PPPT CHECKLIST

___Welcome Letter

___AR 40-501 Pregnancy Policy

___PPPT Health Care Medical Clearance Form *

___Participation Memorandum of Agreement *
(COMMANDER'S MEMORANDUM)

___DA4700 Enrollment Supplemental Screening Form

___DA 3349 Physical Profile (Completed-any other profiles)

___PPPT Soldier Contract

___Privacy Act and NoPP Statement

___Copy last Record APFT

<u>ACCESS Database Surveys</u>

___Participant Enrollment Questionnaire

___Participant 6-week Postpartum Questionnaire

___Participant Delivery Questionnaire

___Final PPPT Program Questionnaire

* Represents required documents completed prior to participation
SM will have 3 business days to complete after 1st OB appointment
1ST OB appointment on _____