

<b>NAME</b> ( Last, First, MI)	<b>RANK</b>	<b>SSN</b>
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<b>UNIT</b>
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REQUIRED		OPTIONAL	
1	SRP Checklist (DA Form 7425)	11	
2	Deployment Orders (TCS/Unit Movement/Mobilization RC/ARNG	12	
3	Record of Emergency Data (DD Form 93)	13	Enlisted Records Brief (ERB)
4	Serviceman's Group Life Insurance (SGLV 8286)	14	Officer Records Brief (ORB)
5	ID Tags (1 Set) / Medical Alert Tag (If required)	15	
6			<b>OTHERS</b>
7			
8	Adult Preventative & Chronic Care Flowsheet (DD Form 2766)		
9	Pre / Post Deployment Health Assessment (DD Form 2795 / 2796)		
10	Shot Records ( PHS-731)		

I certify that I have been briefed concerning optional PRF Items and I have indicated those items I desire to complete with my initials and have completed those forms indicated to the maximum extent possible.

<b>SIGNATURE</b>	<b>DATE</b>
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QUARTERLY REVIEW							
DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS

**CIVILIAN REQUIREMENTS**  
1,3,4,5,8,9,10