

ISOLATED PERSONNEL REPORT (ISOPREP) INSTRUCTIONS

Paper ISOPREPs may be typed or hand written. All must be printed clearly, legibly, and distinctly. Every block that contains a **red** asterisk is a required block and must be filled in before the ISOPREP is submitted. The ISOPREP is designed to serve you for the duration of your military service, and may be securely forwarded or re-accomplished at each new assignment. Specific block instructions follow.

Section 1: Personal Information.

Blocks 1 - 21: Self-explanatory. Use drop-down menus when available.

Section 2: Uniform Data.

Blocks 22 - 27: Self-explanatory. Use drop-down menus.

Section 3 - Training Capability Data.

Blocks 28 - 32: Self-explanatory. Use drop-down menus when available.

Section 4 - Reintegration Information.

Blocks 33 - 37: Self-explanatory. Do not list anyone you do not wish to have contacted in the event you become isolated.

Block 38: Include separation/divorce, child custody, health situations, etc.

Section 5 - JPRC/PRCC Use Only.

Blocks 39 - 43: JPRC/PRCC use only.

Section 6 - Additional Information. (Fingerprint information. Optional, however, must meet standards.)

Block 44.a. - 44.b.: Browse local hard drive for fingerprint files in .wsq, .jpg, or .bmp format.

Block 44.c. - 44.e.: Enter general and contractor specific information.

Section 7 - Photos.

Blocks 45 - 46: Self-explanatory.

Section 8 - Review information.

Blocks 47 - 48: Self-explanatory.

Block 49: Signature is only required for those personnel completing paper copies.

Section 9 - Personnel Authentication Information. *The ISOPREP form becomes classified **CONFIDENTIAL**, releasable to the author when blocks 50 - 56 are completed, and must be handled appropriately.*

Blocks 50 - 53: Personal Authentication Statements.

(a) These factual statements should be simple, declarative recollections of strong memories - based upon real personal events that have occurred to you, not questions and answers. They should involve easily remembered personal events or details that are not subject to change. Do not invent stories that may not be remembered during an actual recovery - due to pain or the stress of the situation. Do not use memories subject to change (i.e., My favorite ice cream is, My current dog is, etc.). Avoid using culturally sensitive information - something that might cause embarrassment if disclosed, be culturally offensive, or aggravate an ally or friendly civilian that may assist in recovery - e.g., no derogatory or sexually oriented statements, diseases, or bodily functions.

(b) This data may be used to authenticate the author's identity prior to combat recovery to ensure the safety of the recovery force.

(c) A recovery force must be able to make a minimum of four questions from each statement to authenticate you. Example: "While living in Porter, Oklahoma, in 1972, I had a black and tan Doberman named Crockett." At least four questions can be made from this statement:

- (1) Question: What state did you live in during 1972? Answer: Oklahoma.
- (2) Question: What town did you live in during 1972? Answer: Porter.
- (3) Question: What was your dog's name in 1972? Answer: Crockett.
- (4) Question: What color was your dog in 1972? Answer: Black and tan.

Block 54: Authentication Number. Enter an easily remembered four-digit number. The authentication number must be able to produce as many separate questions and responses as possible by addition, subtraction, or multiplication of the four digits. Examples of good numbers are: 8142, 6392, and 9463. Do not use the last four digits of your SSN. The following are examples that should not be used as an authentication number:

- (1) Do not use the same number more than once (i.e., 7777).
- (2) Do not use numbers in sequence of three or more (i.e., 1234, 8762).
- (3) Do not use the digit 0 (zero) (i.e., 0179, 4609).

Blocks 55 and 56: Enter in the theater specific information as required by the theater you are deploying to.

VALUES FOR DROP-DOWN FIELDS (If otherwise unusable):

Block 3 - Gender: F, M.

