



United States Naval Sea Cadet Corps

Liberty Bell Squadron – Liberty Central Region



COMMANDING OFFICER
EXECUTIVE OFFICER
SAO/NAVY LEAGUE LIAISON
ADMINISTRATIVE OFFICER
PERSONNEL OFFICER
TRAINING OFFICER

LCDR Ingrid Hanson
LCDR Robert Weekly
CDR Jack Beaver
LCDR Ingrid Hanson
LCDR Ingrid Hanson
LCDR Weekly

484 788 2290
215 638 7118
215-794-7745
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610 638 7118

RECRUITING OFFICER
SUPPLY OFFICER
LEAGUE CADET OIC
AWARDS OFFICER
COMMAND PETTY OFFICER
PAT-FORCE COORDINATOR

LCDR Ingrid Hsnson
LTJg Betton
LCDR Hanson

484 788 2290
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Squadron Phone Number 484 788 2290

STAFF CADET ASSIGNMENTS

Leading Petty Officer of the Squadron

PO3 Green

Assistant Senior Leading Petty Officers of the Squadron:

PO3 Allen

P O M

12-13 Jan 2019

ANG, Willow Grove, Pa.

Alpha Company

CC- Cadet Desilets

Xray Company

CC-

Delta Company-League Cadets

CC-

STAFF CADETS

Squadron PT PO
Supply Yeoman
Squadron MAA
Medical PO
Color Guard PO

Cadet McGurkin
Cadet
Cadet
Cadet
Cadet

**THE PLAN OF THE MONTH CONTAINS BOTH OFFICIAL AND UNOFFICIAL INFORMATION.
ALL HANDS ARE RESPONSIBLE FOR COMPLIANCE WITH THESE DIRECTIVES AND SCHEDULES.**

Uniform of the Day:	Officers	Staff Petty Officers	Sea Cadets	League Cadets
SATURDAY	NWU ' s	NWU ' s	NWU ' s	NWU ' s
SUNDAY	JOHNNY CASH	JOHNNY CASH	DRESS BLUES	DRESS BLUES

Training Schedule

Saturday 12 Jan 2019

OOD: LTjg Betton

TIME	ALPHA COMPANY	BRAVO COMPANY	X-RAY COMPANY	DELTA COMPANY	TIME
0745	Muster Bldg 235				745
800	LCDR Weekly – Quarterdeck Procedures				800
830					830
900	PT				900
930					930
1000	LTjg Betton – Small Arms				1000
1030					1030
1100	Military Drill/Rifles				1100
1130					1130
1200	Chow				1200
1230					1230
1300	Uniform Review				1300
1330					1330
1400	Sr Staff Cadets- Military Jeopardy				1400
1430					1430
1500	Field Day				1500
1530	Secure for the Day				1530

Sunday 13 Jan 2019
OOD: LCDR Weekly

TIME	ALPHA COMPANY	BRAVO COMPANY	X-RAY COMPANY	DELTA COMPANY		TIME
745	Report to BLDG 235					745
800	Uniform Prep for Inspection					800
900	Practice Inspection					900
930						930
1000	Ens Steinhardt - lesson					1000
1030						1030
1100	LTjg Betton - lesson					1100
1130						1130
1200	Chow					1200
1230						1230
1300	Supply Call					1300
1330						1330
1400	TBA					1400
1430						1430
1500	Field Day					1500
1530	Secure for the Day					1530

Training Notes

1. **ID CARDS** – All cadets must check their ID cards for expiration date. Sea Cadets and League Cadets must bring enrollment fees with them to the Drill three months prior to expiration of their ID cards to ensure that the new ID will reach us before the ID expires. Please see the Personnel Officer with your re-enrollment information. Remember re-enrollment is \$75.00 (except High school seniors).

2. **ADVANCEMENT EXAMS** – Notify the Commanding Officer to obtain a User ID and password to take an exam. **These will be given at drill.**
PO3 Green & PO3 Allen are to take PO2 test, LC2 Stewart is to test for LC3

3. **BASE TEMP PASSES** – **Due to security regulations, temporary passes for Cadets' parents will be issued for a two month period only.** Please remember to bring your drivers license, proof of insurance, registration of the vehicle and cadet ID card with you when you request a temporary pass. **When arriving at the gate, remove the ID card from any holder so the guards can easily see the back of it.**

4. **CHOW** – The cost of Noon chow has been **increased to \$6.00.** Cadets must bring **EXACT CHANGE EACH DAY.**

5. **UNIFORMS** — Please check your **BLUES** and make sure they fit. All cadets must wear the Uniform of the Day unless it is being returned for size or condition. In this case, the cadet will wear the optional uniform and change to the Uniform of the Day as soon as possible. A watch is part of the regulation uniform. Earrings are to be worn only by females and must conform to the regulations in the USNSCC Uniform Manual. The latest Uniform Manual is on the Resources website. Cadets are encouraged to download the portions applicable to their rate for easy reference. All Cadets must enter and leave the Base in uniform.

6. **GROOMING CODE** – Sea Cadet regulations require proper haircut and styles for all Cadets. If a male Cadet arrives on the second day of drill with an inappropriate haircut or any Cadet refuses to adhere to the hair, makeup, or jewelry regulations, the Cadet will be sent home. please refer to grooming standards in the Cadet handbook for the grooming regulations.

