

CLASSIFICATION QUESTIONNAIRE FOR ENLISTED RETAINED PERSONNEL

For use of this form, see AR 190-8; the proponent agency is PMG.

NAME <i>(Last, first, MI)</i>		GRADE	SERVICE NUMBER			
DATE OF BIRTH	NATIONALITY	POWER SERVED		DATE OF CAPTURE		
LENGTH OF MILITARY SERVICE	RELIGION		INTERMENT SERIAL NUMBER			
EDUCATION <i>(Check highest school attended)</i> <input type="checkbox"/> PRIMARY SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> UNIVERSITY OR COLLEGE			LANGUAGES	EXCELLENT	GOOD	FAIR

PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE

STATION	LOCATION	SPECIFIC MEDICAL DUTIES	TIME <i>(Months)</i>

VERIFICATION

DOCUMENTARY EVIDENCE	DATE VERIFIED	VERIFIED:
<input type="checkbox"/> IDENTITY CARD <input type="checkbox"/> NONE		<input type="checkbox"/> EPW PROCESSING CO <input type="checkbox"/> CAMP COMMANDER <input type="checkbox"/> AREA COMMANDER

MEDICAL ASSIGNMENTS SINCE CAPTURE

STATION	LOCATION	SPECIFIC ASSIGNMENTS

PRESENT MEDICAL ASSIGNMENT	MEDICAL CLASSIFICATION
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REMARKS

DATE	NAME <i>(Typed or Printed)</i>	SIGNATURE
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