PUERTO RICO
STATE GUARD
DOCUMENTOS Y FORMAS DE INGRESO

1. Todas las formas de nuevo ingreso se encuentran en formato digital. Estos deberán completarse de forma digital, en computadora con el programa Adobe.

2. Luego de completarse los formularios, estos deberán ser impresos y firmados manualmente en las áreas requeridas con bolígrafo de tinta negra. NO se permite firma electrónica.

3. NO SE ACEPTARÁN FORMULARIOS COMPLETADOS A MANO, EXEPTO LA FIRMA EN TINTA NEGRA.

4. Si usted es Prior Service deberá incluir su forma DD 214, NGB 22 o cualquier evidencia de escuelas militares.

5. En esta solicitud deberá incluir copia y original del diploma del último grado académico alcanzado, Ejemplo: Grado de cursos técnicos, Grado Asociado, Bachillerato, Maestría, Doctorado o cualquier otra evidencia de grados académicos de una Universidad o Colegio. (copia y original)

6. En esta solicitud deberá incluir copia y original de su licencia profesional que lo acredita en alguna profesión, Ejemplo: Enfermería, Abogados, Capellanes, Médicos, Asistente Medico, Ingenieros, Arquitectos entre otros, sin limitarse a estas profesiones (copia y original).

7. En esta solicitud deberá incluir copia de su licencia de conducir de Puerto Rico vigente a la fecha de esta solicitud. (copia)

8. En esta solicitud deberá incluir evidencia y copia de vacunación de COVID-19. (copia y original)

9. En esta solicitud deberá incluir Certificado de Nacimiento. (copia y original)

10. ____**PRSG Forma 104**, Aplicación de Ingreso - Usted deberá completar esta forma en computadora. La Forma PRSG 104 debe ser firmado manualmente por usted con bolígrafo de tinta negra en el encasillado No.18. (Signature of Candidate). Deberá completar en computadora sus iniciales en la página 2, encasillado No.3 (Understandings).

11. ____**PRSG Forma 93**, Data de Emergencia - Usted deberá completar esta forma en computadora. La Forma PRSG 93 debe ser firmado manualmente por usted con bolígrafo con tinta negra en la página 2, encasillado No.15.

12. ____**PRSG Forma 2807-1**, Reporte de Historial Médico del candidato. Usted deberá completar esta forma en computadora. El formulario debe ser firmado manualmente por usted con bolígrafo con tinta negra en el encasillado No.31-b.

13. ____**DD Forma 369**, Police Record Check - Deberá completarla de forma electrónica, en computadora. Siga las siguientes instrucciones:
i) En el encasillado No. 6.a. marque con una X la (1) HISPANIC OR LATINO.
ii) En el encasillado No 6.b marque con una X la (5) WHITE.
iii) IMPORTANTE, en el encasillado No.11 usted debe firmar manualmente con bolígrafo de tinta negra.
iv) Finalmente, **NO** conteste las preguntas en la Sección II, No.12 y No.13.

14. _____**PRSG Forma 4**, Contrato de Servicio Militar Estatal. - Deberá completar esta forma en computadora. El formulario debe ser firmado manualmente por usted con bolígrafo con tinta negra en el encasillado con la Letra D titulado CERTIFICATION, letra minúscula a. (Signature of Enlistee/Reenlistee/Appointed).

15. ____Acompañé un Certificado Negativo de Antecedentes Penales del Negociado de la Policía de Puerto Rico, con no más de 30 días de expedidos. Este puede ser la versión en línea.

16. ____Acompañe una Certificación Negativa de Casos de Pensión Alimentaria por la agencia ASUME en Puerto Rico o Copia del del plan de pagos en caso de pasar manutención alimentaria. Este puede ser la versión en línea.

17. Una vez completada toda las solicitudes y sus anejos deberá entregarlas del día de su evaluación en MEPS.

PUERTO RICO
STATE GUARD
ACCESSION FORMS CHECKLIST

1. All new entry forms are in digital format. These must be completed digitally, on a computer with the Adobe program.

2. After completing the forms, they must be printed and signed manually in the required areas with a black ink pen. Electronic signatures are NOT allowed.

3. FORMS COMPLETED BY HAND WILL NOT BE ACCEPTED EXCEPT SIGNATURE IN BLACK INK.

4. If you are a Prior Service, you must include your form DD 214, NGB 22 or any evidence of military schools.

5. In this application, you must include a copy and original of the diploma of the last academic degree achieved, Example: Degree of Technical Courses, associate degree, Bachelor's Degree, Master's Degree, Doctorate or any other evidence of academic degrees from a University or College. (Copy and original)

6. In this application you must include a copy and original of your professional license that accredits you in a profession, Example: Nursing, Lawyers, Chaplains, Doctors, Medical Assistant, Engineers, Architects among others, without being limited to these professions (copy and original).

7. In this application you must include a copy of your current Puerto Rico driver's license on the date of this application. (copy)

8. In this application you must include evidence and a copy of the COVID-19 vaccination (copy and original)

9. In this application you must include a Birth Certificate (copy and original)

10. ___**PRSG Form 104**, Income Application - You must complete this form on the computer. Form PRSG 104 must be manually signed by you with a black ink pen in box No.18. (Signature of Candidate). You must complete your initials on page 2, box No.3 (Understandings).

11. ___**PRSG Form 93**, Emergency Data - You must complete this form on the computer. Form PRSG 93 must be manually signed by you in black ink pen on page 2, box No.15.

12. ___**PRSG Form 2807-1**, Candidate Medical History Report. You will need to complete this form on the computer. The form must be manually signed by you with a ballpoint pen with black ink in box No.31-b.

13. ___**DD Form 369**, Police Record Check - You must complete it electronically, on a computer. Follow the instructions below:
i) In box No. 6.a. mark with an X the (1) HISPANIC OR LATINO.
ii) In box No 6.b mark with an X the (5) WHITE.
iii) IMPORTANT, in box No.11 you must sign manually with a black ink pen.
iv) Finally, DO NOT answer the questions in Section II, No.12 and No.13.

14. ____**PRSG Form 4**, State Military Service Contract. - You must complete this form on the computer. The form must be manually signed by you with black ink pen in the box with Letter D titled CERTIFICATION, lowercase letter a. (Signature of Enlistee/Reenlistee/Appointed).

15. ___I attached a Negative Criminal Record Certificate from the Puerto Rico Police Bureau, no more than 30 days after it was issued. This may be the online version.

16. ___Attach a Negative Certification of Child Support Cases by the ASUME agency in Puerto Rico or a copy of the payment plan in case of receiving child support. This may be the online version.

17. Once all the applications and their annexes are completed, you must submit them on the day of your evaluation at MEPS.

PUERTO RICO STATE GUARD APPLICATION FORM

(This information is for official and medically confidential use only and will not be released to unauthorized persons)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

PLEASE RETURN COMPLETED YOUR PRSG 104 FORM TO YOUR RECRUITER OR DESIGNEE ONLY.

PRIVACY ACT STATEMENT

AUTHORITY: The Health Insurance Portability and Accountability Act, HIPAA 104-191, Aug. 21, 1996. Puerto Rico Military Code Century XXI, Law Num. 88 of August 8,2023.

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Puerto Rico State Guard Command. The information collected on this form is used to assist the Puerto Rico State Guard Recruiter in making determinations as to the acceptability of applicants for state military service and additional collection of information using Military Entrance Processing Station (MEPS)

ROUTINE USE(S): This 104 PRSG form is also available at http://prsg.us.

DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in possible rejection of the individual's application to enter the Puerto Rico State Guard. An applicant's last 4 SSN is used during the recruitment process to keep all records together and when requesting for MEPS.

