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MEDICAL EXAMINATION FOR CERTAIN GEOGRAPHICAL AREAS

(For use of this form, see AR 40-501; the proponent is the Office of The Surgeon General)

DATE

SOLDIER'S LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE & SSN *(Type or print)*

ORGANIZATION

COUNTRY ASSIGNED

DEPENDENTS

NAME

RELATIONSHIP

AGE

Based upon a review of available medical records and the results of examination as necessary, the following recommendations are submitted:

____ Soldier is medically qualified to undertake proposed assignment.

____ Soldier is not medically qualified to undertake proposed assignment.

____ Dependents listed above ____ are ____ are not medically qualified to accompany soldier.

REMARKS:

(Continue on reverse side if necessary)

MEDICAL TREATMENT FACILITY

TYPED OR PRINTED NAME OF EXAMINING PHYSICIAN

SIGNATURE OF EXAMINING PHYSICIAN