

OFFICER PHOTOGRAPH

SUPPORTING DIRECTIVE MILPERSMAN
ARTICLE 1070-180

PRIVACY ACT STATEMENT

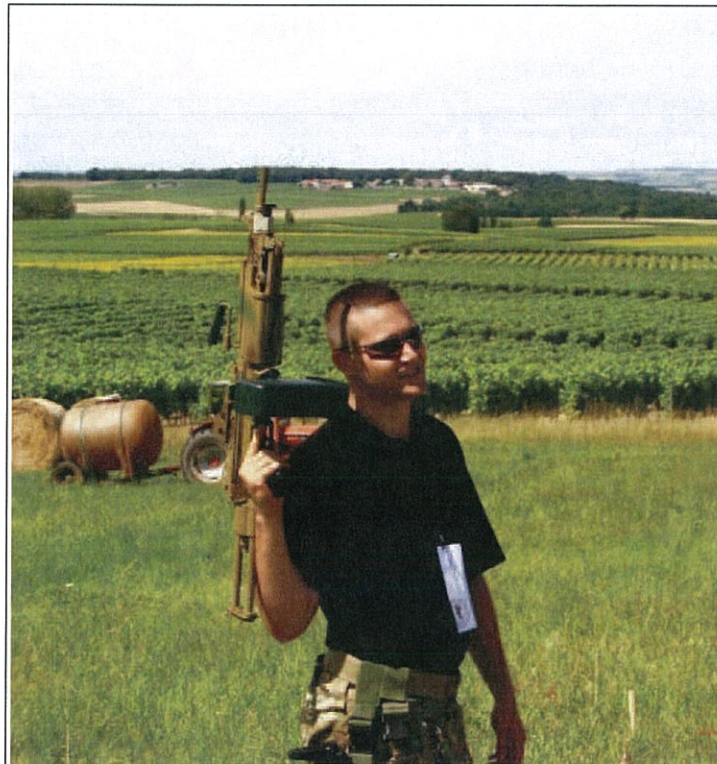
AUTHORITY: AUTHORITY TO REQUEST INFORMATION IS DERIVED FROM 5 UNITED STATES CODE 301, DEPARTMENT REGULATIONS AND FROM E.O.9397.

PURPOSE: PHOTOGRAPHS SUBMITTED BECOME PROPERTY OF THE DEPARTMENT OF THE NAVY FOR OFFICIAL PURPOSES.

ROUTINE USES: THE PHOTOGRAPH AND SUBMISSION SHEET IS FILED IN THE OFFICER'S OFFICIAL RECORD WHICH IS USED IN THE PERSONNEL MANAGEMENT OF NAVAL OFFICERS (I.E., IDENTIFICATION AND FOR OFFICIAL PRESS RELEASES) WHEN REQUIRED.

DISCLOSURE: COMPLETION OF THIS FORM AND SUBMISSION OF THE PHOTOGRAPH IS MANDATORY.

1. NAME (LAST, FIRST, MI):	2. GRADE:	3. SSN (FULL):	4. DESIGNATOR:	5. DATE PHOTO TAKEN (YYYYMMDD):
FOUGERE Pichman	E8	790-70-4751	Pichman	2009/07/03



6. MEMBER'S FULL SIGNATURE:

CERTIFICATION OF LIVE BIRTH

DEPARTMENT OF HEALTH



CERTIFICATE NO. [REDACTED]

CHILD'S NAME
FOUGERE PICHMAN

DATE OF BIRTH
1979 July 4

SEX
MALE

CITY, TOWN OR LOCATION OF BIRTH
GreenVille

COUNTY OF BIRTH
GreenVille

MOTHER'S MAIDEN NAME
FOUGERE Mary Beth


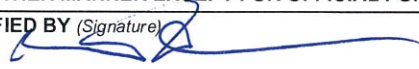
HOUR OF BIRTH
7:24 PM

MOTHER'S RACE
European

FATHER'S NAME
FOUGERE Georges

FATHER'S RACE
European

DATE FILED BY REGISTRAR
8 August 1979

POLICE RECORD CHECK				1. DATE OF REQUEST (YYYYMMDD) 19990704		OMB No. 0704-0007 OMB approval expires Jun 30, 2011		
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>								
SECTION I - (To be completed by Recruiting Service)								
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) FOUGERE Pichman			3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. PLACE OF BIRTH a. CITY Greenville b. COUNTY Greenville c. STATE SC			
5. DATE OF BIRTH (YYYYMMDD) 19790704		6.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> (4) WHITE <input type="checkbox"/> (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO		7. SOCIAL SECURITY NUMBER 790-70-4751	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)						9. DATES RESIDED AT THIS ADDRESS		
a. NUMBER AND STREET (Include apartment no.) 2719 Poinsett Highway		b. CITY GreenVille		c. STATE SC	d. ZIP CODE 29609-2244	a. FROM (YYYYMMDD) 19790704	b. TO (YYYYMMDD)	
10. PERSON MAKING THIS REQUEST								
a. NAME (Last, First, Middle Name(s)) Secret Lion		b. RANK E4	c. SIGNATURE 			d. TITLE Secretary		
SECTION II - (To be completed by Applicant)								
PRIVACY ACT STATEMENT								
<p>AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102; E.O. 9397. PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States. ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD. DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.</p>								
<p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>								
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.					SIGNATURE			
SECTION III - (To be completed by Police or Juvenile Agency)								
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>								
12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? (If YES, what was the offense or charge, date, disposition and sentence?)							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.)							<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.</p>								
14. DATE (YYYYMMDD) 19990715		15. TITLE Inspector			16. VERIFIED BY (Signature) 			
LAW ENFORCEMENT AGENCY MAIL TO: <input type="checkbox"/> Greenville State Police Greenville <input type="checkbox"/>				RECRUITING AGENCY MAIL FROM: <input type="checkbox"/> Marine Corps Installation EAST PSC BOX 20005 Camp Leujeune North Carolina 28542-005 <input type="checkbox"/>				

HURT FEELINGS REPORT

For use of this form, see FM 22-102, the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional counseling, NCO leadership, and extra duty..
ROUTINE USES: For subordinate leader development IAW FM 22-102. Leaders & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a DA Form 779-1A, Report of Wall To Wall Counseling