WARNING: The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	**2. MILITARY IDENTIFICATION NUMBER**		**3. DATE (YYYYMMDD)**
4. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	**5. CITIZENSHIP**		**6. GEN DER** ☐ MALE ☐ FEMALE
	7.a. DOB *(YYYYMMDD)*	**7.b. AGE**	**7.c. PLACE OF BIRTH**
8. TELEPHONE NUMBER (Include Area Code)	**9. HEIGHT**	**10. WEIGHT**	**11. COLOR OF EYES**
12. COLOR OF HAIR	**13. HEALTH CONDITION** ☐ Excellent ☐ Good ☐ Poor	**14.a. MARITAL STATUS**	**14.b. NAME OF SPOUSE,** *(Last name)*
15. BODY CLASSIFICATION ☐ Underweight ☐ Normal Weight ☐ Overweight ☐ Obese		**16. IDENTIFYING MARK/SCARS**	
17. NAME AND ADDRESS OF PRESENT EMPLOYER OR FIRM		**17.a. YOUR JOB TITLE**	**17.b. HOW LONG IN PRESENT JOB**

18. CIVILIAN EDUCATION *(Provide your last civilian educational degree obtained)*

Name of School	Location *(city & State)*	Graduated?	Year	Degree or Rating Awarded

I certify that the above is a true and correct statement of my personal history, educational background, and military experience. I hereby voluntarily enlist for an indefinite period as an enlisted in the Puerto Rico State Guard Command, under the conditions prescribed by law, until discharged by proper authority

DATE _____ _____ **SIGNATURE OF CANDIDATE**

OTHER BACKGROUN DATA

1. MEMBERSHIP IN YOUTH PROGRAMS

		YES	NO
a.	Have you ever been enrolled in an ROTC, Junior ROTC or Sea Cadet Program, or have been a member of the Civil Air Patrol? *Optional entry you may be entitled to a higher enlistment grade based on such membership and participation*. If yes, enter the name of the organization _____	○	○

2. DECLARATIONS (WARNING) The declaration you have given constitutes an official statement, failure by an applicant to provide true information may result in rejection of the individual's application to enter to Puerto Rico State Guard. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

a.	Have you ever been convicted of any felony? *(If yes, Submit the Puerto Rico Police Bureao Penal Record Report)*	○	○
b.	Have you ever been arrested by the authorities of the United States or any territory, including Puerto Rico? (*If yes, provide the Submit the Puerto Rico Police Bureao Penal Record Report)*	○	○
c.	Have you have any license to carry on weapons granted by the United States or any territory, including Puerto Rico? (*If yes, provide the Evidence)*	○	○
d.	Have your driver's license ever been suspended in the United States or any territory, including Puerto Rico? (*If yes, provide the Police report)*	○	○
e.	Have your professional license ever been suspended or revoked? (Exm: Physician, Engeenier). (*If yes, provide the report from the relevant agency)*	○	○
f.	Have you ever been cited, arrested for, charged with or convicted for substance abuse? *(If yes, provide the Court resolution report)*	○	○
g.	Have you ever been cited, arrested for, charged with or convicted for Commonwealth of Puerto Rico Law 54" violation? (*If yes, provide the Court resolution report)*	○	○
h.	Have you ever been cited, arrested for, charged with or convicted for Chill Support violation in the United States or any territory, including Puerto Rico? (*If yes, provide the Court Resolution)*	○	○
i.	Are you Puerto Rico State Guard Prior Service? *(If yes, Submit the evidence)*	○	○
j.	Have you ever been rejected for enlistment, reenlistment or induction by any branch of the Armed Forces of the United States?	○	○

