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JUNGLE OPERATIONS TRAINING CENTER

COURSE DATES 09-15 August 2020

Special Operations Command (SOCOM) requires the following information to complete your application process.

If you print this application you must write legibly as it will reflect on your training certificate and orders. The application and Medical Eval must be emailed to LT Ken Grigg at the following information.

ken.grigg@beach-vaction.com and ltstevemb@aol.com

Name:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

 First Middle Last

Mailing Address:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

 Address City State

Email Address: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text. Home #: Click or tap here to enter text.

Branch of Service: Click or tap here to enter text. Rank: Click or tap here to enter text.

Birth Date: Click or tap here to enter text.

Candidates enrolled in this program will earn two skill sets. If you make it to the end you will be awarded the Jungle Badge “Snakehead” for the completion of Jungle school.

**PAY ATTENTION TO THE FOLLOWING INFORMATION.**

The cost of this school is set at $150.00 a person. To show some level of commitment you must remit a $75.00 non-refundable deposit. Check or Money Order must be made out to Steve Revis and mailed to the following address. 615 9th AVE South Surfside Beach, SC 29575. The remaining balance must be paid upon check in.

15 February 2019

Be advised this school is run by former ARMY Instructors. If you are offended easily then let me tell you now this school is not for you. If you find you have the guts and want a challenge in life then we as SOCOM welcome you.

The school is 7 days long and once started must be completed. If you find at any time you want to leave then you must report to SOCOM before being discharged. YOU WILL RING THE BELL!! If you decide to leave you will forfeit your money as the overhead doesn’t change at this point.

CONTINUED

**MEDICAL CONDITION FORM**

THE PURPOSE OF THIS FORM IS TO PROVIDE MEDICAL PERSONELL WITH INFORMATION ON ANY EXISTING MEDICAL CONDITIONS, WHICH MAY AFFECT THE MEDICAL CARE AND TREATMENT TO YOU (THE SOLDIER), WHILE ATTENDING SCHOOL. THIS INFORMATION **WILL NOT** BE VIEWED OR DISCLOSED TO ANYONE OUTSIDE THE MEDICAL STAFF. EMAIL COMPLETED FORM TO COL COMPTON AT “**COLCOMPTON123@GMAIL.COM.”**

**NOTE: ANSWER ALL QUESTIONS HONESTLY AND COMPLETELY, TO THOSE THAT DO NOT APPLY, ANSWER N/A**

**NAME** (LAST, FIRST, MI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

**COURSE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you ever been a prisoner of war or held (locked) in an concentration camp**?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** DO YOU HAVE ANY ALLERGIES?(FOOD, MEDICATIONS, INSECTS, OTHER) IF YES, LIST THE ALLERGY AND YOUR REACTION. (EX. Bee sting – anaphylactic shock) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.** ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF YES, LIST THE MEDICATIONS, STRENGTH, AND DOSAGE. (EX. Claritin 10mg – once daily)

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**4.** HAVE YOU HAD FLU LIKE SYMPTOMS IN THE PAST 72 HOURS OR FEVER OVER 101? (SYMPTOMS INCLUDE: NAUSEA/VOMITTING, CHILLS, STOMACH PAINS)

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**5.** HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY MEDICAL CONDITIONS? (HYPERTENSION. ASTHMA, PTSD HIGH CHOLESTEROL, etc...)

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**6.** HAVE YOU EVER HAD A WEATHER INJURY? YES( ) NO( ) IF YES, HOT( ) COLD( ) ALSO, LIST THE EXTENT OF THE INJURY AND/OR REACTION AS WELL AS THE DATE IT OCCURRED.

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**7.** HAVE YOU HAD ANY SURGERIES OR SIGNIFICANT INJURIES? (**LIST THEM AND WHEN THEY OCCURRED**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** LIST ANY IMPORTANT FAMILY HISTORY. (HYPERTENSION, DIABETES, HEART DISEASE, HIGH CHOLESTEROL, STROKE, etc.)

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 **9. FEMALES ONLY!!!** HAVE YOU BEEN PREGNANT, DELIVERED, OR HAD A PREGNANCY TERMINATED WITHIN THE LAST 180 DAYS IAW: AR 40-501 PARA 7-10 (e). YES( ) NO( )

WERE YOU CLEARED BY A PHYSICIAN TO RETURN TO DUTY? YES( ) No( ) N/A( )