



ARTB School Waiver Requests

All waiver requests 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: SGT Thomas P. Roberts
Airborne & Ranger Training Brigade Medical NCOIC
thomas.p.roberts30.mil@mail.mil

Be sure to include the following:

- Completed Physical Examination (DD 2808 & DD 2807-1)
- All required supporting documents: Panorex-Memo, Labwork, Radiology reports, Medical Specialty evaluations, Electrocardiogram, Hearing Conservation Worksheet.



DEPARTMENT OF THE ARMY
Unit info

REPLY TO
ATTENTION OF

Symbol

Date

MEMORANDUM FOR RECORD

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

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

Signature Block