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	MILITARY IDENTIFICATION NUMBER	DATE (YYYYMMDD)

k. Are you now, or have ever been, a deserter from any branch of the Armed Forces of the United States? ○ ○

l. Are you now drawing, or have any application pending, or approval for: Retired pay, disability allowance or a pension from the Government of the United States? ○ ○

m. Are you a conscientious objector? That is, do you have, or have you ever had, a firm fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious training or belief? ○ ○

n. Are you the only living child of your parents? ○ ○

o. Have you ever been a draft evader or participated in an amnesty program? ○ ○

p. Do you now have, or have you had within the past ten years, knowing membership with the specific intent of furthering the aims of, or Adherence to, an active participation in any foreign or domestic organization or association or movement or group or combination of persons which unlawfully advocates or practices the commission of an act of force or violence to prevent others from exercising their rights under the Constitution of the United States or subdivision there of by unlawful means? ○ ○
(If yes, give the name (s) of the organization (s) and inclusive dates of your membership) _____
_____

q. Have you ever visited a foreign country except as a member of the United States Armed Forces performing official duties during the past 10 years? (If yes, give year, month, countries visited and purpose of travel) ○ ○

Year	Month	Countries	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

r. Have you ever worked for a foreign government during the past 10 years? ○ ○
(If yes, give dates of employment, name of the government you worked for, duties description and location)

Dates	Name of Government	Duties Description	Location
_____	_____	_____	_____
_____	_____	_____	_____

3. UNDERSTANDINGS

I UNDERSTAND THAT IF I AM REJECTED FOR ENLISTMENT BECAUSE OF A DESQUALIFICATION THAT I HAVE CONCEALED, I MAY NOT BE PROVIDED RETURN TRANSPORTATION FROM THE PLACE OF EXAMINATION TO MY HOME.	INITIALS

4. CARACTER AND SOCIAL ADJUNTMENT

a. If your answer to every question is truthfully "NO, initial in the appropriate space.

b. You are not required to answer or explain your responses to these questions in writing if your answer is "YES" or you have reservations about answering questions of this nature. Instead, you may request a personal interview in which you may provide the required information for each question orally.

i. If you choose the personal interview, the information you give may be investigated. However, any written record of the interview itself will not be retained more than six months after your entry into active duty and will not become part of your permanent military personnel service record.

ii. This information may be requested from you again at some future date if you enlist and may become a part of your security investigative file at that time. This could occur as a result of your being considered for duties involving access to classified information or other types of duties requiring a personnel security investigation.

c. A "YES" answer will not necessarily disqualify you for enlistment; it will depend on the circumstances surrounding the situation involved.

INITIAL HERE IF YOU PREFER A PERSONAL INTERVIEW: _____

DO NOT WRITE IN THIS BLOCK – TO BE COMPLETED BY: MEPS PERSONNEL

APPLICANT HAS BEEN INTERVIEWED AND IS:

☐ ELEGIBLE FOR ENLISTMENT ☐ INELEGIBLE FOR ENLISTMENT

DATE OF INTERVIEW	GRADE, NAME, ORG & TITLE OF MEPS OFFICER	SIGNATURE OF MEPS SENIOR OFFICER

PUERTO RICO STATE GUARD RECORD OF EMERGENCY DATA

(This information is for official and confidential use only and will not be released to unauthorized persons)

PRIVACY ACT STATEMENT

AUTHORITY: The Health Insurance Portability and Accountability Act, HIPAA, Aug. 21, 1996. Puerto Rico Military Code Century XXI, Law Number 88 of August 8, 2023.

PRINCIPAL PURPOSES: This form is used by military personnel of the Puerto Rico State Guard. For the Puerto Rico State Guard members, it is used to designate beneficiaries for certain benefits in the event of the service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the service member desires to be notified in case of emergency or death. The purpose of soliciting the last 4 SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None. This PRSG form 93-is also available at http://prsg.us/
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.
WARNING: The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiance), and, to designate beneficiaries for certain benefits if you die.
IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information.
Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME *(Last, First, Middle Initial)*	**2. MILITARY IDENTIFICATION NUMBER**

3a. SERVICE CATEGORY ☐ ARMY ☐ MEDICAL COMMAND ☐ AIR GROUP ☐ OTHER	**b. GRADE** **RANK**

4a. SPOUSE NAME *(If applicable) (Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**
☐ SINGLE ☐ DIVORCED ☐ WIDOWED	

5. CHILDREN **a. NAME** *(Last, First, Middle Initial)*	**b. RELATIONSHIP**	**c. DATE OF BIRTH** *(YYYYMMDD)*	**d. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

6a. FATHER NAME *(Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

7a. MOTHER NAME *(Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

8a. DO NOT NOTIFY DUE TO ILL HEALTH	**b. NOTIFY INSTEAD**

9a. DESIGNATED PERSON(S) *(Military only)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

10. OTHER EMERGENCY TELEPHONE NUMBER

SECTION 2 - BENEFITS RELATED INFORMATION
(This information is for official and confidential use only and will not be released to unauthorized persons)

11a. BENEFICIARY(IES) FOR DEATH GRATUITY *(Military only)*	**b. RELATIONSHIP**	**c. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**	**d. PERCENTAGE**

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES *(Military only)* **NAME AND RELATIONSHIP**	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**	**c. PERCENTAGE**

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) *(Military only)* **NAME AND RELATIONSHIP**	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

14. CONTINUATION / REMARKS

15. SIGNATURE OF SERVICE MEMBER *(Include rank, rate, or grade if applicable)*	**16. SIGNATURE OF WITNESS** *(Include rank, rate, or grade as appropriate)*	**17. DATE SIGNED** *(YYYYMMDD)*

PUERTO RICO STATE GUARD REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

PLEASE RETURN COMPLETED YOUR FORM TO YOUR PUERTO RICO STATE GUARD RECRUITER, SURGEON, OR DESIGNEE ONLY.

PRIVACY ACT STATEMENT

AUTHORITY: The Health Insurance Portability and Accountability Act, HIPAA 104-191, Aug. 21, 1996. Military Code of Puerto Rico, Law Number 88 of August 8, 2023.

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Puerto Rico State Guard Command. The information collected on this form is used to assist Puerto Rico State Guard physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. A notice of privacy practices can be viewed at: https://www.salud.gov.pr/CMS/166.

ROUTINE USE(S): The Blanket Routine: Uses apply to this collection. This form PRSG 2807-1 is also available at http://prsg.us

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 Puerto Rico State Guard. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For a Puerto Rico State Guard member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	**2. MILITARY IDENTIFICATION NUMBER**	**3. TODAY'S DATE** (*YYYYMMDD*)

4.a. HOME ADDRESS *(Street, Apartment No., City, State, and ZIP Code)*	**5.a. EXAMINING LOCATION & ADDRESS**	**5.b. GENDER**
	CAMP SANTIAGO, SALINAS, PUERTO RICO	☐ MALE ☐ FEMALE
5.c. TELEPHONE NUMBER *(Include Area Code)*	**5.d. AGE:**	**5.e. HEIGHT:**
	5.f. WEIGHT:	**5.g. BMI:**

X ALL APPLICABLE BOXES:

6.a. SERVICE (MSC)	**6.b. MILITARY STATUS**	**6.c. PURPOSE OF EXAMINATION**		**7.a. POSITION**
☐ Army ☐ Air Group ☐ Medical Command	☐ New Member ☐ Active	☐ MEPS ☐ PHA ☐ Med.Board	☐ SRP ☐ AT ☐ Ret.Board ☐ Other *(specify)* _____	Grade Rank **7.b. CIVILIAN OCUPATION**

8. CURRENT MEDICATIONS *(Prescription and Over the Counter)*	**9. ALLERGIES** *(Including insect bites/stings, foods, medicine, or other substance)*

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	**YES**	**NO**
10.a. Tuberculosis	○	○
b. Lived with someone who had tuberculosis	○	○
c. Coughed up blood	○	○
d. Asthma or any breathing problems related to exercise, weather, etc.	○	○
e. Shortness of breath	○	○
f. Bronchitis	○	○
g. Wheezing or problems with wheezing	○	○
h. Been prescribed or used an inhaler	○	○
i. A chronic cough or cough at night	○	○
j. Sinusitis	○	○
k. Hay fever	○	○
l. Chronic or frequent colds	○	○
11.a. Severe tooth or gum trouble	○	○
b. Thyroid trouble or goiter	○	○
c. Eye disorder or trouble	○	○
d. Ear, nose, or throat trouble	○	○
e. Loss of vision in either eye	○	○
f. Worm contact lenses or glasses	○	○
g. A hearing loss or wear a hearing aid	○	○
h. Surgery to correct vision *(RK, PRK, LASIK, etc.)*	○	○
12.a Painful shoulder, elbow, or wrist *(e.g., pain, dislocation, etc.)*	○	○
b. Arthritis, rheumatism, or bursitis	○	○
c. Recurrent back pain or any back problem	○	○
d. Numbness or tingling	○	○
e. Loss of finger or toe	○	○

12. CONTINUED	**YES**	**NO**
f. Foot trouble *(e.g., pain, corns, bunions, etc.)*	○	○
g. Impaired use of arms, legs, hands, or feet	○	○
h. Swollen or painful joint(s)	○	○
i. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	○	○
j. Knee trouble *(e.g., locking, giving out, pain or ligament injury, etc.)*	○	○
k. Any need to use corrective devices such as prosthetic devices, Knee brace(s), back support(s), lifts or orthotics, etc.	○	○
l. Bone, joint, or other deformity	○	○
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	○	○
n. Broken bone(s) *(cracked or fractured)*	○	○
13.a. Frequent indigestion or heartburn	○	○
b. Stomach, liver, intestinal trouble, or ulcer	○	○
c. Gall bladder trouble or gallstones	○	○
d. Jaundice or hepatitis *(liver disease)*	○	○
e. Rupture/hernia	○	○
f. Rectal disease, hemorrhoids or blood from the rectum	○	○
g. Skin d *(e.g. acne, eczema, psoriasis, etc.)*	○	○
h. Frequent or painful urination	○	○
i. High or low blood sugar	○	○
j. Kidney stone or blood in urine	○	○
k. Sugar or protein in urine	○	○
l. Sexually transmitted disease *(syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)*	○	○
14.a. Adverse reaction to serum, food, insect stings or medicine	○	○
b. Recent unexplained gain or loss of weight	○	○
c. Currently in good health *(If no, explain in Item 29 on Page 2.)*	○	○
d. Tumor, growth, cyst, or cancer	○	○

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	MILITARY IDENTIFICATION NUMBER

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
15.a. Dizziness or fainting spells	○	○
b. Frequent or severe headache	○	○
c. A head injury, memory loss or amnesia	○	○
d. Paralysis	○	○
e. Seizures, convulsions, epilepsy or fits	○	○
f. Car, train, sea, or air sickness	○	○
g. A period of unconsciousness or concussion	○	○
h. Meningitis, encephalitis, or other neurological problems	○	○
16.a. Rheumatic fever	○	○
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*	○	○
c. Pain or pressure in the chest	○	○
d. Palpitation, pounding heart or abnormal heartbeat	○	○
e. Heart trouble or murmur	○	○
f. High or low blood pressure	○	○
17.a. Nervous trouble of any sort *(anxiety or panic attack)*	○	○
b. Habitual stammering or stuttering	○	○
c. Loss of memory or amnesia, or neurological symptoms	○	○
d. Frequent trouble sleeping	○	○
e. Received counseling of any type	○	○
f. Depression or excessive worry	○	○
g. Been evaluated or treated for a mental condition	○	○
h. Attempted suicide	○	○
i. Used illegal drugs or abused prescription drugs	○	○
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder	○	○
b. A change of menstrual pattern	○	○
c. Any abnormal PAP smears	○	○
d. First day of last menstrual period *(DD-MM-YYYY)*		
e. Date of last PAP smear *(DD-MM-YYYY)*		

