REQUEST FOR MEDICAL EVALUATION FOR WEIGHT CONTROL PROGRAM
For use of this form, see AR 600-9

MEMORANDUM FOR Commander, MEDDAC

SUBJECT: Request for Medical Evaluation for Weight Control Program

1. ___________________________ exceeds the weight for height table by _________ pounds and exceeds the body fat standards by _________ percent.

2. Request that a medical evaluation be conducted in view of the following:

- Soldier's profile.
- Pregnancy.
- Unit Commander's special request.
- Initiation of separation action (failure to make satisfactory progress in a Weight Control Program.)
- Within 6 months of ETS.

Commander's Typed Name, Grade, Branch

Commander, MEDDAC

FOR Commander,

1. In accordance with AR 600-9, ___________________________ has been examined and found to be fit for participation in a Weight Control/Physical Exercise Program.

2. The cause of the overweight condition ☐ is ☐ is not due to a medical condition.

3. The following action(s) ☐ is ☐ are recommended:

- Initiation or continuation in a weight reduction program.
- Medical treatment for pathological medical disorder (refer RC Soldiers to their personal physician for evaluation at their own expense).
- Refer Soldier for nutrition education counseling in accordance with AR 600-9 (para 3-1b(1)).

Commander's Typed Name, Grade, Branch

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