Fillable

BACKGROUND SUMMARY

DATE *(YYYYMMDD)*:

SUPPORTING DIRECTIVE OPNAVINST 1640.10

SECTION 1 – PERSONAL DATA

1. NAME (LAST, FIRST, MI):
2. RCN:
3. DATE OF BIRTH *(YYYYMMDD)*:
4. AGE:
5. PLACE OF BIRTH:
6. SEX: ☐ MALE ☐ FEMALE
7. RACE:
8. RELIGION:
9. HEIGHT:
10. WEIGHT:
11. HAVE YOU EVER TRIED TO COMMIT SUICIDE? ☐ NO ☐ YES
12. DO YOU FEEL SUICIDAL AT THIS TIME? ☐ NO ☐ YES
13. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION *(COMMUNICABLE DISEASES OR DISABILITIES)*: ☐ NO ☐ YES *(IF YES PLEASE EXPLAIN)*:
14. ARE THERE ANY PERSONAL ISSUES THAT NEED IMMEDIATE ATTENTION: ☐ NO ☐ YES *(IF YES PLEASE EXPLAIN)*:

15A. FORM COMPLETED BY:

15B. DATE (YYYYMMDD):

15C. TIME:

16. ACTIONS TAKEN IF NECESSARY:

17A. ACTION TAKEN BY:

17B. DATE (YYYYMMDD):

17C. TIME:

SECTION 2 – MILITARY BACKGROUND

18. BRANCH OF SERVICE: ☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ COAST GUARD
19. RESERVES: ☐ YES ☐ NO
20. MILITARY UNIT:
21. MILITARY INSTALLATION:
22. HOME OF RECORD:
23. ACTIVE DUTY BASE DATE *(ADBD) (YYYYMMDD)*:
24. DATE ENTERED CURRENT TERM *(YYYYMMDD)*:
25. END OF ACTIVE DUTY OBLIGATION *(YYYYMMDD)*:
26. TOTAL ACTIVE LENGTH OF SERVICE:
27. HIGHEST PAYGRADE ATTAINED:
28. CURRENT MOS/RATE OR SPECIALTY:
29. PREVIOUS DISCHARGE RECEIVED *(TYPE AND DATE)*:
30. PRIOR SERVICE: ☐ NO ☐ YES
31. PRIOR BRANCH OF SERVICE: ☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ COAST GUARD
32. RESERVES: ☐ YES ☐ NO
33. MILITARY AWARDS AND DECORATIONS:

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BACKGROUND SUMMARY *(CONTINUED)*	**DATE *(YYYYMMDD)*:**	SUPPORTING DIRECTIVE OPNAVINST 1640.10

SECTION 2 – MILITARY BACKGROUND (*CONTINUED*)

34. NAME (LAST, FIRST, MI):	**35. RCN:**

36. MAJOR MILITARY SCHOOLS ATTENDED:

COURSE TITLE	COURSE LOCATION	DATE COMPLETED *(YYYYMMDD)*

37. MILITARY HISTORY NARRATIVE *(GENERAL MILITARY SERVICE BACKGROUND)*:

SECTION 3 – CIVILIAN BACKGROUND

38. CIVILIAN EDUCATION (*LIST HIGH SCHOOL, COLLEGES AND TRADE SCHOOL*):

NAME AND ADDRESS OF SCHOOL	AGE	DATE ENTERED (YYYYMMDD)	GRADE(S) COMPLETED	DEGREE	DATE (YYYYMMDD)

39. HIGHEST GRADE COMPLETED:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

40. REASON FOR LEAVING SCHOOL:

41. CIVILIAN EMPLOYMENT

NAME AND CITY/STATE OF EMPLOYER	TYPE OF WORK	SALARY	FULL OR PART TIME	DATES FROM/TO (YYYYMMDD)	REASON FOR LEAVING
				FROM: TO:	
				FROM: TO:	
				FROM: TO:	

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BACKGROUND SUMMARY *(CONTINUED)*	**DATE *(YYYYMMDD)*:**	SUPPORTING DIRECTIVE OPNAVINST 1640.10

42. NAME (LAST, FIRST, MI):	**43. RCN:**

SECTION 4 – FAMILY BACKGROUND

44. MARITAL STATUS CODES *(CURRENT)*:

☐ 1 - MARRIAGE ANNULED ☐ 3 – INTERLOCUTORY ☐ 5 – MARRIED ☐ 7 - WIDOWED
☐ 2 – DIVORCED ☐ 4 – LEGALLY SEPARATED ☐ 6 – NEVER MARRIED

45. HOME ADDRESS *(STREET, CITY, STATE, AND ZIP CODE)*:

46. FAMILY INFORMATION:

NAME	RELATIONSHIP *(LIST SPOUSE, CHILDREN AND PARENTS)*	ADDRESS *(STREET, CITY AND STATE)*	TELEPHONE NUMBER *(INCLUDE AREA CODE)*	AGE

47. NEXT OF KIN:

NAME *(LAST, FIRST, MI)*:	ADDRESS *(STREET, CITY, STATE, ZIP CODE)*:	TELEPHONE NUMBER *(INCLUDE AREA CODE)*:

48. EMERGENCY CONTACT:

NAME *(LAST, FIRST, MI)*:	ADDRESS *(STREET, CITY, STATE, ZIP CODE)*:	TELEPHONE NUMBER *(INCLUDE AREA CODE)*:

SECTION 5 – MENTAL/PHYSICAL HEALTH BACKGROUND

49. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION:

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

50. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURANCE:

51. ARE YOU CURRENTLY ON LIGHT DUTY? ☐ NO ☐ YES

52. ARE YOU CURRENTLY TAKING MEDICATION? ☐ NO ☐ YES *(IF YES, LIST THE MEDICATIONS)*:

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BACKGROUND SUMMARY *(CONTINUED)*	**DATE *(YYYYMMDD)*:**	SUPPORTING DIRECTIVE OPNAVINST 1640.10

SECTION 5 – MENTAL/PHYSICAL HEALTH BACKGROUND *(CONTINUED)*

53. NAME (LAST, FIRST, MI):	**54. RCN:**

55. HAVE YOU EVER CONSIDERED SUICIDE: ☐ **NO** ☐ **YES** ***(IF YES, EXPLAIN)*:**

56. HAVE YOU EVER ATTEMPTED SUICIDE: ☐ **NO** ☐ **YES** ***(IF YES, EXPLAIN)*:**

57. PERSONAL HABITS:

ALCOHOL USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER *(EXPAIN)*:**

WAS ALCOHOL ABUSE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? ☐ **NO** ☐ **YES *(STATE FACILITY AND DATE)*:**

DRUG USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER *(EXPAIN)*:**

WAS DRUG USE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED DRUG TREATMENT? ☐ **NO** ☐ **YES *(STATE FACILITY AND DATE)*:**

GAMBLING: ☐ **FREQUENTLY** ☐ **OCCASIONALLY** ☐ **NEVER**

58. MENTAL/PHYSICAL HEALTH NARRATIVE:

59. NOTES AND CONCERNS *(SHOULD BE DIRECTED TOWARDS ANY CONCERNS OR NEEDS EXPRESSED BY THE AWARDEE FOR THE PERIOD OF TIME AT CCU) (FAMILY, FINANCIAL, MILITARY, PERSONAL ISSUES)*:

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