PART I - ADMINISTRATIVE DATA

A. WHINER'S NAME (Last, First, MI) [REDACTED]	B. RANK/GRADE [REDACTED]	C. SOCIAL SECURITY NUMBER [REDACTED]	D. DATE OF REPORT [REDACTED]
F. ORGANIZATION [REDACTED]		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM [REDACTED]	

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT 2010-05-02	B. TIME OF HURTFULNESS 23:25	C. LOCATION OF HURTFUL INCIDENT [REDACTED]	D. NCO OR OFFICER SYMPATHETIC TO WHINER [REDACTED]
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS FOUGERE Pichman		F. RANK/GRADE Lieutenant	G. ORGANIZATION (if different from 1e above) USMC

E. INJURY (Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input checked="" type="checkbox"/> BOTH	2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MAYBE

F. REASON FOR FILING THIS REPORT (Mark all that apply)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The Army needs to fix my problems	<input type="checkbox"/> Two beers is not enough
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> My hands should be in my pockets
<input type="checkbox"/> I have woman/man-like hormones	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered a post brief
<input checked="" type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested a post brief
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is to cold	<input type="checkbox"/> All of the above and more

G. NARRATIVE (Tell us in your own sissy words how your feelings were hurt.)

PART III - AUTHENTICATION

a. PRINTED NAME OF REAL MAN/WOMAN [REDACTED]	b. SIGNATURE [REDACTED]	c. PRINTED NAME OF WHINER [REDACTED]	d. SIGNATURE [REDACTED]
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We, as the Army, take hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please let us know and we will promptly dispatch a "hugger" to you ASAP. In the event we are unable to find a "hugger" we will notify the fire department and request that they send fire personnel to your location. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blanky", a "binky" and/or a bottle if you so desire.







HURT FEELINGS REPORT

For use of this form, see FM 22-102; the proponent agency is TRADOC



DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional counseling, NCO leadership, and extra duty..
ROUTINE USES: For subordinate leader development IAW FM 22-102. Leaders & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a DA Form 779-1A, Report of Wall To Wall Counseling

PART I - ADMINISTRATIVE DATA

A. WHINER'S NAME (Last, First, MI) 	B. RANK/GRADE 	C. SOCIAL SECURITY NUMBER 	D. DATE OF REPORT 
E. ORGANIZATION 		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM 	

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT 2010-02-06	B. TIME OF HURTFULNESS 04:00	C. LOCATION OF HURTFUL INCIDENT 	D. NCO OR OFFICER SYMPATHETIC TO WHINER 
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS		F. RANK/GRADE Lieutenant	G. ORGANIZATION (if different from 1e above) USMC

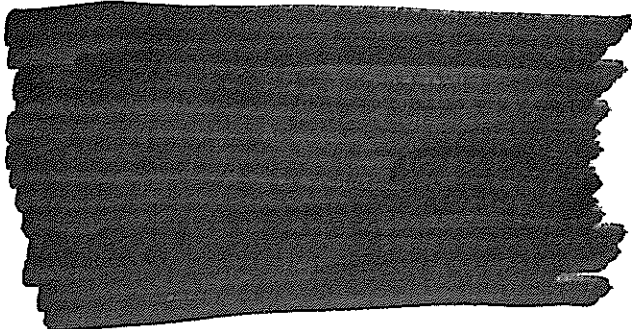
E. INJURY (Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH	2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE





F. REASON FOR FILING THIS REPORT (Mark all that apply)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The Army needs to fix my problems	<input type="checkbox"/> Two beers is not enough
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> My hands should be in my pockets
<input type="checkbox"/> I have woman/man-like hormones	<input checked="" type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered a post brief
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested a post brief
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is to cold	<input type="checkbox"/> All of the above and more

G. NARRATIVE (Tell us in your own sissy words how your feelings were hurt.)



PART III - AUTHENTICATION

a. PRINTED NAME OF REAL MAN/WOMAN 	b. SIGNATURE 	c. PRINTED NAME OF WHINER 	d. SIGNATURE 
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We, as the Army, take hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please let us know and we will promptly dispatch a "hugger" to you ASAP. In the event we are unable to find a "hugger" we will notify the fire department and request that they send fire personnel to your location. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.

HURT FEELINGS REPORT

For use of this form, see FM 22-102; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional counseling, NCO leadership, and extra duty..
ROUTINE USES: For subordinate leader development IAW FM 22-102 Leaders & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a DA Form 779-1A, Report of Wall To Wall Counseling

PART I - ADMINISTRATIVE DATA

A. WHINER'S NAME (Last, First, MI) [REDACTED]	B. RANK/GRADE [REDACTED]	C. SOCIAL SECURITY NUMBER [REDACTED]	D. DATE OF REPORT [REDACTED]
E. ORGANIZATION [REDACTED]		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM [REDACTED]	

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT 2010-05-02	B. TIME OF HURTFULNESS 23:25	C. LOCATION OF HURTFUL INCIDENT [REDACTED]	D. NCO OR OFFICER SYMPATHETIC TO WHINER [REDACTED]
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS: FOUGERE Pichman		F. RANK/GRADE Lieutenant	G. ORGANIZATION (if different from 1e above) USMC

E. INJURY (Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH	2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MAYBE

F. REASON FOR FILING THIS REPORT (Mark all that apply)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The Army needs to fix my problems	<input type="checkbox"/> Two beers is not enough
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> My hands should be in my pockets
<input type="checkbox"/> I have woman/man-like hormones	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered a post brief
<input checked="" type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested a post brief
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is to cold	<input type="checkbox"/> All of the above and more

G. NARRATIVE (Tell us in your own sissy words how your feelings were hurt.)

PART III - AUTHENTICATION

a. PRINTED NAME OF REAL MAN/WOMAN [REDACTED]	b. SIGNATURE [REDACTED]	c. PRINTED NAME OF WHINER [REDACTED]	d. SIGNATURE [REDACTED]
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We, as the Army, take hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please let us know and we will promptly dispatch a "hugger" to you ASAP. In the event we are unable to find a "hugger" we will notify the fire department and request that they send fire personnel to your location. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.

