

HEALTH CERTIFICATE PARENT'S EVALUATION

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. If you mark "YES" in any box, an examination by a physician is required.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHES |
| <input type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS |
| <input type="checkbox"/> | <input type="checkbox"/> | UNCONSCIOUSNESS FOR ANY REASON |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE (<i>not correctable with glasses</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | HEART TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR RECENT EAR TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED |
| <input type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE |
| <input type="checkbox"/> | <input type="checkbox"/> | EPILEPSY |
| <input type="checkbox"/> | <input type="checkbox"/> | MENTAL OR NERVOUS DISORDER |
| <input type="checkbox"/> | <input type="checkbox"/> | DRUG OR NARCOTIC HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | REJECTION FOR LIFE INSURANCE |
| <input type="checkbox"/> | <input type="checkbox"/> | ASTHMA |
| <input type="checkbox"/> | <input type="checkbox"/> | ALLERGIES |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER LIMITATIONS |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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PHYSICIAN'S CERTIFICATE

(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

_____ **NOT RESTRICTED:** Physically capable of full participation.

_____ **TEMPORARILY RESTRICTED:** Medical condition or injury is temporary in nature.

_____ **PERMANENTLY RESTRICTED:** Medical condition or injury is chronic or permanent in nature and individual is restricted from all Civil Air Patrol physical activities.

PHYSICIAN'S SIGNATURE	DATE
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PHYSICIAN'S ADDRESS	PHYSICIAN'S PHONE
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CIVIL AIR PATROL FREE CADET UNIFORM VOUCHER. If you do not want the free uniform, do not complete this voucher for processing. Otherwise, follow the instructions below. If you have any questions, contact CAP NHQ/LGS at Comm 1-334-953-1501, DSN 493-1501 or e-mail logeqp@cap.gov. **Return the voucher at page 4 with your membership application. You and one of your parents or legal guardians need to read the terms also at page 4 and sign in the space provided. Your squadron commander can answer your questions about the FCU program.**

HAT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's head. Look for the approximate measurement on the chart and cross-reference to the appropriate cap size for women or men.

APPROXIMATE MEASUREMENT	WOMEN'S SIZE	MEN'S SIZE
20 1/8	20	6 3/8
20 1/2	20 1/2	6 1/2
20 7/8	21	6 5/8
21 1/4		6 3/4
21 5/8	21 1/2	6 7/8
22	22	7
22 3/8		7 1/8
22 3/4	22 1/2	7 1/4
23 1/8	23	7 3/8
23 1/2	23 1/2	7 1/2
23 7/8	24	7 5/8
24 1/4		7 3/4
24 5/8	24 1/2	7 7/8
25	25	8

FEMALE PANT/SKIRT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's waist and hip. Look for the approximate measurement on the chart and cross-reference to the appropriate pant/skirt size. All measurements are in inches. To measure Short (S), Regular (R), Long (L): Sit cadet down on flat surface. Measure from the waist to the flat surface. Seven inches and shorter requires (S); 8" requires (R); 9" or longer requires (L)

PANT/SKIRT SIZE	WAIST CIRCUMFERENCE	HIP CIRCUMFERENCE
2M	22 – 23 1/2	34 – 36
2W	22 – 23 1/2	36 1/2 – 38 1/2
4M	23 – 24 1/2	35 – 37
4W	23 – 24 1/2	36 1/2 – 38 1/2
6M	24 – 25 1/2	36 – 38
6W	24 – 25 1/2	37 1/2 – 39 1/2
8M	25 – 26 1/2	37 – 39
8W	25" – 26 1/2"	39 – 41
10M	26 1/2" – 28"	38" – 40"
10W	26 1/2" – 28"	40" – 42"
12M	28" – 29 1/2"	39 1/2" – 41 1/2"
12W	28" – 29 1/2"	41 1/2" – 43 1/2"
14M	30" – 31 1/2"	41 1/2" – 43 1/2"
14W	30" – 31 1/2"	43 1/2" – 45 1/2"
16M	31 1/2" – 33"	43" – 45"
16W	31 1/2" – 33"	44 1/2 - 46 1/2
18M	33 – 34 1/2	45 – 47
18W	33 – 34 1/2	46 – 48
20M	35 – 36 1/2	47 – 49
20W	35 – 36 1/2	48 – 50
22M	37 – 38 1/2	49 – 51
22W	37 – 38 1/2	50 – 52

