



**Combined Jungle Operations Training Center - Panama  
Course Enrollment Form (PANAMA Form 100)  
The proponent of this form is CDR, ASCG-S  
CAO February 2026**

**\*ALL SIGNATURES MUST BE WITHIN 45 DAYS OF COURSE START DATE\***

Grade                      Name (Last, First, MI)                      Phone Number                      DOD ID #                      SSN                      Component                      MOS/Branch

YMAV                      ETS                      UIC                      CO                      BN                      BDE                      DIV                      SM's Mil/GOV Email

Emergency Contact Name                      Emergency Contact Phone Number                      Emergency Contact Email

Supervisor Name                      Supervisor Phone Number                      Supervisor Mil/GOV Email

**CADRE USE ONLY:  
Roster Number**

Requested Course                      Course Number                      Report Date                      Start Date                      End/Graduation Date

**Medical Provider Portion  
N.P./P.A./M.D./D.O. ONLY**

Service Member (SM) is up to date on all MEDPROS requirements, current on PHA, and has a current (within 1 year of course end date) physical w/ EKG (if over the age of 40).

Remarks (list deficiencies)

Yes                      No

Does the SM meet PULHES 111211

Remarks (list type if applicable)

Yes                      No

Does the SM have any allergies?

Remarks (list allergies)

Yes                      No

Has the SM ever been a HOT weather injury?

Remarks (if Yes)

Yes                      No

Is the SM taking any medications that may impact performance/preclude them from the course?

Remarks (list medication as needed)

Yes                      No

Has the SM had any type of corrective eye surgery within the last 3 months?

Remarks (list type PRK, LASIK etc.)

Yes                      No

Does the SM have any chronic medical problems or Orthopedic Problems?

Remarks (list if Yes)

Yes                      No

Has SM received the following medications and in possession of Immunization Records AND Yellow Fever Card? Rabies, Typhoid (within 2 years), Meningococcal (within 5 years), Yellow Fever (within 10 years)?

Yes                      No                      **\*All females must report with a negative pregnancy screening conducted within 30 days of course start date.**

Yes                      No                      **I recommend service member attending Panama courses.**

**N.P./P.A./M.D./D.O. (Title, Rank, Last, First)**

Signature (releases SM to attend)

**Date**

**Privacy Act Statement:**

AUTHORITY: 5 U.S.C 301, Departmental Regulations; 10 U.S.C. 3013, Secretary of the Army and 4301; and E.O. 9397 (SSN). PURPOSE(s): The Army Training Requirements and Resources System is the system of records for the management of personnel input to training for the Army; is the repository for training requirements, training programs, selected training, cost data, and training personnel data; contains detailed class information on all courses taught and taken by Army personnel; and produces reports and analyses and can display selected data pertinent to training-requirements, programs, inputs graduates, loads and associated information. Training managers use this information to schedule classes, fill training seats, and train soldiers. Routine USES: The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. MANDATORY OR VOLUNTARY DISCLOSURE: Mandatory. SAFEGUARDS: Visitor registration system is in effect. Hard copy printouts which contain data by Social Security numbers are maintained with an 'Official Use Only'

**Commander's Portion**

SM meets height/weight standards IAW AR 600-9 and AFT Standards IAW Army Directive 2025-06 (Army Fitness Test) or service equivalent. Remarks  
 Yes No

SM has a current/valid ID card and ID Tags (complete). Remarks  
 Yes No

SM has Army issued prescription eyewear if necessary. Remarks  
 Yes No N/A

SM has a complete packing list. Remarks  
 Yes No

SM can correctly tie Five (5) critical knots(Square knot, Bowline, Clove Hitch, Around the body Bowline with Double Figure-8, and Water knot), Two (2) non-critical knots(Prussic, and Figure-Eight Slip), can construct a One Rope Bridge, can construct a Z-Pulley (3:1 Line Haul System), is proficient in Land Navigation, and can complete the Jungle 5K run (40-minute standard) in uniform with TAP. Remarks  
 Yes No

SM has successfully completed a Combat Water Survival Assessment (Don and Ditch, High Dive, Two-minute water tread, 50-meter swim) in the prescribed CWSA uniform. Remarks  
 Yes No

SM has current and valid DD93 and SGLV on file. Remarks  
 Yes No

SM has completed a South America Threat Brief by G2 Remarks  
 Yes No Date

SM has an active Government Travel Credit Card. Remarks  
 Yes No Exp. Date

I authorize the SM to carry the following Night Vision device:  
 Type (PVS14, PSQ42 etc...): SN:

**Approval**

1. I, as the Commander release the above mentioned SM to attend the above mentioned course.
2. I verify that the Soldier is aware of their pending enrollment.
3. By signing this form I agree that I have reviewed all of the above statements, and that they are true and accurate. Any required items left blank will result in automatic denial of this request.
4. TDY Soldier Acknowledgment: I, as the Commander acknowledge that we will be providing travel to and from departure airport, and that the JSCG-P will provide transportation to and from Tocumen (PTY) airport and lodging for the duration of the course.

1SG (Rank, Last, First)

1SG E-Mail

Commander (Rank, Last, First)                      Signature                      Date                      Commander E-Mail

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