SOLDIER'S PERSONAL DATA SHEET

DATE
Jul 3, 2010

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The purpose of the information on this form is to assist your unit servicing the records. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The following information will not be shared with any unauthorized personal

NAME FOUGERE Pichman				SSN 790-70-4751		RANK/GRADE E8	
ORGANIZATION UNITED STATES MARINES CORP				PMOS RETIRED		SMOS RETIRED	
DATE OF BIRTH 1979/07/04	AGE 32	WEIGHT lbs 90	HEIGHT in inches 190	HAIR Brown	EYES Blue		
BLOOD TYPE O POS	DATE OF RANK 2010/01/06		BASD	ETS 1999/11/22	TIG 26	TIS RETIRED	
RELIGION NO REL PREF			22. ADDRESS 1500 Cameron St Alexandria, Virginia 22314				
HOME PHONE (703) 838-4671							
PROMOTABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		POINTS 186	DATE LAST NCOER Jul 3, 2010				
DEPENDENTS							
MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED							
SPOUSE'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MARRIAGE		
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
IF YOU HAVE MORE THEN FOUR CHILDREN OR HAVE ANY SPECIAL NEEDS FOR YOUR FAMILY DICTATE IT IN REMARKS.							
NEXT OF KIN							
NAME			ADDRESS				
ALTERNET NAME			ALTERNET ADDRESS				
PHONE	ALTERNET PHONE						

ARMY TRAINING							
DATE LAST APFT Jun 30, 2010	PUSH-UPS 20	SIT-UPS 20	RUN TIME 1:20	TOTAL SCORE 82			
DATE LAST WEIGH-IN Jun 30, 2010	BODY FAT% 27	ALLOWABLE FAT% 30	PROFILE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PERMANENT				
TYPE OF PROFILE (EXPLAIN) Normal							
DATE WEAPON QUAL 2002-04-03	WEAPON TYPE M24	QUALIFIED <input checked="" type="checkbox"/> MARKS MEN <input checked="" type="checkbox"/> SHARP SHOOTER <input checked="" type="checkbox"/> EXPERT					
DATE CREW SERVED WEAPON QUAL TYPE		QUALIFIED <input type="checkbox"/> MARKS MEN <input type="checkbox"/> SHARP SHOOTER <input type="checkbox"/> EXPERT					
DATE CTT TEST <input type="checkbox"/> GO <input type="checkbox"/> NO GO			DATE DRIVERS TRAINING		TYPE OF VEHICLE		
DATE PLDC		DATE BNCOC		DATE ANCOG			
ARMY EQUIPMENT							
NBC SUTE SIZE XL	NBC MASK SIZE L	NBC BOOT SIZE LRG 11-13	NBC GLOVE SIZE L	HAT SIZE 7	BOOT SIZE 45		
ACU TOP SIZE 44			ACU TROUSER SIZE 84				
ARMY AWARDS DECORATIONS AND ACHIEVEMENTS							
TYPE	#	TYPE	#	TYPE	#	TYPE	#
AITR	1	IRAK	1	National Service	1		
JEST	1	Silver star	2	UN	1		
SERE	1	Legion Of Merite	1	PH	3		
PRIVATELY OWNED VEHICLE							
MAKE	MODEL	YEAR	COLOR	LIC PLATE	POST DEC	INS CO,	EXP DATE
REMARKS							

REPORT OF MEDICAL HISTORY
 (This information is for official and medically confidential use only
 and will not be released to unauthorized persons.)

OMB No. 0704-0413
 OMB approval expires
 Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	2. SOCIAL SECURITY NUMBER 790-70-4751	3. TODAY'S DATE (YYYYMMDD) 19990301
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 2719 Poinsett Highway Greenville, SC 29609-2244, United States	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Naval Hospital Camp Lejeune 100 Brewster Boulevard, Camp Lejeune, NC 28547	
b. HOME TELEPHONE (Include Area Code)		

X ALL APPLICABLE BOXES:

6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input checked="" type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	7.a. POSITION (Title, Grade, Component) soldier
			7.b. USUAL OCCUPATION [REDACTED]

8. CURRENT MEDICATIONS (Prescription and Over-the-counter) none	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance) none
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

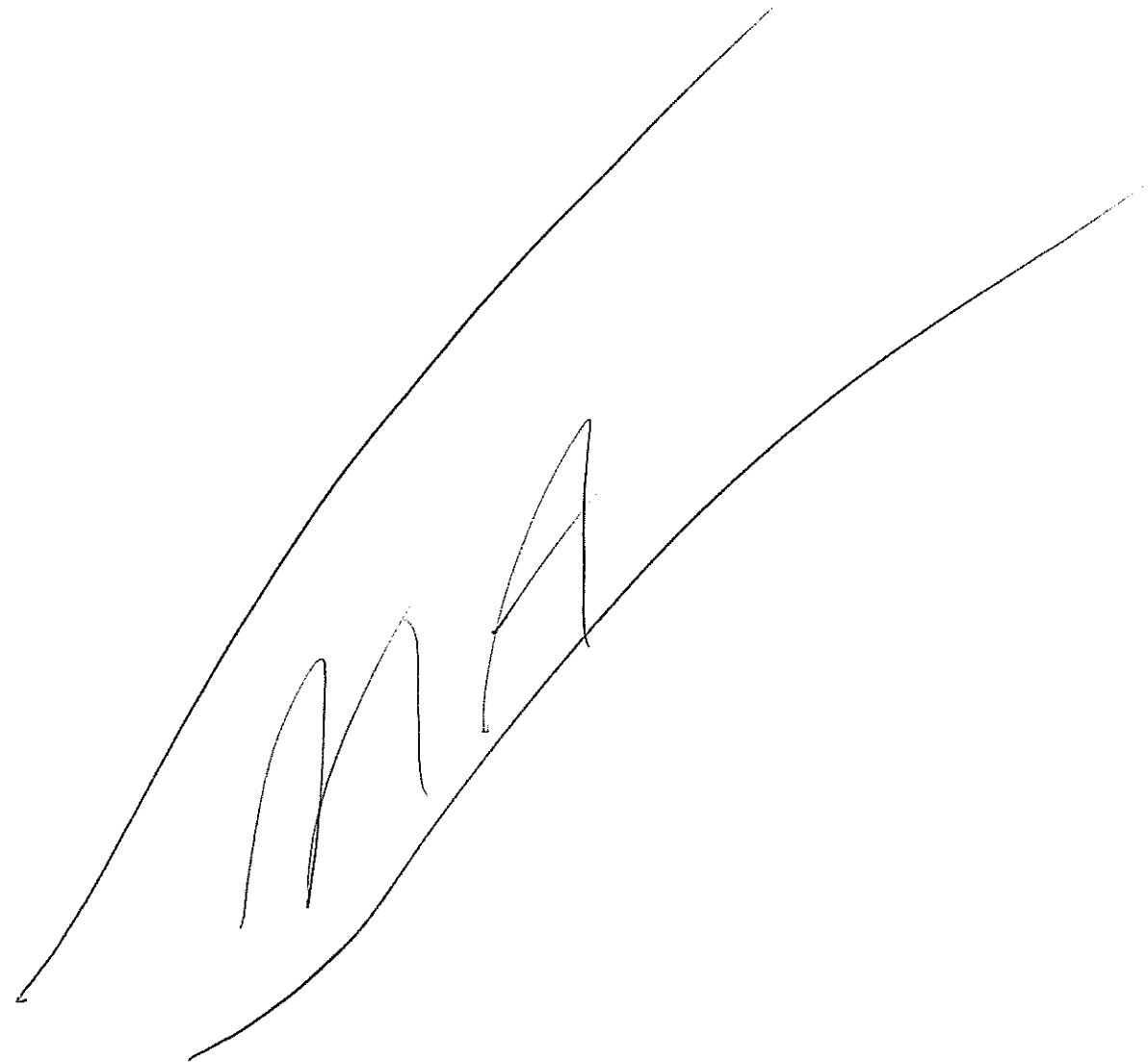
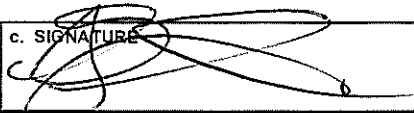
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input checked="" type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input checked="" type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input checked="" type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input checked="" type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input checked="" type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input checked="" type="radio"/>
f. Bronchitis	<input type="radio"/>	<input checked="" type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input checked="" type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input checked="" type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input checked="" type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input checked="" type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input checked="" type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input checked="" type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input checked="" type="radio"/>
j. Sinusitis	<input type="radio"/>	<input checked="" type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input checked="" type="radio"/>
k. Hay fever	<input type="radio"/>	<input checked="" type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input checked="" type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input checked="" type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input checked="" type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input checked="" type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input checked="" type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input checked="" type="radio"/>	e. Rupture/hemia	<input type="radio"/>	<input checked="" type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input checked="" type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input checked="" type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input checked="" type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input checked="" type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input checked="" type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input checked="" type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input checked="" type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input checked="" type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input checked="" type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input checked="" type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, Herpes, etc.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input checked="" type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input checked="" type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input checked="" type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input checked="" type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input checked="" type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input checked="" type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input checked="" type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	SOCIAL SECURITY NUMBER 790-70-4751
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/>	<input checked="" type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:		
b. Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input checked="" type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input checked="" type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input checked="" type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>			
e. Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input checked="" type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input checked="" type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input checked="" type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input checked="" type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)					
e. Date of last PAP smear (YYYYMMDD)					

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	SOCIAL SECURITY NUMBER 790-70-4751	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS NA 		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i> Mabb Hool MD	c. SIGNATURE 	d. DATE SIGNED <i>(YYYYMMDD)</i> 19990301

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial) FOUGERE Pichman		2. SSN 790-70-4751	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION 3RD MD FMF
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial) FOUGERE Georges	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 2719 Poinsett Highway Greenville, SC 29609-2244, United States		
7a. MOTHER NAME (Last, First, Middle Initial) FOUGERE Mary Beth	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 2719 Poinsett Highway Greenville, SC 29609-2244, United States		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)	OMB No. 0704-0413 OMB approval expires Mar 31, 2010
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The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	2. SOCIAL SECURITY NUMBER 790-70-4751	3. TODAY'S DATE (YYYYMMDD) 20100703
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 1609 Cameron St Alexandria, Virginia 22314	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Naval Hospital Camp Lejeune 100 Brewster Boulevard, Camp Lejeune, NC 28547	
b. HOME TELEPHONE (Include Area Code) (703) 838-4671		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component) Lieutenant
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	7.b. USUAL OCCUPATION Instructor

