

MOD 15 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 15 and accompanying MOD 15-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:**