SC REG- Attachment A		USSOUTHCO	USSOUTHCOM Medical Waiver Request			
Patient Name :			DOB:		SSN(Last 4):	
# Deployments		Destination	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 13 and accompanying PPG-TAB A for required information. Attach supporting medical documentation:

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

Signature:	Commander Approval:				
SOUTHCOM Surgeon / Component Surgeon Response					
Waiver Approval: YES NO					
Signature:	Date:				
JEFFREY L. ROBERTSON, MD, FAAFP					
COL, MC, SFS/USA					
Command Surgeon, ARSOUTH					
Comments:					

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