |  |  |   |  | X   |   |
| 40. Psychiatric  |  |  |   |  | X   |   |
| 41. Pelvic (Female)  |  |  |   |  |   | X |
| 42. Endocrine  |  |  |   |  | X   |   |
| 43. DENTAL DEFECTS AND DISQUALIFICATIONS (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)  |  |  |   | 35. FEET (Continued) (Circle category)   |   |   |
| <input checked="" type="checkbox"/> Acceptable   |  |  |   | Normal Arch  |   |   |
| <input type="checkbox"/> Not Acceptable Class II   |  |  |   | Pes Cavus  |   |   |
|  |  |  |   | Pes Planus   |   |   |
|  |  |  |   | Mild Asymptomatic  |   |   |
|  |  |  |   | Moderate   |   |   |
|  |  |  |   | Severe Symptomatic   |   |   |

# SAMPLE

|   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
|---|-----|----------------------------|------------|--|--|---------------------------|----|---|-----------------------|---------------------------------------|------|-----------------------------|-----------|-------------------------|-------|---------------|-------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br>LEE, BRUCE M                                   |     |                            |            |  |  |                           |    |   |                       | SOCIAL SECURITY NUMBER<br>555-55-5555 |      |                             |           |                         |       |               |       |
| LABORATORY FINDINGS   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 45. URINALYSIS  |     |                            | a. Albumin |  |  | 46. URINE HCG             |    |   | 47. H/H               |                                       |      | 48. BLOOD TYPE              |           |                         |       |               |       |
|   |     |                            | b. Sugar   |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| TESTS   |     |                            | RESULTS    |  |  |                           |    |   | HIV SPECIMEN ID LABEL |                                       |      | DRUG TEST SPECIMEN ID LABEL |           |                         |       |               |       |
| 49. HIV   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 50. DRUGS   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 51. ALCOHOL   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 52. OTHER   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| a. PAP SMEAR  |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| b.  |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| c.  |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| MEASUREMENTS AND OTHER FINDINGS   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 53. HEIGHT  |     | 54. WEIGHT<br>lbs.         |            | 55. MIN WGT - MAX WGT                        |  |                           |    | MAX BF %  |                       | 56. TEMPERATURE                       |      | 57. PULSE                   |           |                         |       |               |       |
| 58. BLOOD PRESSURE  |     |                            |            |  |  | 59. RED/GREEN (Army Only) |    |   |                       | 60. OTHER VISION TEST                 |      |                             |           |                         |       |               |       |
| a. 1ST  |     | b. 2ND                     |            | c. 3RD                                       |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| SYS.  |     | SYS.                       |            | SYS.   |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| DIAS.   |     | DIAS.                      |            | DIAS.  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| 61. DISTANT VISION  |     |                            |            | 62. REFRACTION BY AUTOREFRACTION OR MANIFEST |  |                           |    |   |                       | 63. NEAR VISION                       |      |                             |           |                         |       |               |       |
| Right 20/   |     | Corr. to 20/               |            | By   |  | S.                        |    | CX  |                       | Right 20/                             |      | Corr. to 20/                |           | by                      |       |               |       |
| Left 20/  |     | Corr. to 20/               |            | By   |  | S.                        |    | CX  |                       | Left 20/                              |      | Corr. to 20/                |           | by                      |       |               |       |
| 64. HETEROPHORIA (Specify distance)   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| ES <sup>o</sup>   |     | EX <sup>o</sup>            |            | R.H.   |  | L.H.                      |    | Prism div.                                      |                       | Prism Conv<br>CT                      |      | NPR                         |           | PD                      |       |               |       |
| 65. ACCOMMODATION   |     |                            |            | 66. COLOR VISION (Test used and result)      |  |                           |    | 67. DEPTH PERCEPTION (Test used and score) AFVT |                       |                                       |      |                             |           |                         |       |               |       |
| Right   |     | Left                       |            | PIP  |  |                           |    | /14   |                       | Uncorrected                           |      |                             | Corrected |                         |       |               |       |
| 68. FIELD OF VISION   |     |                            |            |  | 69. NIGHT VISION (Test used and score) |                           |    |   |                       | 70. INTRAOCULAR TENSION               |      |                             |           |                         |       |               |       |
|   |     |                            |            |  |  |                           |    |   |                       | O.D.                                  |      | O.S.                        |           |                         |       |               |       |
| 71a. AUDIOMETER   |     | Unit Serial Number         |            |  |  |                           |    | 71b. Unit Serial Number                         |                       |                                       |      |                             |           | 72a. READING ALOUD TEST |       |               |       |
|   |     | Date Calibrated (YYYYMMDD) |            |  |  |                           |    | Date Calibrated (YYYYMMDD)                      |                       |                                       |      |                             |           |                         |       |               |       |
| HZ  | 500 | 1000                       | 2000       | 3000   | 4000                                   | 6000                      | HZ | 500   | 1000                  | 2000                                  | 3000 | 4000                        | 6000      | SAT                     | UNSAT |               |       |
| Right   |     |                            |            |  |  |                           |    | Right   |                       |                                       |      |                             |           |                         |       | 72b. VALSALVA |       |
| Left  |     |                            |            |  |  |                           |    | Left  |                       |                                       |      |                             |           |                         |       | SAT           | UNSAT |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.) |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |
| <h1>SAMPLE</h1>   |     |                            |            |  |  |                           |    |   |                       |                                       |      |                             |           |                         |       |               |       |

Ensure LAB/HIV results are entered

|  |    |                 |         |      |              |  |                    |   |                 |
|--|----|-----------------|---------|------|--------------|--|--------------------|---|-----------------|
| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)<br>LEE, BRUCE M  |    |                 |         |      |              | SOCIAL SECURITY NUMBER<br>555-55-5555                  |                    |   |                 |
| 74.a. EXAMINEE/APPLICANT (check one)   |    |                 |         |      |              | 75. I have been advised of my disqualifying condition. |                    |   |                 |
| <input checked="" type="checkbox"/> IS QUALIFIED FOR SERVICE<br><input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE  |    |                 |         |      |              | a. SIGNATURE OF EXAMINEE                               |                    | b. DATE (YYYYMMDD)<br>20121023  |                 |
| PHYSICAL PROFILE   |    |                 |         |      |              |  |                    |   |                 |
| P  | U  | L               | H       | E    | S            | X  | PROFI              | INITIALS  | DATE (YYYYMMDD) |
| 1  | 1  | 1               | 1       | 1    | 1            |  |                    |   |                 |
| Physical must have block 74a checked, showing "IS QUALIFIED FOR SERVICE." If not, you must provide an approved Army G3 waiver of your profile before you are allowed enrollment in WOCS. If the PULHES contains any entry other than "1" you must have a waiver of your profile. |    |                 |         |      |              | QUALIFIED<br>D<br>QU<br>FI                             |                    | Your signature indicates your knowledge of your physical status and, if applicable, your need for a profile waiver. |                 |
| 77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)  |    |                 |         |      |              |  |                    |   |                 |
| SAMPLE   |    |                 |         |      |              |  |                    |   |                 |
| 78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)  |    |                 |         |      |              |  |                    |   |                 |
| 79. MEPS WORKLOAD (For MEPS use only)  |    |                 |         |      |              |  |                    |   |                 |
| WKID   | ST | DATE (YYYYMMDD) | INITIAL | WKID | ST           | DATE (YYYYMMDD)  | INITIAL            | WKID  | ST              |
|  |    |                 |         |      |              |  |                    |   |                 |
| 80. MEDICAL INSPECTION DATE  |    |                 |         |      |              |  |                    |   |                 |
| HT   | WT | %BF             | MAX WT  | HCG  | QUAL         | DIS  |                    |   |                 |
|  |    |                 |         |      |              |  |                    |   |                 |
| 81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER   |    |                 |         |      | b. SIGNATURE |  |                    |   |                 |
| 82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER   |    |                 |         |      | b. SIGNATURE |  |                    |   |                 |
| 83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)   |    |                 |         |      | b. SIGNATURE |  |                    |   |                 |
| 84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY   |    |                 |         |      | b. SIGNATURE |  |                    |   |                 |
| 85. This examination has been administratively reviewed for completeness and accuracy.   |    |                 |         |      |              |  |                    |   |                 |
| a. SIGNATURE   |    |                 |         |      | b. GRADE     |  | c. DATE (YYYYMMDD) |   |                 |
| 86. WAIVER GRANTED (If yes, date and by whom)  |    |                 |         |      |              |  |                    | 87. NUMBER OF ATTACHED SHEETS   |                 |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO  |    |                 |         |      |              |  |                    |   |                 |



Must be signed by an MD/Doctor/PA-C or equivalent, NOT a PA or Nurse Practitioner.