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

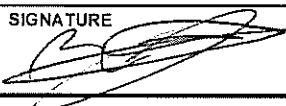
HAVE YOU EVER HAD OR DO YOU NOW HAVE: YES NO	12. (Continued) YES NO
10.a. Tuberculosis <input type="radio"/> YES <input checked="" type="radio"/> NO b. Lived with someone who had tuberculosis <input type="radio"/> YES <input checked="" type="radio"/> NO c. Coughed up blood <input type="radio"/> YES <input checked="" type="radio"/> NO d. Asthma or any breathing problems related to exercise, weather, pollens, etc. <input type="radio"/> YES <input checked="" type="radio"/> NO e. Shortness of breath <input type="radio"/> YES <input checked="" type="radio"/> NO f. Bronchitis <input type="radio"/> YES <input checked="" type="radio"/> NO g. Wheezing or problems with wheezing <input type="radio"/> YES <input checked="" type="radio"/> NO h. Been prescribed or used an inhaler <input type="radio"/> YES <input checked="" type="radio"/> NO i. A chronic cough or cough at night <input type="radio"/> YES <input checked="" type="radio"/> NO j. Sinusitis <input type="radio"/> YES <input checked="" type="radio"/> NO k. Hay fever <input type="radio"/> YES <input checked="" type="radio"/> NO l. Chronic or frequent colds <input type="radio"/> YES <input checked="" type="radio"/> NO	f. Foot trouble (e.g., pain, corns, bunions, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO g. Impaired use of arms, legs, hands, or feet <input type="radio"/> YES <input checked="" type="radio"/> NO h. Swollen or painful joint(s) <input type="radio"/> YES <input checked="" type="radio"/> NO i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint <input type="radio"/> YES <input checked="" type="radio"/> NO k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. <input type="radio"/> YES <input checked="" type="radio"/> NO l. Bone, joint, or other deformity <input type="radio"/> YES <input checked="" type="radio"/> NO m. Plate(s), screw(s), rod(s) or pin(s) in any bone <input type="radio"/> YES <input checked="" type="radio"/> NO n. Broken bone(s) (cracked or fractured) <input checked="" type="radio"/> YES <input type="radio"/> NO
11.a. Severe tooth or gum trouble <input type="radio"/> YES <input checked="" type="radio"/> NO b. Thyroid trouble or goiter <input type="radio"/> YES <input checked="" type="radio"/> NO c. Eye disorder or trouble <input type="radio"/> YES <input checked="" type="radio"/> NO d. Ear, nose, or throat trouble <input type="radio"/> YES <input checked="" type="radio"/> NO e. Loss of vision in either eye <input type="radio"/> YES <input checked="" type="radio"/> NO f. Worn contact lenses or glasses <input type="radio"/> YES <input checked="" type="radio"/> NO g. A hearing loss or wear a hearing aid <input type="radio"/> YES <input checked="" type="radio"/> NO h. Surgery to correct vision (RK, PRK, LASIK, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO	13.a. Frequent indigestion or heartburn <input type="radio"/> YES <input checked="" type="radio"/> NO b. Stomach, liver, intestinal trouble, or ulcer <input type="radio"/> YES <input checked="" type="radio"/> NO c. Gall bladder trouble or gallstones <input type="radio"/> YES <input checked="" type="radio"/> NO d. Jaundice or hepatitis (liver disease) <input type="radio"/> YES <input checked="" type="radio"/> NO e. Rupture/hemia <input type="radio"/> YES <input checked="" type="radio"/> NO f. Rectal disease, hemorrhoids or blood from the rectum <input type="radio"/> YES <input checked="" type="radio"/> NO g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO h. Frequent or painful urination <input type="radio"/> YES <input checked="" type="radio"/> NO i. High or low blood sugar <input type="radio"/> YES <input checked="" type="radio"/> NO j. Kidney stone or blood in urine <input type="radio"/> YES <input checked="" type="radio"/> NO k. Sugar or protein in urine <input type="radio"/> YES <input checked="" type="radio"/> NO l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO b. Arthritis, rheumatism, or bursitis <input type="radio"/> YES <input checked="" type="radio"/> NO c. Recurrent back pain or any back problem <input type="radio"/> YES <input checked="" type="radio"/> NO d. Numbness or tingling <input type="radio"/> YES <input checked="" type="radio"/> NO e. Loss of finger or toe <input type="radio"/> YES <input checked="" type="radio"/> NO	14.a. Adverse reaction to serum, food, insect stings or medicine <input type="radio"/> YES <input checked="" type="radio"/> NO b. Recent unexplained gain or loss of weight <input type="radio"/> YES <input checked="" type="radio"/> NO c. Currently in good health (If no, explain in Item 29 on Page 2.) <input type="radio"/> YES <input checked="" type="radio"/> NO d. Tumor, growth, cyst, or cancer <input type="radio"/> YES <input checked="" type="radio"/> NO

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	SOCIAL SECURITY NUMBER 790-70-4751
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO	
15.a. Dizziness or fainting spells	<input type="radio"/>	<input checked="" type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:			
b. Frequent or severe headache	<input type="radio"/>	<input checked="" type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input checked="" type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input checked="" type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input checked="" type="radio"/>
d. Paralysis	<input type="radio"/>	<input checked="" type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input checked="" type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input checked="" type="radio"/>		d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input checked="" type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input checked="" type="radio"/>		20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input checked="" type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input checked="" type="radio"/>		21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input checked="" type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input checked="" type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input checked="" type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input checked="" type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input checked="" type="radio"/>	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input checked="" type="radio"/>	
c. Pain or pressure in the chest	<input type="radio"/>	<input checked="" type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input checked="" type="radio"/>	
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input checked="" type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input checked="" type="radio"/>	
e. Heart trouble or murmur	<input type="radio"/>	<input checked="" type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input checked="" type="radio"/>	
f. High or low blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input checked="" type="radio"/>	
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input checked="" type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.) Broken bone due to mortar attack in Irak Broken Bone du to Afgan Shot in opération			
b. Habitual stammering or stuttering	<input type="radio"/>	<input checked="" type="radio"/>				
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input checked="" type="radio"/>				
d. Frequent trouble sleeping	<input type="radio"/>	<input checked="" type="radio"/>				
e. Received counseling of any type	<input type="radio"/>	<input checked="" type="radio"/>				
f. Depression or excessive worry	<input type="radio"/>	<input checked="" type="radio"/>				
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input checked="" type="radio"/>				
h. Attempted suicide	<input type="radio"/>	<input checked="" type="radio"/>				
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>				
18. FEMALES ONLY. Have you ever had or do you now have:						
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input checked="" type="radio"/>				
b. A change of menstrual pattern	<input type="radio"/>	<input checked="" type="radio"/>				
c. Any abnormal PAP smears	<input type="radio"/>	<input checked="" type="radio"/>				
d. First day of last menstrual period (YYYYMMDD)						
e. Date of last PAP smear (YYYYMMDD)						

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) Fougere Pichman	SOCIAL SECURITY NUMBER 790-70-4751	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS Some weapon impact		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i> Mabb Hool MD	c. SIGNATURE 	d. DATE SIGNED <i>(YYYYMMDD)</i> 20100703

PENTAGON RESERVATION PARKING PERMIT APPLICATION

PRIVACY ACT STATEMENT


AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 2074(c)(1); 42 U.S.C. 7418(d); 5 U.S.C. 7905; E.O. 12191; E.O. 13150; and E.O. 9397.

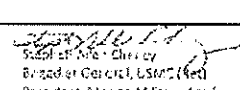
PRINCIPAL PURPOSE(S): To administer the Pentagon parking permit program where individuals are allocated parking spaces; to operate vehicular environmental compliance and maintenance programs involving certain vehicles which are operating on the Pentagon Reservation or Federal Office Building 2 (FOB2); and to ensure that unless authorized to do so, parking permit applicants do not also receive the DoD National Capital Region Public Transportation fare subsidy benefit.

ROUTINE USE(S): Other Federal agencies may receive permit application information to ensure that only eligible individuals are receiving the mass transportation fare subsidy benefit. The EPA may receive permit application information to ensure that vehicles operating on the Pentagon Reservation and FOB2 are in compliance with Clean Air Act requirements. State and local governmental authorities may receive information for the purpose of reporting vehicular compliance with statutory/regulatory maintenance standards.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in denial of the application for a parking permit.