Block 4 - Grade: E-1, E-2, E-3, E-5, E-6, E-7, E-8, E-9, W-1, W-2, W-3, W-4, W-5, O-1, O-2, O-3, O-4, O-5, O-6, O-7, O-8, O-9, O-10, GS/GG.

Block 8 - Branch: US Army, US Navy, US Air Force, US Marines, US Coast Guard, DoD Civilian, CIA, FBI, Dept of State, DPMO, Other.

Block 10 - Blood Type: A POS, A NEG, B POS, B NEG, AB POS, AB NEG, O POS, O NEG.

Block 13 - Hair Color: Black, Blond, Brown, Gray, Red, None.

Block 14 - Eye Color: Black, Blue, Brown, Gray, Green, Hazel, Violet.

Block 16 - Citizenship: United States, Australia, Belgium, Canada, China, Denmark, Egypt, Ethiopia, Finland, France, Germany, Greece, Greenland, Iceland, India, Indonesia, Ireland, Italy, Japan, Norway, Switzerland, United Arab Emirates, United Kingdom, Other.

Blocks 22 - 24 (Shirt, Pants, Hat Size): XS, S, M, L, XL.

Block 25 - Boot Type: Men, Women.

Block 26 - Boot Size: Whole sizes from 2 - 17; half sizes from 5.5 to 12.5.

Block 28-30.a. - SERE Training Type: SERE 100, Level B Peacetime/Government, Level B Wartime/Hostage, Level C Peacetime/Government, Level C Wartime/Hostage.

Block 28-30.c. - SERE Training Month: Enter 3-letter abbreviation for month.

Block 28-30.d. - SERE Training Location: NAS North Island, California; NAS Brunswick, Maine; Ft Bragg, North Carolina; Ft Rucker, Alabama; Fairchild AFB, Washington.

Block 31.a. - Primary Language Capability - Language: English, Spanish, French, German, Italian, Chinese, Tagalog, Polish, Korean, Vietnamese, Portuguese, Japanese, Greek, Arabic, Hindi (Urdu), Russian, Yiddish, Thai, Persian, Armenian, Navajo, Hungarian, Hebrew, Dutch, Other.

Blocks 31.b. - d. (Primary Language Reading, Writing, Speaking): Excellent, Good, Poor.

ISOLATED PERSONNEL REPORT (ISOPREP)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 133, 3012, 3051 and 8012; E.O. 9397.

PRINCIPAL PURPOSE(S): To protect recovery forces from enemy entrapment and facilitate the recovery of isolated persons.

ROUTINE USE(S): To be completed by designated personnel subject to isolation due to hostile activity. Contains personal information that may be used to ensure positive identification. The form will be unclassified/official use only. Blocks 50, 51, 52, 53, 54, 55 and 56 are optional blocks and are only utilized when directed by unit SOP or Service doctrine. When blocks 50, 51, 52, 53, 54, 55, and 56 are completed this form becomes classified CONFIDENTIAL and must be handled appropriately. This form may only be transmitted via .mil to .mil email accounts.

DISCLOSURE IS MANDATORY. The information is necessary since it affects the entire personnel recovery process. Exceptions on disclosure are made for government contractors.

SECTION 1 - PERSONAL INFORMATION

1.a. LAST NAME*	1.b. FIRST NAME*	1.c. M.I.	2. GO BY NAME	3. GENDER*	4. GRADE*	5. SSN*	6. COALITION ID	7. DOB (YYYYMMDD)*
8. BRANCH OF SERVICE/AGENCY/DEPT*	9. CURRENT UNIT*	10. BLOOD TYPE*	11. HEIGHT (in.)*	12. WEIGHT (lbs.)	13. HAIR COLOR*	14. EYE COLOR*	15. ETHNIC GROUP	
16.a. CITIZENSHIP*	b. IF OTHER, SPECIFY:		17. ACCENT		18. RELIGIOUS PREFERENCE		19. BLOOD CHIT NUMBER	
20. IDENTIFYING SCARS/MARKS/TATTOOS*				21. KNOWN MEDICAL CONDITIONS AND PRESCRIPTIONS				

