

## Active Duty/Ready 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 Branch has sole discretion of approval and time limitations of all medical waiver. **The healthcare provider must:**

- Document the specific medical condition (diagnoses) and the officer’s status that justifies the waiver request
- Detail the officer’s evaluation and/or treatment plan
- Estimate and justify how long the officer will require the waiver
- If requesting a waiver of a weight that exceeds the retention weight standards, provide documentation from 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. Officer weights prior to the diagnosis of the condition or initiation of the treatment, should also be sent, if available.
- If requesting a waiver of a weight below Corps weight standards, provide documentation that there is no evidence of a physiologic or behavioral health reason for the low weight. Historical weight determinations should also be sent, if available.

Please check all that apply:	
Waiver Category Request	Description
<input type="checkbox"/> Deployment	Temporarily waives deployments
<input type="checkbox"/> Pregnancy	Includes temporary waivers deployment, requirements of all sections of APFT, Weight Standards, and live virus vaccinations. Ends 12 months after anticipated delivery date.
<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.
<input type="checkbox"/> Basic Life Support Training (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	Temporarily waives requirements to meet retention weight standards. An individual modified standard may 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	Temporarily waives requirement of wearing only authorized footwear. Must meet shoe specifications described in the footwear waiver.
<input type="checkbox"/> Other: Specify:	

Current medical waivers can be viewed on the officer’s “Readiness Information” page accessible from the officer’s Readiness Self-Service Page.

Submit this form and the required medical documentation as **one PDF file through eDOC-U** using the document name, “Request for Medical Waiver.”

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