	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	○	○
b. Inability to perform certain motions	○	○
c. Inability to stand, sit, kneel, lie down, etc.	○	○
d. Other medical reasons *(If yes, give reasons.)*	○	○
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*	○	○
21. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and more of doctor and complete address of hospital?*	○	○
22. Have you ever had, or have you been advised to have any operation or surgery? *(If yes, describe and give age at which occurred)*	○	○
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	○	○
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*	○	○
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*	○	○
26. Have you ever been discharged from military service for any reason? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*	○	○
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? *(If yes, specify what kind, granted by whom, and what amount, when why.)*	○	○
28. Have you ever been denied life insurance?	○	○

29. EXPLANATION OF "YES" ANSWER(S) *(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)*

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	MILITARY IDENTIFICATION NUMBER

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important and record any significant findings here.)*

COMMENTS

30. IMMUNIZATION HISTORY *(Pease answer the following questions about your immunization history)*

		YES	NO
a.	Have you received an Influenza Vaccination (Flu Shot) this year (Are you current)?	○	○
b.	To your knowledge, have you received a Tetanus shot or vaccination called a DTap, Tdap, or DTP in the las ten (10) years?	○	○
c.	Have you had a Hepatitis B series of 2, 3 or 4 shots or have a positive Hepatitis B surface antybody?	○	○
d.	Have you been diagnosed with having an immune deficiency disorder, a weakened immune system, have a family Member with an immune deficiency or are being treated for cancer or receiving chemotherapy?	○	○
e.	Have you received a COVID-19 Vaccination?	○	○

☐ 1 Dosis	☐ 2 Dosis	☐ 3 Dosis	☐ Additional Dosis _____

31.a. TYPED OR PRINTED NAME OF PRSG Member *(Last, First, Middle Initial)*	b. ELECTRONIC SIGNATURE OF MEMBER *(SOILDER)*	c. DATE SIGNED *(YYYYMMDD)*
	ESIGNED:	
d. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*	**e. SIGNATURE OF EXAMINER** *(PHYSICIAN)*	**f. DATE SIGNED** *(YYYYMMDD)*

POLICE RECORD CHECK

1. DATE OF REQUEST (YYYYMMDD)

OMB No. 0704-0007
OMB approval expires 20250531

SECTION I - (To be completed by Recruiting Service)

2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)	3. SEX	4. PLACE OF BIRTH		
	☐ MALE ☐ FEMALE	A. CITY	B. COUNTY USA	C. STATE PR

5. DATE OF BIRTH (YYYYMMDD)	6. A. ETHNICITY	6. B. RACE (Select one or more)	7. SOCIAL SECURITY NUMBER
	☐ (1) HISPANIC OR LATINO ☐ (2) NOT HISPANIC OR LATINO	☐ (1) AMERICAN INDIAN/ALASKA NATIVE ☐ (2) ASIAN ☐ (3) BLACK OR AFRICAN AMERICAN ☐ (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ (5) WHITE	

8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS	
A. NUMBER AND STREET (include apartment no.)	B. CITY	C. STATE PR	D. ZIP CODE	A. FROM (YYYYMMDD)	B. TO (YYYYMMDD)

10. PERSON MAKING THIS REQUEST			
A. NAME (Last, First, Middle Name(s)) VELEZ PEDRO	B. RANK COL	C. SIGNATURE	D. TITLE J2, PRSG

SECTION II - (To be completed by Applicant)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.

ROUTINE USE(S): The routine uses are found in the associated system of records notices listed below:
DoDM 1145.02, Military Entrance Processing Station (MEPS); https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/114502m.pdf?ver=2018-07-23-121425-917
A0601-210c TRADOC, Army Recruiting Prospect System; http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570073/a0601-210c-tradoc/
F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records; http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/
M01133-3, Marine Corps Recruiting Information Support System (MCRISS); http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/
N01133-2, Recruiting Enlisted Selection System; http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/
DHS/USCG-027, Recruiting Files System of Records; http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm

DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.

11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.	SIGNATURE

SECTION III - (To be completed by Police or Juvenile Agency)

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.

12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO

(if YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? ☐ YES ☐ NO

(if YES, give details.)

THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.

