



## US EUROPEAN COMMAND WAIVER REQUEST

Patient Name (Last, First):

DOB:

ID number:

# Previous Deployments:

Destination: Country, **and**  
city/base:

Diagnosis (ICD9/ICD10):

Age:

Sex:

Grade:

Job Description:

Sponsoring Unit:

Service:

Years of Service:

Civilian/Contractor:

Length of Deployment:

Deployment Date:

Previous Waivers (Y/N):

Contract Issuing Agency Point of contact:

Current PULHES (For military members):

### Case Summary:

a. History of condition:

b. Date of onset:

c. Previous treatment(s):

d. Current treatment:

e. Limitations imposed by condition and/or medication:

f. Prognosis:

g. Required follow-up and medication/prescription refill plan while deployed:

**Medical agency requesting waiver**

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

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**Local Medical Commands Response**

Signature of Unit Commander or Force Surgeon/Medical Officer

\*Save as a PDF, sign using CAC card in Adobe

\*Providers may refer to the current USEUCOM Individual Protection and Individual/Unit Deployment Policy for additional guidance. <https://www.milsuite.mil/book/docs/DOC-127168>

Waiver Approval Recommendation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

**Service Component Commands Response**

Signature of Service Component Command Surgeon

\*Save as a PDF, sign using CAC card in Adobe

\*Providers may refer to the current USEUCOM Individual Protection and Individual/Unit Deployment Policy for additional guidance. <https://www.milsuite.mil/book/docs/DOC-127168>

Waiver Approval Recommendation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

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**USEUCOM Surgeon General Response**

Waiver Approval: \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

## U.S. European Command Waiver Request Process:

1. **SUBMIT MEDICAL WAIVERS TO the U.S. EUROPEAN COMMAND FORCE HEALTH PROTECTION OFFICE:** [eucom.stuttgart.ecj4.list.force-health-protection@mail.mil](mailto:eucom.stuttgart.ecj4.list.force-health-protection@mail.mil)
2. The EUCOM Force Health Protection office will determine which Service Component medical authority is responsible for adjudicating the waiver process and forward this packet to the appropriate Point of contact (POC).
3. **IT IS RECOMMENDED THAT PERSONS REQUESTING WAIVERS TO ALLOW FOR AMPLE PROCESSING TIME (AT LEAST 30 DAYS) FOR MEDICAL WAIVER ADJUDICATION.**
4. After medical waiver has been adjudicated, Service Components will electronically return the document to USEUCOM Force Health Protection office for tracking purposes.
5. The USEUCOM SG will then make the final determination on the medical waiver, sign, and return to the medical waiver requesting authority.
6. Refer questions concerning medical waiver status or process to the EUCOM Force Health Protection office.

### Definitions:

1. DOB: Date of birth.
2. ID Number: Service members ID number on the reverse of the Government Issue ID Card. If civilian or contractor, N/A.
3. Grade: Military or government civilian pay grade. If contractor, N/A.
4. Service: The military or governmental agency which employs the waiver requester. Contractors and sub-contractors respective service affiliation is determined by the 'Contract Issuing Agency' block on their 'Letter of Authorization'.
5. Contract Issuing Agency: Sponsoring service for contractors.
6. Deployment: For medical purposes, the definition of deployment is travel to or through the USEUCOM area of responsibility (AOR).
7. Length of Deployment: For medical purposes, the definition of length of deployment is the anticipated number of months/days within the USEUCOM area of responsibility (AOR).
8. Date of Deployment: The date on which entry into the USEUCOM AOR will occur.

**Additional documentation** (if appropriate and in the following order): **The request is assembled electronically and will require documentation to be scanned for transmission in encrypted, electronic format.** Not all requests will require all the items listed below. Please, however, include as much information as possible as this will decrease follow-up questions and accelerate decision-making. Include only medical information that is pertinent to the waiver request and on a

need to know basis that is Health Insurance Portability and Accountability Act (HIPAA) compliant.

Please provide the Contractor Issuing Agency to include Agency Name, Points of Contact name, telephone and email address in the space provided within the USEUCOM Waiver Request Form.

**Enclosures** (include only if they have bearing on deployability - positive or negative):

a. Specialty consultations that were needed to establish a diagnosis, treatment monitoring plan, and prognosis.

b. Reports of surgical and dental operations which are pertinent and recent.

c. Lab reports, pathology report, tissue examinations if they demonstrate a pattern of stability.

d. Reports of studies: x-rays, pictures, films, or procedures (electrocardiogram (ECG), alanine-glyoxylate aminotransferase (AGXT), echocardiograph (ECHO), cardiac scans, catheterization, endoscopic procedures, etc.).

e. Summaries and past medical documents (e.g., hospital summary, profiles).

f. Reports of proceedings (e.g., tumor board, medical evaluation board (MEB)/physical evaluation board (PEB), and material management review board (MMRB)).

3. Commander, Commanding Officer, and Officer in Charge Documentation. Statement of request to deploy a Service member with non-deployable status:

a. Service member's criticality to the Mission.

b. Changes in the Service member's duty assignment, if any.

c. Other comments supportive of deployment.

For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 Public Law 99-570, 5 USC 552(B). This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 04-191) and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and Federal criminal penalties.