



DEPARTMENT OF THE ARMY  
YOUR UNIT  
STREET ADDRESS  
CITY, STATE 12345

REPLY TO  
ATTENTION OF

ABCD-EFG-H (*Your unit's office symbol*)

Date of memo

MEMORANDUM FOR Commandant, U.S. Army Infantry School

SUBJECT: Medical Profile (*or Speech Impediment*) waiver request to attend the Basic Airborne Course

1. The following Soldier is assigned to (*your unit*). He/she currently has an (*“ATRRS reserve status” OR “ATRRS wait status” OR “does not have an ATRRS reservation”*) for class ###-## beginning (*Class START date*).

*Rank Last name, First name MI Last 4*

2. (*Your justification to attend the course goe here*).

EXAMPLE: Dispite SSG Doe, John having physical limitations I request an exception to policy (*insert justification*).

3. The point of contact for this memorandum is (*Rank Last name, First name email and phone*).

*(First O-5 or higher in Chain of Command)*

FIRST LAST

RANK, BRANCH

Position

***\*Note: Current physical and DD Form 2870 HIPAA release Form must be attached to ALL Airborne Course medical waiver requests. Failure to do so will result in automatic disapproval.***

***\*Note: Students requesting medical waivers must submit them NLT 60 days prior to the class start date. Medical waiver requests arriving with less than 60 days will automatically be disapproved.***