

USMC FITNESS REPORTNAVMC 11297 (Rev. 7-11) (EF)
FOUO - Privacy sensitive when filled in.**ADDENDUM PAGE**DO NOT STAPLE
THIS FORM**A. PURPOSE**

1. Marine Reported On:					2. Occasion and Period Covered:		
a. Last Name	b. First Name	c. M.I	d. SSN	e. Grade	a. OCC	b. From	To
3. Purpose:							
a. Continuation of Comments Justification	Section I RO	b. Accelerated Promotion Justification	c. Adverse Report MRO Statement 3rd Officer Sighter		d. Admin Review	e. Supplemental Material	f. HQMC Use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. TEXT**C. SUBMITTED BY**

1. a. Last Name	b. First Name	c. MI	2. SSN	3. Service	4. Grade
_____ Signature				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Date in YYYYMMDD format)	

D. GENERAL/SENIOR OFFICER ADVERSE REPORT SIGHTING

1. a. Last Name	b. First Name	c. MI	2. SSN	3. Service	4. Grade
5. Title _____ Signature				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Date in YYYYMMDD format)	