1. LAST NAME Fougère		2. FIRST NAME Pichman		3. MIDDLE NAME	
4. MAIDEN NAME (if applicable) [REDACTED]		5. SOCIAL SECURITY NUMBER 790-70-4751		6. E-MAIL ADDRESS	
7. RANK (X one)					
<input type="checkbox"/> a. GENFRAI SCHEDULE F		<input type="checkbox"/> b. EXECUTIVE SCHEDULE F		<input checked="" type="checkbox"/> d. OFFICER	
<input type="checkbox"/> e. WAGE GRADE		<input type="checkbox"/> f. ENLISTED		<input type="checkbox"/> g. CONTRACTOR	
<input type="checkbox"/> h. OTHER (Specify)		8. GRADE LtJ			
9. WORK LOCATION (X one)					
<input type="checkbox"/> a. PENTAGON		<input type="checkbox"/> b. 400 ARMY NAVY DRIVE		<input type="checkbox"/> c. FOB2	
<input checked="" type="checkbox"/> d. OTHER (Specify)		SOD			
10. ROOM NUMBER 607		11. WORK TELEPHONE NUMBER (Include area code)		12. HOME ZIP CODE (ZIP Code + 4) [REDACTED]	
13. DEPARTMENT (X one)				14. AGENCY/DIVISION	
<input type="checkbox"/> a. ARMY		<input type="checkbox"/> b. AIR FORCE		<input checked="" type="checkbox"/> d. DEPARTMENT OF DEFENSE	
<input type="checkbox"/> e. OFFICE OF THE SECRETARY OF DEFENSE		<input type="checkbox"/> c. NAVY		<input type="checkbox"/> f. OTHER (Specify)	
<input checked="" type="checkbox"/> d. DEPARTMENT OF DEFENSE				SOD	
15. VEHICLE TAGS					
a.(1) LICENSE PLATE NUMBER	(2) STATE	b.(1) LICENSE PLATE NUMBER	(2) STATE	c.(1) LICENSE PLATE NUMBER	(2) STATE
256KVM	NY				
16. CAR POOLS AND VAN POOLS (X one)					
<input type="checkbox"/> a. 2M		<input type="checkbox"/> b. 3M		<input checked="" type="checkbox"/> c. 4M	
				<input type="checkbox"/> d. VAN POOL (7 or more members)	
17. ARE YOU APPLYING FOR AN INDIVIDUAL PERMIT?			18. DO YOU RECEIVE METRO SUBSIDY?		
<input checked="" type="checkbox"/> a. YES			<input type="checkbox"/> a. YES		
<input type="checkbox"/> b. NO			<input checked="" type="checkbox"/> b. NO		
CERTIFICATION PERTAINING TO CAR POOL					
I certify that I actively participate as a member of a reserved car pool. I understand that active participation means that I ride to and from work as a member of the car pool except when on leave or other situations that would preclude travel on any given day, for a distance of at least five miles. Further, I understand that administrative action will be taken to revoke my parking privilege for falsifying my participation.					
19. a. PRINCIPAL MEMBER SIGNATURE [REDACTED]		b. DATE (YYYYMMDD) 20060305		20. a. APPLICANT SIGNATURE [Signature]	
				b. DATE (YYYYMMDD) 20060305	
FOR OFFICE USE ONLY					
21. PERMIT TYPE		22. ISSUE TYPE (X one)		23. TRANSACTION TYPE (X one)	
		<input checked="" type="checkbox"/> a. NEW		<input checked="" type="checkbox"/> a. SPECIAL	
		<input type="checkbox"/> b. REPLACE		<input type="checkbox"/> b. DISABLED	
		<input type="checkbox"/> c. DUPLICATE		<input type="checkbox"/> c. EXCEPTION	
24. FOB2 ONLY			25. PERMIT NUMBER		26. PERMIT EXPIRATION DATE (YYYYMMDD)
a. LOT NUMBER (1 - 6)		b. COMPOUND LETTER (A-D) AND SPACE NUMBER	623078925		20500305
27. PROCESSOR NAME (Last, First, Middle Initial) Carl B Jensen			28. PROCESSOR SIGNATURE [Signature] Carl B. Jensen Major General, U.S. Marine Corps		29. SIGNATURE DATE (YYYYMMDD) 20060305

RECOMMENDATION FOR AWARD			
For use of this form, see AR 600-8-22: the proponent agency is ODCSPEF.			
For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.			
1. TO [REDACTED]		2. FROM [REDACTED]	
PART I - SOLDIER DATA			
4. NAME FOUGERE Pichman		5. RANK Lieutenant	6. SSN 790-70-4751
7. ORGANIZATION USMC		8. PREVIOUS AWARDS	
9. BRANCH OF SERVICE Recon		10. RECOMMENDED AWARD Silver S	11. PERIOD OF AWARD a. FROM b. TO
12. REASON FOR AWARD		12b. INTERIM AWARD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. POSTHUMOUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12a. INDICATE ACH, SVC, PCS, ETS OR RET [REDACTED]		IF YES, STATE AWARD GIVEN:	
PART II - RECOMMENDER DATA			
14. NAME Oups Samantha Georges		15. ADDRESS [REDACTED]	
16. TITLE/POSITION Opération Chief	17. RANK Colonel		
18. RELATIONSHIP TO AWARDEE None		19. SIGNATURE 	
PART III - JUSTIFICATION AND CITATION DATA (Use Specific Bullet Examples of Meritorious Acts or Service)			
20. ACHIEVEMENTS			
ACHIEVEMENT #1			
<ul style="list-style-type: none"> • has go on has cover a gano in bia difficulties then qu'il etait under an enemy rain of • mortar [REDACTED] • [REDACTED] • [REDACTED] 			
ACHIEVEMENT #2			
<ul style="list-style-type: none"> • • • • 			
ACHIEVEMENT #3			
<ul style="list-style-type: none"> • • • • 			
ACHIEVEMENT #4			
<ul style="list-style-type: none"> • • • • 			
21. PROPOSED CITATION			

