MILITARY APPEARANCE PROGRAM EVALUATION FORM

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (5 U.S.C. 552a/Public Law 93-579), this Notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 32 CFR 64.4, Management and Mobilization; DoD Dir 1215.13, Reserve Component Member Participation Policy; DoD Instruction 3001.02, Personnel Accountability in Conjunction with Natural and Manmade Disasters; CJCSM 3150.13B, Joint Reporting Structure Personnel Manual; DoD Instruction 6490.03, Deployment Health; MCMEDS: SECNAVINST 1770.3D, Management and Disposition of Incapacitation Benefits for Members of the Navy and Marine Corps Reserve Components (Renamed Line of Duty (LOD)); and MCO 7220.50, Marine Corps Policy for paying Reserve Marines; E.O. 9397 (SSN), as amended; and SORN M01040-3 (available at: **http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/**).

PRINCIPAL PURPOSE: Information collected by this form will be used to record military appearance data for compliance with the Marine Corps Body Composition and Military Appearance Program (MCBCMAP) and will be entered in Marine Corps Total Force System (MCTFS) .

RETENTION: The collected information will be maintained in the MCTFS database with restricted, limited access permissions and PKI/password protections in place. Records in this file system will only be retrieved by the record subject's name and EDIPI number. Records will be maintained for five years and will then be destroyed pursuant to provisions set forth in SECNAV M-5210.1; Subj: DON RECORDS MANAGEMENT PROGRAM.

ROUTINE USES: Information will be accessed by Commander's, Senior Enlisted Advisors, Officers in Charge, Force Fitness Instructor, Command Physical Training Representative, and S-3 command designated personnel with a need to know in order to comply with the Marine Corps' Body Composition and Military Appearance Program.

DISCLOSURE: Voluntary; however, failure to provide the information may result in administrative action that limits promotion, retention, and assignment.

Reset Form

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Privacy sensitive when filled in. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

Print Form

MAP EVALUATION FORM

Unit	

RESPONDENT INFORMATION

Rank	First Name	MI	Last Name	EDIPI	DOB

INITIAL MAP ASSESMENT

Date	Height	Weight	Max Weight	BF%	Max BF%

FORCE FITNESS INSTRUCTOR/COMMAND PT REPRESENTATIVE

Rank	First Name	MI	Last Name	Signature	Date

Photo

	Rank	Name
Executive Officer		
Sergeant Major/Senior Enlisted Advisor		

FINDINGS

- ☐ Respondent presents suitable military appearance
- ☐ Respondent does not present suitable military appearance due to subjective personal appearance indicators
- ☐ Respondent does not present suitable military appearance due to improper weight distribution

RECOMMENDATION

- ☐ MAP assignment not warranted, no further action required
- ☐ MAP assignment required in order to ensure compliance with military appearance standards

MAP ASSIGNMENT

Initial			Extension		
Start Date	End Date	Target BF%	Start Date	End Date	Target BF%

COMMANDING OFFICER

Rank	First Name	MI	Last Name	Unit Diary Number	Date

Signature		Date	

RESPONDENT ACKNOWLEDGEMENT

Initial	
	I understand I do not present a suitable military appearance and that failure to comply with established height/weight and body composition standards may result in my assignment to the Body Composition Program.
	I understand I am required to comply with established body composition, personal hygiene, grooming and uniform standards within the prescribed timeline and failure to do so may result in my continued assignment to the Military Appearance Program.
	I understand I am required to meet established military appearance standards, participate in the unit Remedial Physical Conditioning Program and that failure to do so may result in my continued assignment to the MAP.
	I understand I am required to complete MCI Course 3316, “Basic Nutrition.” (First assignment to MAP only) and adhere to the nutritional guidance provided by an BCBEMP throughout my assignment to the MAP.
	I understand my participation in RPCP is mandatory while assigned to the MAP and that I am not eligible for promotion and may be denied retention during my initial or subsequent assignments to the MAP.

Respondent Signature		Date	

MAP DETERMINATION

Initial	
	You are in compliance with Marine Corps military appearance standards, and are officially removed from the MAP (and RPCP) on the Unit Diary.
	You are not in compliance with Marine Corps military appearance standards, your assignment to the MAP (and RPCP) remains in effect.
	You are not in compliance with Marine Corps body composition standards and will be evaluated for assignment to the Body Composition Program (and RPCP).

Respondent Signature		Date	

COMMANDING OFFICER

Rank	First Name	MI	Last Name	Unit Diary Number	Date

Signature		Date	

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