



Finnish Defence Forces

Recruit Questionnaire (preliminary questionnaire for military service)

You fill in this preliminary questionnaire after the call-up, before you enter military service. Filling in this questionnaire will give you an opportunity to express your wishes with regard to your service task. Instructions for filling in the questionnaire and returning it are given in the recruit letter cover letter sheet. Fill in this pdf questionnaire if you can not answer the electronic questionnaire at the Defence Forces E-service at <https://asiointi.puolustusvoimat.fi>.

1. Personal information

Family name		First names		Finnish social security number		Mother tongue	
Street address			Postal code	City		Telephone	
E-mail				Bank account number in IBAN format (for payment of daily allowances)		Place of birth	
Driving licence	Driving licence category	If you do not have a driving licence, are you taking driver training?	Driving licence category and phase of training	I have experience of driving a truck exceeding 12 tn or heavy equipment (incl. mobile machinery and forklift)		Occupation	
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> <input type="checkbox"/>	
First and family name of the family member or another person you want to be informed for ex. in the event of an accident							
Street address			Postal code	City		Telephone	

2. Basic information

Which of the following freetime exercise groups do you belong to? Think about the past three months and take into consideration all kinds of physical strain in your freetime, that has taken at least 20 minutes. Exercise is fast-paced and brisk, when it causes at least some amount of sweating and increased breathing.	<input type="checkbox"/> Hardly any exercise on a weekly basis	What is the distance that that you can swim at one go without any auxiliary equipment or grabbing hold of a support?	<input type="checkbox"/> Poor	Estimate your level of endurance	<input type="checkbox"/> Poor	Estimate your muscle fitness	<input type="checkbox"/> Poor	Do you do competitive sports? <input type="checkbox"/> no <input type="checkbox"/> yes;	Sports	_____
	<input type="checkbox"/> Slow-paced or easy exercise 1 or more days a week		<input type="checkbox"/> Less than 25 m		<input type="checkbox"/> Adequate		<input type="checkbox"/> Adequate		Sports Club	_____
	<input type="checkbox"/> Fast-paced and brisk exercise about once a week		<input type="checkbox"/> 25-200 m		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Satisfactory		Competition level:	<input type="checkbox"/> 3rd division, league or lower
	<input type="checkbox"/> Fast-paced and brisk exercise twice a week		<input type="checkbox"/> 200-499 m		<input type="checkbox"/> Good		<input type="checkbox"/> Good		<input type="checkbox"/> 1st - 2nd division or league	
	<input type="checkbox"/> Fast-paced and brisk exercise three times a week		<input type="checkbox"/> More than 500 m		<input type="checkbox"/> Very good		<input type="checkbox"/> Very good		<input type="checkbox"/> Finnish championship level, junior	
	<input type="checkbox"/> Fast-paced and brisk exercise at least four times a week				<input type="checkbox"/> Excellent		<input type="checkbox"/> Excellent		<input type="checkbox"/> Finnish championship level, general,	
					<input type="checkbox"/> Other					

Tell us about your other hobbies and know-how that could influence your service tasks (for example professional special competence, first aid skills, information technology, organisational activities, drones)

Result of your latest 12 min. running test in meters.				The year you took the test				Result of your latest Beep running test in numbers of shuttles run				The year you took the test			
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The highest level of education completed by you. Mention also any education you have not yet completed	End date of highest level of education completed. Mention also the ending date of education not yet completed.	Name of the highest educational qualification, name of degree, line or programme. Mention the same for education not yet completed.	Languages					
			Mother tongue	Excellent	Good	Satisfactory	No	
			Finnish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Swedish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Russian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Other:			_____					
Other education			_____					