RECOMMENDATION FOR AWARD			
For use of this form, see AR 600-8-22; the proponent agency is ODCSPER			
For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.			
1. TO [REDACTED]	2. FROM [REDACTED]	3. DATE [REDACTED]	
PART I - SOLDIER DATA			
4. NAME FOUGERE Pichman		5. RANK E4	6. SSN 790-70-4751
7. ORGANIZATION USMC		8. PREVIOUS AWARDS	
9. BRANCH OF SERVICE RECON		10. RECOMMENDED AWARD Silver S	11. PERIOD OF AWARD a. FROM b. TO
12. REASON FOR AWARD		13. POSTHUMOUS	
12a. INDICATE ACH, SVC, PCS, ETS OR RET ACH	12b. INTERIM AWARD IF YES, STATE AWARD GIVEN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PART II - RECOMMENDER DATA			
14. NAME Stephen Allen Cheney		15. ADDRESS [REDACTED]	
16. TITLE/POSITION PAC	17. RANK BG		
18. RELATIONSHIP TO AWARDEE NONE		19. SIGNATURE  Stephen A. Cheney Brigadier General, USMC (Ret) President, Marine Military Academy	
PART III - JUSTIFICATION AND CITATION DATA (Use Specific Bullet Examples of Meritorious Acts or Service)			
20. ACHIEVEMENTS			
ACHIEVEMENT #1			
<ul style="list-style-type: none"> • wounded during her seepage, the soldier Fourger knew how to lead his mission has his term in spite of of heavy wounds. • [REDACTED] • [REDACTED] 			
ACHIEVEMENT #2			
<ul style="list-style-type: none"> • • • • 			
ACHIEVEMENT #3			
<ul style="list-style-type: none"> • • • • 			
ACHIEVEMENT #4			
<ul style="list-style-type: none"> • • • • 			
21. PROPOSED CITATION			



United States Marines Corps

Marine corps Installations EAST

PSC BOX 20005

Camp Leieune. North Carolina 28542-005

IN REPLY REFER TO :

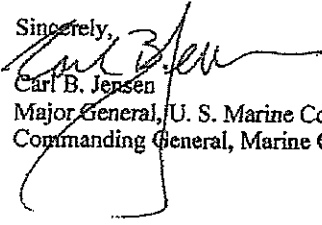
1000CG

19 June 2010

Subj: LETTER OF RECOMMENDATION IC Lieutenant Fougère P
, xxxxxxxxxxx/xxxx, USMC

1. Lieutenant Fougère P is a multi-talented and highly capable Marine. He is highly motivated, extremely astute, and dedicated to bettering himself and those around him. Lieutenant Fougère P has the drive to excel and the ability to quickly absorb information in order to accomplish any task. He undoubtedly possesses the qualities necessary to become an Officer.

2. Lieutenant Fougère's quick thinking, sound judgment, and willingness to persevere despite seemingly insurmountable difficulties resulted in outstanding performance. He remained focused on the job at hand until it was complete and impressed me with his unique drive, work ethic, and humility. Lieutenant Fougère P. is a prime candidate for the Marine Corps Enlisted Commissioning Education Program and has my highest recommendation. He will greatly benefit the Marine Corps and Department of the Navy as an Officer and I unequivocally support his selection into this program.

Sincerely,

Carl B. Jensen
Major General, U. S. Marine Corps
Commanding General, Marine Corps Installations - East

United States Marine Corps



CAMP GEIGER, NORTH CAROLINA

ADVANCED INFANTRY TRAINING

PRIVATE FIRST CLASS FOUGERE Pichman

HAS SUCCESSFULLY COMPLETED MARINE CORPS ADVANCED INFANTRY
TRAINING AS PRESCRIBED BY THE COMMANDANT OF THE MARINE CORPS

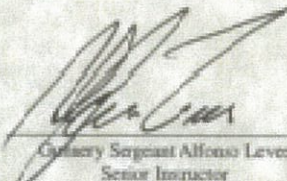
AND IN TESTIMONY THEREOF IS AWARDED THIS

Diploma

GIVEN AT MCB, CAMP GEIGER, NORTH CAROLINA

ON THIS 27TH DAY OF NOVEMBER 1999




Captain Sergeant Alfonso Lever
Senior Instructor



CERTIFICATE OF RETIREMENT

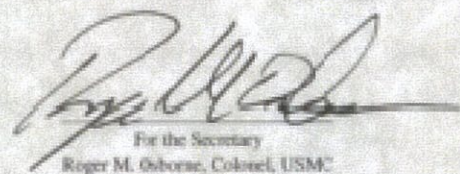
FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA
TO ALL WHO SEE THESE PRESENTS, GREETING

Second Lieutenant FOUGERE Pichman

HAVING SERVED FAITHFULLY AND HONORABLY
WAS RETIRED FROM THE

United States Marine Corps

ON THE 3rd DAY OF JULY 2010



For the Secretary
Roger M. Osborne, Colonel, USMC

Unmistakable Distinction



From the Armed Forces of the United States of America

Second Lieutenant FUGERE Pichman

HAS HONORABLY SERVED IN THE

United States Marine Corps

GIVEN ON THIS 3rd DAY OF JULY 2010

In Honor and Respect for your Faithful and Distinguished Service to your Country and the United States Marine Corps

MEMORIAL 800-211-2100



William C. McMaster
William C. McMaster
President



THE UNITED STATES OF AMERICA
IRAQ AND AFGHANISTAN
VETERAN

THE IRAQ CAMPAIGN MEDAL, THE AFGHANISTAN CAMPAIGN MEDAL
AND THE GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL

HAS BEEN AWARDED TO

Ltd Fougère Pichman

UNITED STATES Marines Corp

FOR PARTICIPATION IN COMBAT OPERATIONS IN IRAQ AND AFGHANISTAN
IN DIRECT SUPPORT OF OPERATIONS IRAQI FREEDOM AND ENDURING FREEDOM

GIVEN ON THIS 1ST DAY OF FEBRUARY 2010

OFFICIAL COMBAT VETERAN



William C. Clifford

WILLIAM C. CLIFFORD

AWARDS CENTER

United States Marine Corps



COMBAT APPOINTMENT

BY ORDER OF THE COMMANDING OFFICER
OF THE 9TH RECON BATTALION, 3RD MARINE DIVISION FMF



LANCE CORPORAL FOUGERE Pichman

UNITED STATES MARINE CORPS

HAS RECEIVED A MERITORIOUS PROMOTION
TO THE RANK OF CORPORAL E-4

FOR

DEMONSTRATED LEADERSHIP AND COURAGE IN BATTLE DURING
COMBAT OPERATIONS IN THE REPUBLIC OF Kouaille

GIVEN UNDER MY HAND IN DANANG, RVN

ON THIS 2ND DAY OF MARCH 2002



A handwritten signature in black ink, appearing to read "William F. Hunter".

