

CENTCOM Medical Waiver Request

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

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider or requestor, including clinical information necessary to make a disposition. See MOD 12 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: