



# RWBAHC Medical Company

## In-processing Checklist



SOLDIER NAME: \_\_\_\_\_

REPORT DATE: \_\_\_\_\_

SECTION/DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

PREVIOUS UNIT & SUPERVISOR PHONE #: \_\_\_\_\_

- CONTACT SHEET
- ORDERS
- ERB/ORB
- APFT CARD
- WEAPONS CARD
- PROFILE (if applicable)
- DRIVERS LICENSE
- MOTORCYCLE LICENSE (if applicable)
- POV/MOTORCYCLE INSPECTION
- INSURANCE
- MEDPROS
- REGISTRATION
- STRIP MAP TO PLACE OF RESIDENCE
- PETS FORM
- PT BELT
- MEDDAC PATCH
- UNIT CREST (enlisted only)
- FAMILY CARE PLAN (if applicable)
- RISK ASSESSMENT (with supervisor)
- 1SG OFFICE CALL
- CDR OFFICER CALL
- COMPANY ORIENTATION BRIEF (update APEQS after complete)
- pTDY: DA 31 (if needed)
- ADDITIONAL DUTY CERTIFICATES (EO, UPL, MRT, SHARP BLS Instructor, MFT, PPPT, Retention)
- MED CO SHAREPOINT ORIENTATION