

US ARMY EUROPE (USAREUR) Medical Waiver Request Form as of 1 JUN 2020

This waiver form is used for all ARMY Military and Civilians seeking entrance into the USEUCOM Area of Responsibility for more than > 30 consecutive days, excluding PCS (regardless of assigned COCOM). Submit electronically per routing instructions [at least 30 days prior to arrival](#).

Submit all materials to: usarmy.wiesbaden.usareur.mbx.g4-ocsurg-medical-waivers@mail.mil

SECTION 1: PATIENT DEMOGRAPHICS

Name (Last, First and MI): _____ DOB: _____ Age: _____ Sex: _____ Ht/Wt/BMI: _____
Status: _____ Rank/Grade: _____ Service: _____ Unit/Post and State: _____
Home Station Departure Date: _____ Report Date: _____ Tasking Duration (days): _____ PHA Date: _____
Requesting entry to the following countries: _____ DoD ID: _____
MOS/AOC AND Brief Job Description that the individual will be performing while deployed (i.e. 11B/Infantry, Conducting Force Protection).

Unit POC Information for this Waiver (Name, Title/Position, E-mail and Phone Number):

DATE:

Digital Signature:

SECTION 2: MEDICAL SUMMARY

Healthcare Provider Only: Include all clinically relevant information necessary to make a disposition including, but not limited to:

- 1) Deployment Limiting Condition/s: _____
- 2) Current Medications/Treatment and Specialty Care provided: _____
- 3) Other pertinent diagnoses needing care (IAW ICD10) _____
- 4) Limitations imposed by any of the above conditions/meds: _____
- 5) Prognosis/required follow-up: _____
- 6) **Provide a case summary** that includes **date of onset, condition history, previous treatments, provider recommendation for or against deployment/tasking** and other relevant information necessary to determine whether the member can perform duties in a deployed environment with minimal medical burden. **Summary should include status updates for all Behavioral Health conditions from a Behavioral Health Officer (BHO) and/or Specialist.**

- Is an O-5/O-6 Commander's memo/risk assessment mitigating residual risk included with this waiver?
- Are supporting documents (i.e. profiles, etc.) included?
- Has the individual secured at least 180-days of medication for deployment?
- Is medical equipment dual voltage & world-wide capable?
- Is the waiver URGENT <7 days?

SECTION 3: ADJUDICATION

Digital Signature of Medical Provider Requesting Waiver:

DATE:

NAME, TITLE/POSITION, E-MAIL & PHONE NUMBER OF PROVIDER

APPROVED

NO

N/A

APPROVED
HIGH RISK

NO

N/A

Medical Waiver Authority Recommendation and Digital Signature

DATE:

Medical Waiver Appeal Authority Recommendation and Digital Signature

DATE:

DoD Guidance Documents: [DoDI 6490.07 - Deployment Limiting Medical Conditions for Service Members](#)

[ASD Policy Memo - Clinical Practice Guidelines for Deployment-Limiting Mental Disorders and Psychiatric Medications](#)

[AR 40-501 - Standards of Medical Fitness](#)

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