

UNITED STATES ARMY PACIFIC
Medical Waiver Request

***Encrypt and email form with the deployment area in the subject line (e.g. Deployment Area: Korea)
***For USARPAC MSCs and TECs, send directly to your command surgeon. All others send to the
following email: usarmy.shafter.usarpac.list.deployment-waiver@mail.mil

USARPAC DRU (Select parent unit): _____

Patient Name (Last, First) _____ DOB _____ Last-4SSN _____

#Previous Deployments: _____ Destination: _____

Diagnosis (ICD 9/ lay term): _____

Age _____ Sex _____ Grade _____ MOS/Job Description _____

Home Station _____ Unit _____

Service _____ Years Service _____ Active or Reserve Component/Civilian _____

Deployment Length (months) _____ PULHES _____ Previous waivers: Yes No

Waiver POC Name/ E-mail/Phone: _____

Case Summary (Completed by provider, include clinical information necessary to make a disposition). See most recent updated PACOM FHP for required information. Attach supporting medical documentation:

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

POC CAC Signature: _____

Approving Authority Response

Waiver Approval: YES NO

Approver's Unit: _____ CAC Signature: _____

Comments: