

Active Duty and Reserve Corps Medical Waiver Request

Officer Name _____ SERNO _____ Date _____

Requests for medical waivers must be accompanied by signed medical documentation from the officer's healthcare provider. For the purposes of this form, "medical" conditions refer to physical, dental or mental health conditions. The officer should clearly state the specific waiver category requested. Approval of medical waivers is not guaranteed. Medical Affairs (MA) has sole discretion of approval and time limitations of all medical waivers.

The healthcare provider must:

- Document the medical condition and the officer's current status that justifies the waiver request.
- Estimate and justify the period of time that officer will require the waiver.
- Estimate when the officer will be able to perform the waived requirement.
- If requesting a waiver of a weight that exceeds Corps Retention Weight Standards, provide documentation from studies in the scientific literature (not from the prescribing information) that shows that a reasonable percentage of individuals with the cited medical condition or treatment have significant changes in their weight. Please also submit the officer's weights prior to the diagnosis of the condition or at initiation of the treatment, if available.
- If requesting a waiver of a weight dgrny "Corps Retention Weight Standards, provide documentation vj cv'vj gtg'ku'pq'gxf'gpeg'qhc'r'j {ukqni kecrqt'dgi cxkqcnj gcmj 'tgcup'ht'vj g'rqy " y gki j v0'K'cxkædng.'r tqxkf'g'j kvqtkecrly gki j vs."

Please check all that apply:	
Waiver Request Category	Description
<input type="checkbox"/> Deployment	Temporarily waives deployments
<input type="checkbox"/> Pregnancy	Includes temporary waivers for deployment, requirements of all sections of APFT, BLS, Weight Standards, and live virus vaccinations. Ends 6 months after anticipated delivery date. Officer may request a 3 month extension waiver for Weight Standards.
<input type="checkbox"/> Breastfeeding	Temporarily waives any deployment or training away from home which is longer than 48 hours. Ends 12 months after the child's date of birth or when the officer stops breastfeeding, whichever comes first.
<input type="checkbox"/> Annual Physical Fitness Testing (All Sections)	Temporarily waives the requirement to complete the entire APFT.
<input type="checkbox"/> Cardiorespiratory Endurance	Temporarily waives the requirement to complete this section by performing a run, swim, elliptical or stationary bike.
<input type="checkbox"/> Upper Body Endurance	Waives the requirement to complete this section by performing push-ups.
<input type="checkbox"/> Core Endurance	Waives the requirement to complete this section by performing planks.
<input type="checkbox"/> Flexibility	Waives the requirement to complete this section by performing seated toe touch.
Basic Life Support (BLS)	Temporarily waives the requirement to complete BLS
<input type="checkbox"/> Immunization: Enter Vaccine(s) Below	Waives requirements for specific immunizations based on allergy, medical contraindication, or history of adverse reactions to that specific vaccine.
<input type="checkbox"/> Weight	Waives requirements to meet Corps retention weight standards. An individual modified standard will be established by Medical Affairs.
<input type="checkbox"/> Uniform: Beard	Waives requirement that male officers must be clean shaven. Officer must meet beard specification of the grooming waiver
<input type="checkbox"/> Uniform: Shoe	Waives requirement of wearing only authorized footwear. Must meet shoe specifications described in the footwear waiver.
<input type="checkbox"/> Other: Specify Below	Requests for waivers not already mentioned on this form.

Submit this form and associated medical documentation as **one pdf through eDOC-U** in the [Officer Secure Area](#) of the CCMIS website. Upload documents in the Medical category as a "Request for Medical Waiver."

Do not mail or FAX these documents. They will not be processed.