



DEPARTMENT OF THE ARMY

UNIT / ORGINAZTION

ADDRESS

CITY, STATE ZIP

OFFICE SYMBOL

DATE

MEMORANDUM THRU Student Local Dental Clinic, Medical Section, Battalion
S2/Security, Company First Sergeant, and Company Commander

FOR SERE Commander, 1-145th Aviation Regiment, ATTN: SERE Registrar, Fort
Novosel, AL 36362

SUBJECT: SERE Requirements Memorandum

1. DENTAL STATUS _____ is a dental class/category _____.
SM has not had any major dental work or oral surgery completed within the last 30 days.

Dental Officer Printed Name

Dental Officer Signature

Date Reviewed

2. MEDICAL STATUS _____ has completed the SERE
physical IAW AR 40-501, DA PAM 40-502, and DODI 6130.03. Physical examination
has been documented on DD 2808 and 2807-1. Copies of EKG and immunizations
have also been provided. All documents have been sent to SERE medical. *If the
physical is dated **greater than 90 days** from the course start date, it has been reviewed
with remarks from a medical provider on the SERE Medical Update Form.*

Physician/NP/PA Printed Name

Physician/NP/PA Signature

Date Reviewed

3. SECURITY STATUS _____ has been granted a security
access level of _____. The investigation was closed on _____.

S2 Personnel Printed Name

S2 Personnel Signature

Date Reviewed

4. APFT/ACFT STATUS _____ has completed an
APFT/ACFT **within 90 days of the course start date** and has received a passing
score. SM is in accordance with AR 600-9 (or service equivalent) Height and Weight
Standards.

SCORE _____ APFT/ACFT DATE _____

1SG Printed Name

1SG Signature

Date Reviewed

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5. **SWIM STATUS** _____ has been identified as a

☐ NON/WEAK ☐ AVERAGE ☐ STRONG swimmer.

6. **ADMINISTRATIVE DATA for** _____

SEX ____ Rank ____ Date of Rank _____ ☐ Active ☐ Guard ☐ Reserve

SSN _____ MOS/AFSC/SSI/SPEC _____ MACOM _____

Unit _____ Installation _____

Office Phone _____ Military Email _____

S3/School's POC _____ POC Number _____

1SG NAME _____ NUMBER _____

24hr MILITARY contact name/number for student emergencies or eliminations:

7. I authorize _____ to attend the US Army SERE School at Fort Novosel, AL in Class Number _____. SM has met the requirements within the prerequisite screen of ATRRS. ☐ SM ☐ IS ☐ IS NOT TDY enroute.

No later than 45 days prior to the course start date, the unit has provided the following to the US Army SERE School at Fort Novosel, AL:

- A. SERE Requirements memorandum
- B. SERE Medical Documentation (DD Form 2808, DD Form 2807-1, EKG (stamped and signed by reviewing provider), immunization printout (MEDPROS) showing current COVID-19, influenza, and tetanus status
- C. Medical waiver and/or documentation of oral surgery or major dental work within the last 30 days
- D. DD Form 93 (Record of Emergency Data) and SGLV 8286 (SGLI)
- E. Personnel Recovery 102 certificate

7. The point of contact for this memorandum is the undersigned and can be reached by telephone at _____ or by email at _____.

_____.

Company Commander
Name RANK, BRANCH
Commanding

