



## **Airborne & Ranger Training Brigade Medical Waivers**

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

[usarmy.benning.mcoe.mbx.artb-brigade-med@army.mil](mailto:usarmy.benning.mcoe.mbx.artb-brigade-med@army.mil)



### Be sure to include:

- Complete signed 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 Ranger 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