



ARTB School Waivers

All waivers 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

CC: MSG Michael Chavaree
Airborne & Ranger Training Brigade Medical NCOIC
michael.a.chavaree.mil@mail.mil

Be sure to include:

- Complete Physical Examination (DD 2808 & DD 2807-1)
- All supporting documents (Panorex-Memo, Labwork, Hearing Conservation Worksheet, et cetera)
- Documentation from your PCM reflecting their clearance for you to attend Ranger School.

Symbol

Date

MEMORANDUM FOR RECORD

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

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

Signature Block