

STUDENT REGISTRATION FORM

MEDICAL MANAGEMENT OF CHEMICAL AND BIOLOGICAL CASUALTIES
(MCBC)
VIDEOTAPE COURSE

SEE BELOW FOR PRIVACY ACT STATEMENT

Last Name: _____ First Name: _____

Social Security Number: _____ x: M _____ Foreign National: Yes No

See Codes on Page 2 to complete the following section.

Service: _____ Branch: _____ Rank: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (DSN): _____ Commercial: _____

Job Title: _____

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TO BE COMPLETED BY FACILITATOR:

COURSE ID: _____ EXAM COMPLETED: YES NO
SCORE: _____