SECTION 2 - UNIFORM DATA

22. SHIRT SIZE:	23. PANT SIZE:	24. HAT SIZE:	25. BOOT TYPE:	26. BOOT SIZE:	27. BOOT WIDTH:
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SECTION 3 - TRAINING/CAPABILITY DATA

SERE TRAINING	a. TYPE	b. YEAR (YYYY)	c. MONTH	d. LOCATION	/OTHER (Specify)	e. COMMENTS
28. TRAINING 1					/	
29. TRAINING 2					/	
30. TRAINING 3					/	
31. PRIMARY LANGUAGE CAPABILITY	a. LANGUAGE (If Other, specify)	b. READING	c. WRITING	d. SPEAKING	e. COMMENTS	

32. OTHER LANGUAGE CAPABILITIES:

SECTION 4 - REINTEGRATION INFORMATION

33. PRIMARY NEXT OF KIN		34. PARENT NO. 1 (Contractors Optional)		35. PARENT NO. 2 (Contractors Optional)	
a. NAME:		a. NAME:		a. NAME:	
b. ADDRESS:		b. ADDRESS:		b. ADDRESS:	
c. CITY:		c. CITY:		c. CITY:	
d. STATE	e. ZIP CODE:	d. STATE	e. ZIP CODE:	d. STATE	e. ZIP CODE:
f. TELEPHONE:		f. TELEPHONE:		f. TELEPHONE:	
g. SAME AS: ☐ PARENT NO. 1 ☐ PARENT NO. 2		37. HOME OF RECORD (Contractors Optional)			
36. CHILDREN AT HOME (Contractors Optional)				a. ADDRESS:	
a. NAME(S)	b. DOB(S)	a. NAME(S)	b. DOB(S)	b. CITY:	
				c. STATE	
				d. ZIP CODE:	

38. SPECIAL FAMILY SITUATIONS:

SECTION 5 - JPRC/PRCC USE ONLY

39. DATE MISSING (YYYYMMDD)	40. DATE RECOVERED (YYYYMMDD)	41. DATE ENTERED REINTEGRATION (YYYYMMDD)	42. DATE RELEASED TO UNIT CONTROL (YYYYMMDD)
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43. NOTES

SECTION 6 - ADDITIONAL INFORMATION

44.a. LEFT FINGERPRINTS (Optional): THUMB:	INDEX:	MIDDLE:	RING:	LITTLE:
44.b. RIGHT FINGERPRINTS (Optional): THUMB:	INDEX:	MIDDLE:	RING:	LITTLE:
44.c. ADDITIONAL INFORMATION				
44.d. CONTRACTOR: COMPANY NAME			44.e. COMPANY POINT OF CONTACT	

SECTION 7 - PHOTOS

45. FRONT FULL DIGITAL PHOTOGRAPH	46. RIGHT PROFILE DIGITAL PHOTOGRAPH
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SECTION 8 - REVIEW INFORMATION

47. DATE COMPLETED (YYYYMMDD)	48. DATE REVIEWED (YYYYMMDD)*	49. SIGNATURE
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SECTION 9 - PERSONAL AUTHENTICATION INFORMATION

(Note: For the Personal Authentication Statements, Items 50 - 53, please input 4 unique statements from which 4 questions can be derived from each.)

50. (C) PERSONAL AUTHENTICATION STATEMENT NO. 1		
51. (C) PERSONAL AUTHENTICATION STATEMENT NO. 2		
52. (C) PERSONAL AUTHENTICATION STATEMENT NO. 3		
53. (C) PERSONAL AUTHENTICATION STATEMENT NO. 4		
54. (C) AUTHENTICATION NUMBER	55. (C) THEATER DURESS WORD	56. (C) ADDITIONAL AUTHENTICATION INFORMATION