Fort Bragg Warrior Transition Battalion Entry Request Medical Summary

Information of Nominated Soldier:

Name _____ Rank _____ SSN _____

Unit _____ MOS _____ Age/DOB: _____

Pertinent Past Medical History: (List only information relevant to the current diagnoses that factor into the Commander's request to transfer this Soldier to the Warrior Transition Unit.)

Current/Active Medical Condition(s): May list additional diagnoses on a separate sheet as needed.
Diagnosis: Medical term (layman's term in parenthesis)
Plan of Care: At minimum, must address the following: concise plan of care, prognosis, and whether or not this meets retention standards or is expected to fail/meet retention standards.

Diagnosis #1:
Plan of Care:

Diagnosis #2:
Plan of Care:

Diagnosis #3:
Plan of Care:

Diagnosis #4:
Plan of Care:

IDES History: List current MEB phase, date they entered that phase, and disqualifying condition(s). If not in MEB, when are they anticipated to reach MRDP?

Explain in detail why the Soldier CANNOT continue to remain assigned to his or her unit:

Additional Relevant Factors/Information:

Physician's Typed/Printed Name, Grade, Title **Date**

Signature