

## Airborne & Ranger Training Brigade Medical Waiver Request

All medical Waiver Requests to attend Ranger School must be sent to the ARTB Surgeon cell at the below email:

usarmy.moore.mcoe.mbx.artb-brigade-med@army.mil

## **Examples requiring a medical waiver:**

- Received Physical exam with disqualifying condition
- Require medication during duration of the course
- Prior Hot Weather or Cold Weather injury
- Seen by PCM or other provider after completion of Physical exam for injury or illness that may hinder completion of the course.

## Request to ARTB Surgeon Cell will include the following documents:

- Complete physical exam signed by MD/DO and within 18 months of class start date (2808 & 2807-1)
- 2. All supporting documents (Lab work, Hearing examination (DD2216E), and ECG if over 35 y/o)
- 3. Documentation from your PCM reflecting their clearance for you to attend Ranger School.
- 4. Medical Waiver Request Form (See example below)



## UNITED STATES ARMY RANGER SCHOOL MEDICAL WAIVER REQUEST FORM



1.	. PERSONNEL INFORMATION:	
	Name (Last, First, M.I.): Smith, John R. Ran	k: 2LT
	AOC/MOS: <u>11A</u> DoDI: <u>1234567890</u>	
	Email: john.r.smith12.mil@army.mil Phone Number: (123) 456-7	890
2.	. UNIT INFORMATION:	
	Unit: <u>D CO., 2-11 IBOLC</u> UIC: <u>W2L530</u>	
	Address: 8010 Schneider RD City/State/Zip: Ft. Moore, GA 31	1905
	Supervisor POC (Name/Number): <u>CPT Doe, Jane / (234) 567-8901</u>	
3.	. COURSE INFORMATION:	
	Class Number: 01-25 Report Date: 06-Oct-2024	
4.	. MEDICAL INFORMATION:	
	Date of Physical: <u>03-May-2024</u>	
	Medication needed during course:  OYES ONO	
	Medication/Frequency: Prilosec OTC 30mg daily	
	Previous Hot/Cold Weather Injury: OYES ONO Check: CWI	HWI
	Justification of Waiver (Disqualifying reason IAW DD 2808 Block 78):	
	Dislocated shoulder 2019, surgery 2020. MCL repair 2023 wears brace for kne	e. GERD takes
	Prilosec daily. HWI in 2022.	
	////// SECTION BELOW TO BE COMPLETED BY THE ARTB MEDICAL TEAM	ONLY //////
5.	. WAIVER   APPROVED   DISAPPROVED	
_	0.75	O
6.	. MEDICATION REQUIRED:	ON/A
	Medication: Prilosec	_
COMMENTS:		
	Needs to have enough medication to last entire course. Medication loss may re	esult in drop
	from course. Waiver for knee brace DENIED. Must report during Winter month	
POC: MSG Howlett, James L. at (706) 544-6674, or james.l.howlett.mil@army.mil.		
1 OC. MISO Howell, Sames L. at (700) 344-0074, or james.i.mowiett.mil@amiy.mil.		
APPROVING MEDICAL AUTHORITY:		

WILSON, WADE O. CPT, SP ARTB Physician Assistant