

PERSONAL DATA SHEET

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DATA PROTECTED BY THE PRIVACY ACT OF 1974

USED FOR INTERNAL PERSONNEL MANAGEMENT. DISCLOSURE IS VOLUNTARY.

NAME: (LAST, FIRST, MI) _____

SSAN: _____ RANK: _____ DOR: _____ MOS: _____

BASD: _____ ETS: _____ ARRIVAL DATE: _____

AGE: _____ DOB: _____ BLOOD TYPE: _____ EYES: _____ HAIR: _____

BRANCH (Circle One): AR NG RA OPERATION (Circle One): OIF OEF ONE OTHER _____

HOMESTATION COMPLETE WITH UNIT UIC: _____

HOMESTATION PHONE #: _____

MEDICAL CONDITION OR CLINIC YOU WILL BE SEEING: _____

COMPLETE HOME OF RECORD ADDRESS: _____

HOME OF RECORD PHONE: _____

COMPLETE LOCAL ADDRESS (Lodging/Residence) _____

LOCAL PHONE #: _____ ALTERNATE: _____

MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED

LIST DEPENDENT(S) BELOW:

NAME	RELATIONSHIP	BIRTHDATE (YMMM)

DO YOU HAVE FAMILY CARE PLAN? (CIRCLE ONE): YES NO NA

CASE MANAGER: _____ PHONE: _____

DRIVER'S LICENSE #: _____ MAKE/MODEL: _____

LIC. PLATE #: _____ STATE: _____

POST DECAL #: _____ INSURANCE NAME: _____ EXPIRATION (YMMM): _____

EMERGENCY CONTACT INFORMATION		
NAME	PHONE	ADDRESS

I CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

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MED HOLD (MH), JAN 05