3. Health and life situation

Do you feel healthy? <input type="checkbox"/> yes <input type="checkbox"/> no	If you do not feel healthy, bring a medical statement no older than 3 months to your Regional Office. The statement should take a clear stand regarding your fitness for military service / your service fitness category.	Do you think that you will be able to serve the entire military service time? <input type="checkbox"/> yes <input type="checkbox"/> I do not know <input type="checkbox"/> no	What are your expectations for military service? <input type="checkbox"/> positive <input type="checkbox"/> partly positive, partly negative <input type="checkbox"/> negative	
Do you think you will endure the physical strain during your military service? <input type="checkbox"/> yes <input type="checkbox"/> quite surely <input type="checkbox"/> I do not know <input type="checkbox"/> no	How well do you sleep? <input type="checkbox"/> well <input type="checkbox"/> problems sometimes <input type="checkbox"/> badly		Height _____ cm	Weight _____ kg
Handedness <input type="checkbox"/> righthanded <input type="checkbox"/> lefthanded <input type="checkbox"/> both	Do you use eyeglasses? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you received your vaccinations at child welfare clinic /comprehensive school? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you take medication? <input type="checkbox"/> no <input type="checkbox"/> sometimes <input type="checkbox"/> regularly	If you do, then what _____			

4. Symptoms that might affect your service tasks (When you enter service, take all your medical certificates and statements with you.)

Do you have any of the following symptoms that might affect your service tasks?

No Yes

Fear of heights

Claustrophobia

Fear of flying

Sea sickness that is easily aggravated

Travel sickness that is easily aggravated. If you answered yes, so how often do you get travel sick: sometimes abundantly

5. Upcoming service

Next, you may express your wishes regarding your service. The recruit letter cover sheet involving the Preliminary Questionnaire provides instructions for accessing information about your brigade-level unit's education and training provision. The final training selections and decision on your service time (165/255/347 days) are made at your brigade-level unit at the end of the basic training period by your supervisors in cooperation with you on the basis of your motivation and the skills you have demonstrated. A wish you have expressed will not stand in your way if you want to apply for leadership training or special tasks even if your service has already started. It will not guarantee, either, that you will be signed up for the training you have asked for (all tasks will be filled - some are more popular than others).

Your preferred service time <input type="checkbox"/> 165 days <input type="checkbox"/> 255 days <input type="checkbox"/> 347 days	Do you want to sign up for leadership training? <input type="checkbox"/> yes (service time 347 days) <input type="checkbox"/> no	Do you want to sign up for rapid deployment force training? <input type="checkbox"/> yes <input type="checkbox"/> no	Your preferred training branch 1. _____ 2. _____ 3. _____
Give reasons for your preferences _____ _____			
Other matters that may affect the planning of your training, or your service _____ _____			
If you arrive by car, give its registration number _____			

6. Signature

I affirm that I have answered all the questions in this form with honesty and to my best understanding. I authorise the Defence Forces or the Border Guard to access my medical information from other health care units, the Prescription Centre and the National Archive of Health for the purpose of handling my Recruit Questionnaire. Doctors, other health care professionals, hospitals, health centres, child welfare clinics, mental health clinics, private medical institutions and other health care providers that have examined and treated me have my permission to give such information concerning my health to the Defence Forces that is needed for determining my fitness for service and for handling this questionnaire. In order to obtain information needed for handling my questionnaire, the Defence Forces and the Border Guard may give individual information on my state of health to the aforementioned health and medical care providers. The information requested in the form come under the Military Service Register referred to in section 4, subsection 1, paragraph 1 of the Act on the processing of personal data in the Finnish Defence Forces (332/2019). The Defence Command is the register manager of the Military Service Register under subsection 3 of the same provision. Section 5 of the Act on the processing of personal data in the Defence Forces provides for the purpose of use of the Military Service Register. In addition to the Act on the processing of personal data in the Defence Forces, the provisions of the Act on the Processing of Personal Data in Criminal Matters and in Connection with Maintaining National Security (1054/2018) apply to the processing of personal data excluding section 10, subsection 2, section 54, and chapter 7 of the Act.

Date	Signature and clarification of signature
_____	_____