

**MARINE CORPS ENGINEER SCHOOL  
COMMAND SCREENING CHECKLIST**

1. Purpose: To ensure Marines selected to attend the MARINE CORPS ENGINEER SCHOOL course are fully qualified.
  
2. Information: Resident MOS schools are not screening institutions. In order to prevent Marines from being turned away upon arrival, it is **essential** that parent commands ensure their Marines **are fully qualified and satisfy the enrollment prerequisites set forth in this checklist**. A failure to satisfy any of the prerequisites on **this** checklist disqualifies a Marine from attending the course.
  
3. Action: One copy of the completed **and signed** checklist given to the Marine going to TAD assignment. The checklist will be destroyed upon completion of TAD.

NAME: _____ RANK/GRADE: _____			
EDIPI: _____ UNIT: _____			
Prerequisites		Yes/No	Remarks
1	Appropriate grade.  DOR: _____		_____ _____ _____
2	Meets minimum obligated service upon completion of school. <b>(One year upon Graduation)</b>  EAS: _____		_____ _____ _____
3	Successful completion of appropriate grade level MOS Courses (CEIC ONLY) Date Completed Basic Combat Engineer(BCE): _____ Date completed Combat Engineer NCO(CENCO CORE): _____ Date completed Combat Engineer Platoon Sgt(CEPS): _____		_____ _____ _____ _____ _____ _____ _____
4	Are there any existing family or financial hardships that would preclude this individual from attending the course?		_____ _____ _____
5	Possesses appropriate uniforms for the course. (Seasonal Service Uniform, PT attire, and any climate dictated attire that may be needed)		_____ _____ _____
6	Physically capable of participation in a progressive physical readiness program. Passed the PFT/CFT, per MCO P6100.13 within the current semi-annual period.  Date Last PFT/CFT: _____  Score Last PFT/CFT: _____		_____ _____ _____ _____ _____ _____

7	Meets height/weight standards per MCO P6100.13.  Date of Weigh-in: _____  Ht: _____  Wt: _____  BF% (If required): _____ Age group    Male    Females 17-26        18%    26% 27-39        19%    27% 40-45        20%    28% 46+          21%    29%		_____ _____ _____ _____ _____ _____ _____
8	*Medically qualified to participate in a physical training readiness program and capable of handling demolitions. In Full Duty Status.  Date of PHA: _____  Officer Name: _____  Officer Billet: _____  Medical Officer Signature: _____ <b>* Note: Must be signed not just stamped</b>		_____ _____ _____ _____ _____ _____ _____
9	Has the Marine been informed that he/she must hand carry this checklist, Medical/Dental records, and his/her Orders with him/her to the School.		_____ _____ _____
10	<b>To TD FITREP or JEPES Marks completed.</b> (No FITREP or JEPES Marks required for UB)		_____ _____ _____

_____	_____	_____	_____
TAD Marine (Student)	Phone#	Signature	Date
_____	_____	_____	_____
SgtMaj / 1stSgt	Phone#	Signature	Date
_____	_____	_____	_____
Commanding Officer	Phone#	Signature	Date