Please Detach Here

Please Detach Here

Important Contact Numbers. You May Keep This Portion For Your Records

For status of your cadet membership application call NHQ CAP/DPP at 877-227-9142.

For status of your uniform voucher call the Army/Air Force Exchange Service [AAFES] at **800-527-2345** or NHQ CAP/LGS at **334-953-2945**. Be prepared to provide your CAPID shown on your membership card.

If you need to **return a uniform item** or have a **question about your return**, please contact **210-674-0190**, or mail: Lackland Military Clothing Sales Store 1520 Kirkland, Building 6659 San Antonio TX 78236. **Your CAP identification number [CAPID], name, address and phone number will need to accompany all correspondence.** Please do not contact the CAP Bookstore about the status of your voucher or uniform returns.

Free Cadet Uniform [FCU] Voucher terms. Cadets and adults should understand the following:

1. This program provides an opportunity for a **new cadet** to receive, at no cost to the cadet, a basic blue Air Force uniform (shirt, pants or skirt, belt and buckle, flight cap and shoes) valued at about \$100, provided the unit commander approves the request and funds continue to be available in the program.
2. Cadets are responsible for purchasing the CAP accessories (name tag, ribbons, grade insignia, hat device, etc.) required for proper wear of the uniform. To purchase accessories, contact the CAP Bookstore at 1- 800-633-8768.
3. In the event the cadet withdraws from the cadet program (within the first year of membership), free uniform items must be returned (or replaced, if lost or damaged) to the local CAP unit. The parent assumes the responsibility on behalf of their minor child. The squadron commander must make every reasonable effort to retrieve these uniform items.
4. These uniforms will not be sold, rented or given to anyone other than CAP cadets. The squadron commander will maintain the accountability of these uniforms with records that are available for audit.
5. The uniforms will be mailed directly to the new cadet. (Exceptions will be handled by request on a case-by-case basis.)

Please Detach Here

Please Detach Here

This Voucher Must Remain Attached To The New Member Application Form When Submitted

FREE CADET UNIFORM VOUCHER	FOR NHQ CAP/DP USE ONLY	CAPID:								
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Submitting a fraudulent voucher is illegal and individuals may be prosecuted. Incomplete vouchers will be returned to the cadet to complete. Please type/print all information.

Ship to Name:	Ship to Address:	Contact Phone Number:
		() Home
		() Work

ALL FIELDS FOR MALE/FEMALE MUST BE MARKED

MALE					FEMALE (Choose either Pants or Skirt)						
Shirt M202E	Pant Waist M202C		Shoe Size M206A		Cap M204G	Blouse M212M	Pants M212D	Skirt M212C	Shoe Size M110K		Cap M214G
<input type="checkbox"/> 13 ½	<input type="checkbox"/> 26	<input type="checkbox"/> 39	<input type="checkbox"/> 3	<input type="checkbox"/> 9.5	<input type="checkbox"/> 6 3/8	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 10.5	<input type="checkbox"/> 20
<input type="checkbox"/> 14	<input type="checkbox"/> 27	<input type="checkbox"/> 40	<input type="checkbox"/> 3.5	<input type="checkbox"/> 10	<input type="checkbox"/> 6 ½	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 11	<input type="checkbox"/> 20 ½
<input type="checkbox"/> 14 ½	<input type="checkbox"/> 28	<input type="checkbox"/> 42	<input type="checkbox"/> 4	<input type="checkbox"/> 10.5	<input type="checkbox"/> 6 5/8	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 11.5	<input type="checkbox"/> 21
<input type="checkbox"/> 15	<input type="checkbox"/> 29	<input type="checkbox"/> 44	<input type="checkbox"/> 4.5	<input type="checkbox"/> 11	<input type="checkbox"/> 6 ¾	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 5.5	<input type="checkbox"/> 12	<input type="checkbox"/> 21 ½
<input type="checkbox"/> 15 ½	<input type="checkbox"/> 30	<input type="checkbox"/> 46	<input type="checkbox"/> 5	<input type="checkbox"/> 11.5	<input type="checkbox"/> 6 7/8	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 6		<input type="checkbox"/> 22
<input type="checkbox"/> 16	<input type="checkbox"/> 31		<input type="checkbox"/> 5.5	<input type="checkbox"/> 12	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 6.5		<input type="checkbox"/> 22 ½
<input type="checkbox"/> 16 ½	<input type="checkbox"/> 32		<input type="checkbox"/> 6	<input type="checkbox"/> 12.5	<input type="checkbox"/> 7 1/8	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 7		<input type="checkbox"/> 23
<input type="checkbox"/> 17	<input type="checkbox"/> 33		<input type="checkbox"/> 6.5	<input type="checkbox"/> 13	<input type="checkbox"/> 7 ¼	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 7.5		<input type="checkbox"/> 23 ½
<input type="checkbox"/> 17 ½	<input type="checkbox"/> 34		<input type="checkbox"/> 7	<input type="checkbox"/> 13.5	<input type="checkbox"/> 7 3/8	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 8		<input type="checkbox"/> 24
<input type="checkbox"/> 18	<input type="checkbox"/> 35		<input type="checkbox"/> 7.5	<input type="checkbox"/> 14	<input type="checkbox"/> 7 ½	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 8.5		<input type="checkbox"/> 24 ½
<input type="checkbox"/> 18 ½	<input type="checkbox"/> 36		<input type="checkbox"/> 8	<input type="checkbox"/> 14.5	<input type="checkbox"/> 7 5/8		<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 9		<input type="checkbox"/> 25
<input type="checkbox"/> 19	<input type="checkbox"/> 37		<input type="checkbox"/> 8.5	<input type="checkbox"/> 15	<input type="checkbox"/> 7 ¾				<input type="checkbox"/> 9.5		
	<input type="checkbox"/> 38		<input type="checkbox"/> 9		<input type="checkbox"/> 7 7/8				<input type="checkbox"/> 10		
Buckle M208E1	Belt M208G2	Pant Length		Shoe Width		Pant/Skirt Length		Belt M208E1	Buckle M208G2	Shoe Width	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> XS	<input type="checkbox"/> L	<input type="checkbox"/> C Narrow	<input type="checkbox"/> EEE X-Wide No 3-5.5	<input type="checkbox"/> MS	<input type="checkbox"/> WS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> A Narrow No 4-5.5	<input type="checkbox"/> B Medium
		<input type="checkbox"/> S	<input type="checkbox"/> XL	<input type="checkbox"/> D Regular		<input type="checkbox"/> MR	<input type="checkbox"/> WR			<input type="checkbox"/> C Wide	<input type="checkbox"/> E X-Wide No 4-4.5
		<input type="checkbox"/> R		<input type="checkbox"/> E Wide		<input type="checkbox"/> ML	<input type="checkbox"/> WL				

The signatures below acknowledge that the uniform request accompanies an application for a new cadet membership in Civil Air Patrol, that all signatories agree to all terms of the FCU voucher listed on the detachable section above, and that the information listed on the voucher is correct.

Cadet's Signature and Date

Parent's or Legal Guardian's Signature and Date

Signature of the Squadron/Deputy Commander for Cadets and Date