

USAFRICOM Medical Waiver Request

Email this form and all scanned documentation to africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil

Do not send encrypted emails to this address. Use AMRDEC or contact DSN: 314-421-2263 for assistance

DSN Contact Phone Numbers: AFAFRICA: 314-480-7443; CJTF HOA: 311-824-4281; MARFORAF/NAVAF:

314-626-4690; SOCAF: 314-421-3339; USARAF: 314-634-5380; USAFRICOM HQ: 314-421-2263

Patient Name (Last, First):		DOB:	SSN (last 4):
Age:	Sex:	Rank/ Grade:	Service:
Deployment/Travel Date:		Travel Duration (days):	Destination (country):
MOS/AFSC/Skill Identifier/Job Description:			Home Station/Unit:
Active/Reserve/Civilian/Contractor:			
Requester POC(Medical Personnel)Name/E-mail/Phone:			
Summary of medical condition(s):			

I understand the potential risks associated with this deployment limiting condition. For this individual, I am requesting a waiver of the health requirement for travel to the USAFRICOM Area of Operation.

Commander or Designee

Signature:

Date:

STAMP / PRINTED NAME AND TITLE

Required documentation for waiver evaluation in addition to this form:

DD Form 2766, Adult Preventive and Chronic Care Flow sheet, with full medical history including all medical conditions, surgeries, medications, and summary of Deployment Limiting Condition(s). DoD Civilians/Contractors who are age 40 and older, must have a Framingham 10-year coronary heart disease risk percentage calculated (<http://www.framinghamheartstudy.org/risk-functions/cardiovascular-disease/10-year-risk.php#>)

Case Summary (To be completed by healthcare provider): Include all clinically relevant information necessary to make a disposition including, but not limited to: Diagnosis (ICD10), history of the condition, date of onset, prior treatments, current treatments, limitations imposed by the condition and/or medications, prognosis, and required follow-up. (Use additional sheets, if needed. The more clinical information provided, the better.)

Supplemental documentation (include information relevant for deployability determination):

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| a. Specialty consults results establishing diagnosis, treatment, monitoring plan and prognosis. | d. Summaries and past medical documents (e.g. hospital summary). |
| b. Recent and relevant surgery, laboratory, pathology and tissue examination reports. | e. Reports of proceedings (e.g. Tumor Board, Medical Evaluation Boards, etc.) |
| c. Reports of studies (radiographs, pictures, films or procedures). | f. Job requirements (physical condition, exertion level, etc.) |

I have reviewed the case summary and hereby submit this request

Provider's Signature:

Date:

STAMP / PRINTED NAME AND TITLE

FOR SURGEON'S OFFICE USE ONLY

Waiver Approved: YES NO

K Uj Yf
5 i R cf]m
Signature:

Date:

STAMP / PRINTED NAME AND TITLE

Comments:

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