

CENTCOM Medical Waiver Request

Patient Name (Last, First):		DOB:	SSN (Last 4):
# Previous Deployments:	Destination (country):	Diagnosis:	
Age:	Sex:	Grade:	Service Affiliation: Home Station:
Years of Service:	Active/Reserve/Civilian:	MOS/Job Description:	
Length of Deployment:	Contractor Issuing Agency:	Previous Waivers (Y/N):	

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider or requestor, including clinical information necessary to make a disposition. See MOD 12 and accompanying PPG-TAB A for required information):

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

Signature: _____

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval: YES / NO

Signature: _____

**MARK E. MAVITY
Col, USAF, MC, CFS
COMMAND SURGEON**

Comments: