

MOD 17 TAB C

CENTCOM Medical Waiver Request

Patient Name (Last, First):

DOB:

SSN(Last 4):

Previous Deployments:

Destination (country):

Diagnosis (Lay term):

Age:

Sex:

Grade:

Service:

Home Station:

Years of Service:

Active/Reserve/Guard/Civilian:

MOS/Job Description:

Deployment Length:

Previous Waivers (Y/N):

Currently Deployed (Y/N):

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See most recent updated MOD 17 and accompanying MOD 17-TAB A for required information. Attach supporting medical documentation (Lack of necessary supporting documentation will result in disapproval):

I have reviewed the case summary and hereby submit this request.

Signature: _____

Commander Approval: _____

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval:

YES

NO

Signature: _____ **Date:** _____

CENTCOM Command Surgeon

Comments: