



## **ARTB School Waiver Requests**

All waiver requests to attend Airborne or Ranger School must be e-mailed to:

CPT Darryl W. Sandberg  
Airborne & Ranger Training Brigade Surgeon  
[darryl.w.sandberg.mil@mail.mil](mailto:darryl.w.sandberg.mil@mail.mil)

CC: SGT Thomas P. Roberts  
Airborne & Ranger Training Brigade Medical NCOIC  
[thomas.p.roberts30.mil@mail.mil](mailto:thomas.p.roberts30.mil@mail.mil)

Be sure to include the following:

- Completed Physical Examination (DD 2808 & DD 2807-1)
- All required supporting documents: Panorex-Memo, Labwork, Radiology reports, Medical Specialty evaluations, Electrocardiogram, Hearing Conservation Worksheet.



DEPARTMENT OF THE ARMY  
Unit info

REPLY TO  
ATTENTION OF

Symbol

Date

MEMORANDUM FOR RECORD

SUBJECT: Request Waiver of Medical Prerequisites to attend Ranger School.

1. Soldier considered for waiver: Rank, Last, First MI., SSN, Post, State Zip.
2. Disqualifying condition per AR 40-501 chap \*-\*, paragraph \*-\*.
3. History of condition and providers recommendation why waiver should be considered.
4. Point of contact for this memorandum is the undersigned at (XXX) XXX-XXXX or [email](#).

Signature Block