CLASSIFICATION QUESTIONNAIRE FOR ENLISTED RETAINED PERSONNEL

For use of this form, see AR 190-8; the proponent agency is PMG.

NAME *(Last, first, MI)*	GRADE	SERVICE NUMBER

DATE OF BIRTH	NATIONALITY	POWER SERVED	DATE OF CAPTURE

LENGTH OF MILITARY SERVICE	RELIGION	INTERNMENT SERIAL NUMBER

EDUCATION *(Check highest school attended)*

- ☐ PRIMARY SCHOOL
- ☐ HIGH SCHOOL
- ☐ UNIVERSITY OR COLLEGE

LANGUAGES	EXCELLENT	GOOD	FAIR

PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE

STATION	LOCATION	SPECIFIC MEDICAL DUTIES	TIME *(Months)*

VERIFICATION

DOCUMENTARY EVIDENCE	DATE VERIFIED	VERIFIED:
☐ IDENTITY CARD ☐ NONE		☐ EPW PROCESSING CO ☐ CAMP COMMANDER ☐ AREA COMMANDER

MEDICAL ASSIGNMENTS SINCE CAPTURE

STATION	LOCATION	SPECIFIC ASSIGNMENTS

PRESENT MEDICAL ASSIGNMENT	MEDICAL CLASSIFICATION

REMARKS

DATE	NAME *(Typed or Printed)*	SIGNATURE