

## FORCE FITNESS INSTRUCTOR COURSE (FFIC) COMMAND SCREENING CHECKLIST

NAME:

RANK:

PARENT COMMAND:

EDIPI:

\*Do not abbreviate

CIRCLE ONE: I MEF/II MEF/III MEF/TCOM/TECOM/MCRD PI/MCRD SD/MARFORRES/OTHER:

**PREREQUISITES**

**COMMENTS**

1. Appropriate Grade, Sergeant and above. No waiver will be accepted for Corporal and below.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Minimum 1-year obligated service upon completion of course. EAS (DDMMYYYY): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are there any existing family or financial hardships that would preclude this individual from attending this course?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Possesses appropriate uniform and equipment for this course? Gear list <a href="https://www.fitness.marines.mil/Force-Fitness-Instructor/">https://www.fitness.marines.mil/Force-Fitness-Instructor/</a> located under "OFFICIAL GUIDANCE."	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Marines must run a PFT and CFT 30 days prior to attending the course and capable of obtaining a 1st Class PFT and CFT upon check-in. Certified by (PRINT): _____ Date/Score of PFT: _____ Date/Score of CFT: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Meets height/weight standards per MCO 6110.3A W/CH-1. Date of Weigh-in (DDMMYYYY): _____ Height: _____ Weight: _____ BF% (if applicable): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	*Note: Must be stamped and signed by Unit S-3*
7. Currently in a full duty status, and have been in a full duty status for at least six months prior to course convene date. Date of physical (DDMMYYYY): _____ Medical provider billet: _____ Medical provider name: _____ Medical provider signature: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	*Note: Must be signed and stamped by a medical officer, civilian health Provider, Nurse practitioner, or IDC*
8. Detachment Order / Endorsement Letter completed and to accompany this form upon check-in	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Command Recommendations**

I certify that SNM possesses superb physical capacity, maturity, commitment, and leadership qualities needed to inspire and sustain the cultural change that underlines our commitment to total fitness. I understand that if SNM fails to achieve a first class PFT/CFT upon check-in SNM will be dropped per applicable orders. All information provided on this checklist is accurate and within strict adherence and standards to all applicable orders.

**SERGEANT MAJOR**

\_\_\_\_\_  
L. Name, First (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact#

**COMMANDING OFFICER**

\_\_\_\_\_  
L. Name, First (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact#