

SOLDIER PERSONAL DATA SHEET

NAME: _____ **S.S.N:** _____ **BRN:** _____

MEDICAL DATA

HT:	WT:	BF%:	IAW AR600-9: YES / NO	BLOOD TYPE:
ALLERGIES:			PROFILE:	PREVIOUS HOT / COLD

ADMINISTRATIVE

RANK:	DOR:	DEPLOYMENTS:	DOB:
ETS:	PEBD:	SEC.CLRNC:	RELIGIOUS PREF:
LOCKER #	COMBO:	DATE ASSND:	DUTY POS:
HOME ADDRESS:			HOME PHONE:
AKO EMAIL:			CELL PHONE:
SECONDARY EMAIL:			MARITAL STS:

SPOUSE:	D.O.B:	PHONE:
CHILD:	D.O.B:	EMERGENCY CONTACT
CHILD:	D.O.B:	NAME:
CHILD:	D.O.B:	ADDRESS:
CHILD:	D.O.B:	PHONE:
EMPLOYER:		RELATIONSHIP:
ADDRESS:		PHONE:

SCHOOLS: _____

AWARDS: _____

GOALS: _____

QUALIFICATIONS

APFT SCORE / DATE	P.U.:	S.U.:	RUN:	12.5 Ruck:
M16-M4:	ZERO:	MILITARY VEHICLE LICENSE:		
M9:	M249:			
240B:	Shotgun:			
GRENDADE:	M320:			
LAND NAV:	CLS:	CIVILIAN LICENSE # / EXP.:		
SIZES:	MASK:	CIVILIAN EDUCATION:		
IBA:	JLIST:			
ACU TOP:	HAT:	HOBBIES:		
ACU BTM:	BOOT:	SKILLS:		

PHOTOGRAPH

NOTES:

UPDATED: _____