



**DEPARTMENT OF THE AIR FORCE
COMMANDANT OF CADETS
CADET WING
USAF ACADEMY, COLORADO**



05 Sep 2025

MEMORANDUM FOR USAFA/CW

FROM: USAFA/CWMLO

SUBJECT: Bed Rest Standard Operating Procedure

1. **PURPOSE:** Provide the cadet wing with a standardized process to ensure all medical care is equally available across the cadet wing. Additionally, this is meant to reduce “grey zones” in the cadet standard of care.
2. **BACKGROUND:** USAFAI 36-3536 A2.3.1 States: Non-emergency excusals must be issued via ASIMS by authorized medical personnel. A.2.3.2 States: If non-emergency care is not immediately available, Permanent Party (PP) Sq/CCs or Academy Military Trainers (AMTs) must consult with needed Helping Agencies (i.e., Medical, SAPR, MFLAC, PPC, Chaplains, etc.) before authorizing bedrest. A.2.3.3 States: Cadets should schedule an appointment/visit with the clinic before missing any class; bed rest does not excuse duties beyond the appointment unless medically directed.
3. **ACTION:** All cadets will complete the following checklist in order if requesting bed rest.

a. Initial Contact

- i. Call the Nurse Advice Line (NAL), consult a Helping Agency, or proceed to the Cadet Medicine Clinic during sick-call hours (see Attachment 1).
- ii. Cadets will also notify their squadron leadership via squadron policy (e.g., Microsoft Form, email, Teams message).

b. Medical Approval

- i. Once approved by an authorized medical provider, cadets will send an email to coaches, instructors, and other necessary personnel.
- ii. Cadets must (Cc:) their PP Sq/CC and Squadron Medical Liaison (SMAL).
- iii. Additionally, cadets will inform their supervisor so they can provide meal support.

c. Interim Bedrest Authorization

- i. During sick call hours, cadets are expected to attend sick call as the primary option for medical evaluation. If sick call cannot be utilized (e.g., the cadet clinic is unable to see the patient until a later date/time), the NAL and other access-to-care resources may be used as supplemental options.
- ii. When a cadet contacts the NAL, a disposition may be provided in the form of medical guidance or recommendations (including suggested quarters/bed rest). These recommendations are advisory in nature and do not constitute official bedrest authorization. The NAL generates documentation that can be accessed through Military Health System (MHS) GENESIS, which includes:

- Patient details and date/time of contact
 - Methods of contact (phone call, web chat, etc.)
 - Reason for contact (symptoms/concerns)
 - Assessment details and recommendations (reason, duration, instructions/restrictions)
 - Credentials of the attending nurse
- iii. Because the NAL cannot directly enter quarters/bed rest into Aeromedical Services Information Management System (ASIMS), any NAL-generated recommendations must be presented to the PP Sq/CC, AMT, or a Military Treatment Facility (MTF) provider to determine temporary authorization.
- iv. PP Sq/CCs or AMTs may authorize interim bed rest of up to 24 hours based on NAL recommendations or when a cadet is awaiting formal medical evaluation. Any extension beyond 24 hours requires re-evaluation by Cadet Medicine, another MTF provider, or consultation with a Helping Agency.
- v. Some Helping Agencies may not be able to disclose patient contact or patient information and must be pursued on a case-by-case basis.

d. Bedrest Documentation

- i. If approved for bed rest, place your squadron's bed rest form outside your door.
- ii. If bed rest is not granted, cadets must attend all mandatory events.

e. Wing Sick Call Tracker

- i. Complete the HIPAA-compliant Wing Sick Call Tracker** using <https://forms.office.com/r/vqzXsKBbaC> or the QR code in Attachment 1.

**NOTE: Mandatory compliance within 12 hours (see Attachment 2 for when the sick-call tracker MUST be filled out).

4. CLARIFICATIONS: Anyone experiencing a medical emergency will contact 911. Bed rest and quarters are synonymous. Cadets who receive bed rest are restricted to base (unless medical needs dictate otherwise) and will not participate in club, airmanship, IC, or any other extracurricular activities until the next duty day unless authorized by an AMT or PP Sq/CC.

5. CONCLUSION: Please review the attachments below to assist with cadet access to care.

6. CONTACT: For questions and comments concerning this MFR, please contact C1C John at C26John.Doe@afacademy.af.edu or (123) 456 7890

//SIGNED//
John Doe, C1C, USAFA
Medical Liaison Officer