7. **Please note P O M should be signed by both PARENT and CADET This will be checked this month.**

8. Per NHQ standards please note following page is a medical exam form that is now being required to be updated yearly.

By Direction
LCDR Hanson
Commanding Officer
Liberty Bell Squadron

Parent's Signature: _____ Date: _____

Cadet's Signature: _____ Date: _____

INSTRUCTIONS

Acceptance criteria for the Naval Sea Cadet Corps/Navy League Cadet Corps (NSCC/NLCC) are listed on the reverse side. No one will be denied admission to the program due to a medical disability, however participation may be limited if the cadet is not able to meet the medical standards necessary to FULLY participate in training activities involving strenuous physical exercise and activities such as orientation in fighting shipboard fires in often hot and humid environments. The medical provider should list any condition(s) that could interfere with full, unrestricted, participation in the NSCC/NLCC. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illnesses, must be listed. The history of immunization should be verified to the satisfaction of the medical provider. A licensed medical provider must complete this examination.

1. UNIT INFORMATION

1a. Unit Name	1b. Region
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2. PERSONNEL INFORMATION

2a. Last Name	2b. First Name	2c. MI	2d. USNSCC ID Number
2e. Age	2f. Date of Birth (DD MMM YY)	2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2h. Parent/Guardian Name
2i. Home Address		2j. City	2k. State 2l. Zip Code + 4
2m. Primary Phone		2n. Alternate Phone	2o. Date of Physical Examination (DD MMM YY)

3. CLINICAL EVALUATION

	Normal	Abnormal	NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment)
3a. Head, Face, Neck, and Scalp	<input type="checkbox"/>	<input type="checkbox"/>	
3b. Nose	<input type="checkbox"/>	<input type="checkbox"/>	
3c. Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	
3d. Ears – General (Internal and External Canals)	<input type="checkbox"/>	<input type="checkbox"/>	
3e. Drum (Perforation)	<input type="checkbox"/>	<input type="checkbox"/>	
3f. Eyes- General	<input type="checkbox"/>	<input type="checkbox"/>	
3g. Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	
3h. Pupils (Equality and Reaction)	<input type="checkbox"/>	<input type="checkbox"/>	
3i. Heart (Thrust, Size, Rhythm, and Sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
3j. Lungs and Chest	<input type="checkbox"/>	<input type="checkbox"/>	
3k. Abdomen and Viscera (Include Hernia)	<input type="checkbox"/>	<input type="checkbox"/>	
3l. External Genitalia (Genitourinary)	<input type="checkbox"/>	<input type="checkbox"/>	
3m. Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
3n. Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
3o. Feet	<input type="checkbox"/>	<input type="checkbox"/>	
3p. Spine and other Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	

4. LABORATORY FINDINGS (only required for those with a history of urinary tract infections or anemia, enter N/A if tests were not administered)

4a. Urinalysis (1) Albumin: _____ (2) Sugar: _____	4b. Blood (1) Hemoglobin: _____ (2) Hematocrit: _____
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5. MEASUREMENTS AND OTHER FINDINGS

5a. Height inches	5b. Weight lbs.	5c. Obese <input type="checkbox"/> Yes <input type="checkbox"/> No	5d. Pulse	5e. Blood Pressure (1) Systolic: _____ (2) Diastolic: _____				
5f. Audiogram (if available)				5g. Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No				
HZ	500	1000	2000	3000	4000	6000	5h. Wears Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	5i. Uncorrected Vision (1) Left: 20/ _____ (2) Right: 20/ _____
							5j. Color Vision	

5k. Other Findings (if more room is needed, continue on reverse)

REPORT OF MEDICAL EXAM

6. CLINICAL SCREENING (Please check if the patient has any of the following conditions and whether it will affect the ability to participate in NSCC/NLCC activities.)

Condition(s)	Pre-Existing	NOTES: (Describe every condition in detail. Enter pertinent item number before each comment)
6a. Seizure or convulsion disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6c. Symptomatic/recurring orthopedic injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6d. Diabetes, Type I	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6e. Diabetes, Type II	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6f. Hypersensitivity to Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6g. Insect bites/stings sensitivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6h. Head injuries resulting in residual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6i. Neurological Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6j. History of recurring loss of consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6k. History of debilitating motion sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6l. Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6m. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

8. MEDICAL PROVIDER ENDORSEMENT (Check all that apply):

I have reviewed the data above, reviewed the patient's medical history form and make the following recommendations for his/her participation in the NSCC/NLCC

8a. **CLEARED WITHOUT RESTRICTIONS**

8b. Cleared **AFTER** further evaluation or treatment for:

8c. Cleared for **LIMITED** participation

Not cleared for (specify activities):

Cleared only for (specify activities):

Reasons:

8d. **NOT CLEARED FOR PARTICIPATION**

Reasons:

8e. **OTHER RECOMMENDATIONS**

Recommend close monitoring during conditioning because of weight/fitness/other.

Recommend restrictions or monitoring of weight loss/gain or fitness concerns.

Recommend participation under following condition(s):

Other:

9. MEDICAL PROVIDER

9a. Name of Medical Provider (Type or Print) or Medical Provider Stamp

9b. Signature (MD, DO, NP, PA)

9c. Date (DD MMM YY)

9b. Medical Provider Address

9c. City

9c. State

10c. Zip Code +4

9c. Phone