14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:

PUERTO RICO STATE GUARD COMMAND SERVICE AGREEMENT

(This information is for official use only, and will not be released to unauthorized persons)

PRIVACY ACT STATEMENT

AUTHORITY: Military Code of Puerto Rico, Law Number 62 of June 23, 1963.

PRINCIPAL PURPOSES: The primary collection of this information is from individuals seeking to join the Puerto Rico State Guard Command. The information collected on this form is used to assist Puerto Rico State Guard, Military Entrance Processing Station (MEPS) in making determinations as to acceptability. Service agreement and Oath of applicants for state military service.

ROUTINE USES: None. This PRSG Form 4 - Is also available at http://prsg.pr.

DISCLOSURE: The information you have given constitutes an official statement. Provide false information is penalized by federal and state laws.

A. SERVICE AGREEMENT IDENTIFICATION DATA

1. NAME *(Last Names, First Middle)*	2. MILITARY IDENTIFICATION NUMBER
3. ADDRESS *(Street, City, State, Zip)*	4. HOME OF RECORD *(City)*
5. DATE OF BIRTH *(YYYYMMDD)*	6. DATE OF INITIAL ENTRY *(YYYYMMDD)*

B. AGREEMENTS

a. I am agreeing to serve in the Puerto Rico State Guard Command for three (3) years from the date of my oath after which I may request to continue to serve.

b. I understand that if during my service period I should decide to voluntarily resign, I shall give a written notice of intent to separate 90-days prior to the date of my requested. date of separation.

c. I further understand upon separation I shall not be entitled to any further benefits, rights, or recognition as a member of the Puerto Rico State Guard Command and I will be required to return all state property, including Puerto ico State Guard Military Identification card(s).

C. My service agreement is more than an employment agreement. As a member of the Puerto Rico State Guard Command, I will be:

a. Required to obey all lawful orders and perform all assigned duties until officially separated from the Puerto Rico State Guard Command.

b. Subject to discharge if my behavior fails to meet acceptable military standards.

c. Subject to the military justice system while serving under state active-duty orders, including the Puerto Rico Military Code, Law Number 62 of June 23,1963.

d. Required, upon order, to attend monthly training, annual training, and possible specialized training.

e. Required to serve in potentially hazardous situations.

f. Entitled to receive pay and allowances while on State Active Duty and other benefits as provided by law and regulation.

g. Required to obey all lawful orders and perform all assigned duties until officially separated from the Puerto Rico State Guard Command.

h. Subject to laws and regulations that govern military personnel, which may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Puerto Rico State Guard Command, *REGARDLESS* of the provisions of this service agreement.

i. Required to immediately report to my Unit Commander my arrest by any law enforcement agency.

j. Required to timely report to my Unit Commander any significant change in my health or medical condition that may affect my duties and responsibilities in the Puerto Rico State Guard Command.

k. Required to immediately report to my Unit Commander any change to my current residence address, phone number and/or e-mail address.

D. CERTIFICATION

I certify I have carefully read this document. Any questions were explained to my satisfaction.

I understand my acceptance for service is based on the information I have given.

I fully understand the agreement and statues contained herein.

I authorize any law enforcement agency to release, to an authorized reviewing member of the Puerto Rico State, any record of criminal history on file, concerning me.

a. SIGNATURE OF ENLISTEE / REENLISTEE / APPOINTED	b. MILITARY IDENTIFICATION NUMBER	c. DATE *(YYYYMMDD)*

E. OATH APPLICATION

I, _____, do solemnly swear that I will bear true faith and allegiance to the Commonwealth of Puerto Rico and to the United States of America, that I will serve this State and Nation honestly and faithfully against all enemies, and that I will obey the orders of the Governor of Puerto Rico and of the officers appointed over me, in accordance with the laws, rules and articles governing the military forces of the Commonwealth of Puerto Rico. So, help me God.

F. ENLISTMENT / REENLISTMENT / APPOINTED OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last Names, First Middle).*	c. RANK	d. POSITION
e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*	g. LOCATION

G. INITIALS

a. *(Initials of Enlistee / Reenlisted / Appointed)* _____