

POLYGRAPH EXAMINATION REPORT

For use of this Form, see AR 195-6
The proponent agency is PMG.

DATE OF REPORT	DATE(S) OF EXAMINATION	ROI/FILE NUMBER	DOSSIER NUMBER
ORGANIZATION OR AGENCY REQUESTING EXAMINATION			
DATE AUTHORIZED	TITLE OF AUTHORIZING REPRESENTATIVE		
<input type="checkbox"/> EXAMINEE NAME (<i>Last, First, Middle Initial</i>) OR MI SOURCE NUMBER		<input type="checkbox"/> GRADE	<input type="checkbox"/> SSN
<input type="checkbox"/> DATE OF BIRTH	<input type="checkbox"/> PLACE OF BIRTH		<input type="checkbox"/> CITIZENSHIP STATUS
<input type="checkbox"/> ORGANIZATION, DOD AFFILIATION OR ADDRESS			
<input type="checkbox"/> OFFENSE/BASIS FOR INVESTIGATION			
<input type="checkbox"/> PURPOSE OF EXAMINATION			
<input type="checkbox"/> INVESTIGATIVE/OPERATIONAL SUMMARY			
SPECIAL CATEGORY MARKINGS/WARNING NOTICES		DOWNGRADING/DECLASSIFICATION/TERMINATION	

() LOCATION OF EXAMINATION

SYNOPSIS OF RESULTS

<input type="checkbox"/> NO DECEPTION INDICATED	<input type="checkbox"/> INCONCLUSIVE	<input type="checkbox"/> PRE TEST CONFESSION/ADMISSION
<input type="checkbox"/> DECEPTION INDICATED	<input type="checkbox"/> NO OPINION	<input type="checkbox"/> POST-TEST CONFESSION/ADMISSION
() UNUSUAL PHYSIOLOGICAL RESPONSES (WERE) (WERE NOT) OBSERVED DURING THIS EXAMINATION	POLYGRAPH INSTRUMENT DATA	
	MANUFACTURER	
() EXAMINEE (WAS) (WAS NOT) COOPERATIVE	MODEL	
() ALL PARTS OF THIS EXAMINATION (WERE) (WERE NOT) COMPLETED	SERIAL NUMBER	
	DATE LAST CALIBRATED	

() CONCLUSIONS

TYPED NAME OF WITNESS, MONITOR, OR INTERPRETER

() EXAMINEE NATIVE LANGUAGE

EXAMINER (TYPED NAME AND CERTIFICATE NUMBER)

() LANGUAGE(S) EXAMINATION CONDUCTED

ORGANIZATION OF EXAMINER

SIGNATURE OF EXAMINER