William F. Hunter, Adj

United States Marine Corps



JUNGLE ENVIRONMENT SURVIVAL TRAINING CAMP
SUBIC BAY, ZAMBALES, PHILIPPINES

This is to Certify that

CORPORAL FOUGERE Pichman

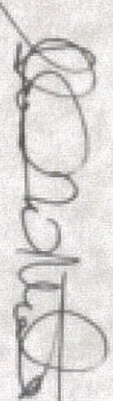
Has Successfully Completed the

J.E.S.T. COURSE

GIVEN AT NAS, CUBI POINT, REPUBLIC OF THE PHILIPPINES

ON THIS 25TH DAY OF MAY 2002




STEWART W. MARTIN, COLONEL USMC
COMMANDANT, JETTC

United States Marine Corps



Survival, Evasion, Resistance, and Escape

S E R E

ADVANCED COURSE

Certificate of Completion

Awarded To

CORPORAL *Fougère Pichman*

UNITED STATES MARINE CORPS

FOR SUCCESSFUL COMPLETION OF THE NAVY 12 DAY LEVEL "C"
S.E.R.E. HIGH RISK PERSONNEL COURSE

GIVEN AT CAMP GONSALVES, OKINAWA, JAPAN

on This 11th Day of November 2002



DS SERE.D. 200009

R. M. Lymes
Ross M. Lymes
Adjutant



United States Marine Corps



PLATOON SERGEANTS COURSE Graduate

The United States Marine Corps Proudly Presents this

Diploma to

SERGEANT FOUGERE Pichman

HAVING SUCCESSFULLY COMPLETED THE (8) WEEK INFANTRY PLATOON SERGEANTS COURSE, THE ABOVE NAMED NON COMMISSIONED OFFICER IS NOW READY TO LEAD AND TRAIN INFANTRY PLATOONS

CLASS REN.1-02, #10-98 MCB, CAMP HANSEN, OKINAWA



USMC REPRODUCTION 091-04 CP

Robert A. Martin

Robert A. Martin
USMC Awards Center





THE UNITED STATES OF AMERICA

AWARDED TO MILITARY PERSONNEL WHO DEPLOY TO IRAQ
IN DIRECT SUPPORT OF OPERATION IRAQI FREEDOM (OIF) ON OR AFTER 19 MARCH 2003

IRAQ CAMPAIGN MEDAL

ESTABLISHED 29 NOVEMBER 2004 BY EXECUTIVE ORDER 13563

TO

First Sergeant FOUGERE Pichman

UNITED STATES MARINE CORPS

FOR

PARTICIPATION IN COMBAT OPERATIONS IN IRAQ
IN DIRECT SUPPORT OF OPERATION IRAQI FREEDOM

GIVEN ON THIS 7TH DAY OF APRIL 2005



Roger B. Jones

Roger B. Jones
Award Center



THE UNITED STATES OF AMERICA

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING: THIS IS TO CERTIFY THAT
THE SECRETARY OF DEFENSE HAS AWARDED THE

NATIONAL DEFENSE SERVICE MEDAL

Presented To

Staff Sergeant FUGERE Pichman

FOR HONORABLE SERVICE IN DEFENSE OF YOUR COUNTRY
AND THE PEOPLE OF THE UNITED STATES OF AMERICA

GIVEN UNDER MY HAND IN THE CITY OF WASHINGTON, DC

ON THIS 30TH DAY OF DECEMBER 2004



A handwritten signature in black ink, appearing to read "Thomas H. Dyer".

THOMAS H. DYER
COLONEL, USA, ADJ

United States Marine Corps



MARINE CORPS RECRUIT DEPOT

PARRIS ISLAND, SOUTH CAROLINA

1ST RECRUIT TRAINING BATTALION

Certificate of Graduation

PRIVATE FOUGERE Pichman

PLATOON 1028

HAVING SUCCESSFULLY COMPLETED 13 WEEKS MARINE CORPS RECRUIT
TRAINING THE ABOVE NAMED RECRUIT HAS EARNED THE TITLE OF

UNITED STATES MARINE

And in testimony thereof has been awarded this

Diploma

GIVEN AT 1ST BATTALION, MCRD PARRIS ISLAND, SC

ON THIS 16TH DAY OF APRIL 2000




1st Recruit Training Battalion



THE UNITED STATES OF AMERICA
ESTABLISHED BY ACT OF CONGRESS 9 JULY 1918 (AMENDED BY ACT OF 25 JULY 1963) AND AWARDED BY
THE PRESIDENT OF THE UNITED STATES OF AMERICA

SILVER STAR MEDAL

PRESENTED TO

CORPORAL FOUGERE Pichman

FOR GALLANTRY IN ACTION AGAINST HOSTILE ENEMY FORCES
ON 4 OCTOBER 1993 WHILE SERVING WITH THE 14TH INFANTRY REGIMENT
GIVEN UNDER MY HAND
ON THIS 3RD DAY OF MARCH 2002



United States Marine Corps



Staff NCO Promotion Warrant

by the authority vested in me as Commanding Officer

I have today promoted the following Marine

Sergeant F O U G E R E P i c h m a n

TO THE RANK OF

STAFF SERGEANT E-6

This Appointee will comply and diligently discharge the duties of the grade to which appointed by doing and performing all manner of things thereto pertaining. And I do strictly charge all personnel of lesser grade to render obedience to appropriate orders. And this appointee is to observe and follow such orders and directions as may be given from time to time by superiors acting according to the rules and articles governing the discipline of the Armed Forces of the United States of America.

GIVEN UNDER MY HAND

ON THIS 3th DAY OF MAY 2004



Robert G. Patterson II

ROBERT G. PATTERSON II
PROMOTION BOARD



THE UNITED STATES OF AMERICA
ESTABLISHED BY ACT OF CONGRESS 9 JULY 1918 (AMENDED BY ACT OF 25 JULY 1963) AND AWARDED BY
THE PRESIDENT OF THE UNITED STATES OF AMERICA

SILVER STAR MEDAL

PRESENTED TO

Second Lieutenant FOUGERE Pichman

FOR GALLANTRY IN ACTION AGAINST HOSTILE ENEMY FORCES
ON 4 OCTOBER 1993 WHILE SERVING WITH THE 14TH INFANTRY REGIMENT

GIVEN UNDER MY HAND

ON THIS 5 DAY OF May 2010



COMPANY E, 1ST BATTALION
14TH INFANTRY REGIMENT

