# FORCE FITNESS INSTRUCTOR COURSE (FFIC) COMMAND SCREENING CHECKLIST

**NAME:**  
**RANK:**  
**PARENT COMMAND:**  
**EDIPI:**

### CIRCLE ONE:

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

### PREREQUISITES

<table>
<thead>
<tr>
<th>NO.</th>
<th>DESCRIPTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Appropriate grade, Sergeant and above. No waiver will be accepted for Corporal and below.</td>
<td>☐</td>
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<td>2.</td>
<td>Minimum 1-year obligated service upon completion of course.</td>
<td>☐</td>
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<td>3.</td>
<td>Are there any existing family or financial hardships that would preclude this individual from attending this course?</td>
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<tr>
<td>4.</td>
<td>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 &quot;OFFICIAL GUIDANCE.&quot;</td>
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</tbody>
</table>
| 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: ____________________________ | ☐ | ☐ |
| 6. | Meets height/weight standards per MCO 6110.3A W/CH. Date of Weigh-in (DDMMMYYYY): ____________________________  
Height: ___________________  
Weight: ___________________  
BF% (if applicable): ____________________________ | ☐ | ☐ |
| 7. | Marine is in a full duty status, and have been in full duty status for at least six months prior to course convene date. Date of physical (DDMMMYYYY): ____________________________  
Medical provider billet: ____________________________  
Medical provider name: ____________________________  
Medical provider signature: ____________________________ | ☐ | ☐ |
| 8. | Detachment Order / Endorsement Letter completed and to accompany this form upon check-in. | ☐ | ☐ |

### 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#________________________

20191028 (PREVIOUS VERSIONS ARE NOT VALID)