

# UNITED STATES ARMY RANGER SCHOOL

## MEDICAL WAIVER REQUEST FORM

### 1. PERSONNEL INFORMATION:

Name (Last, First, M.I.): \_\_\_\_\_ Rank: \_\_\_\_\_

AOC/MOS: \_\_\_\_\_ DoDI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. UNIT INFORMATION:

Unit: \_\_\_\_\_ UIC: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Supervisor POC (Name/Number): \_\_\_\_\_

### 3. COURSE INFORMATION:

Class Number: \_\_\_\_\_ Report Date: \_\_\_\_\_

### 4. MEDICAL INFORMATION:

Date of Physical: \_\_\_\_\_

Medication needed during course: YES NO

Medication/Frequency: \_\_\_\_\_

Previous Hot/Cold Weather Injury: YES NO Check: CWI HWI

Justification of Waiver (Disqualifying reason IAW DD 2808 Block 78):

**//////// SECTION BELOW TO BE COMPLETED BY THE ARTB MEDICAL TEAM ONLY //////////**

5. WAIVER APPROVED DISAPPROVED

6. MEDICATION REQUIRED: YES NO Approved YES NO N/A

Medication: \_\_\_\_\_

COMMENTS:

POC: \_\_\_\_\_

APPROVING MEDICAL AUTHORITY: