

CENTCOM Medical Waiver Request

Patient Name (Last, First):		DOB:	SSN (Last 4):	
# Previous Deployments:	Destination (country):		Diagnosis (ICD9):	
Age:	Sex:	Grade:	Service:	Home Station/Unit:
Years of Service:	Active/Reserve/Civilian:		MOS/Job Description:	
Length of Deployment:	Deployment Date:		Previous Waivers (Y/N):	

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See MOD 11 and accompanying PPG-TAB A for required information):

I have reviewed the case summary and hereby submit this request.

Signature: _____

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval: YES NO

Signature: _____

Comments: