

COMMANDER'S QUESTIONNAIRE

SUBJECT: Request for M-day support with MNARNG Honor Guard

Soldier's Name: _____ Rank: _____

SSN: _____ Unit: _____

1. Does this soldier meet height/weight standards IAW AR 600-9? _____ If not, is the soldier enrolled in a weight control program? _____

2. Is this soldier on a medical profile? _____ If yes, what is the profile for? _____ Date
this soldier was placed on a profile? _____ What kind of profile is this?
Permanent/Temporary What are the limitations? _____

3. Did this soldier pass the APFT for the current FY? _____ If not, what actions have been taken? _____

4. Is this soldier flagged for any reason? _____ If yes, why? _____

5. Will this soldier's involvement in the Honor Guard Program interfere with their duties or training at the unit? _____

6. Will the soldier be required to attend drills with the unit? _____ AT? _____

7. Are there any disciplinary actions pending on this soldier? _____ If yes, please explain:

8. Additional comments: _____

I **do** recommend this soldier for Honor Guard duty.

I **do not** recommend this soldier for Honor Guard duty.
(please check one)

Commander

Signature

Date

Readiness NCO

Signature

Date