

\_\_\_\_\_ (Date)

MEMORANDUM FOR MILITARY MEDICAL FILE OF \_\_\_\_\_

FROM: 916 AMDS

SUBJECT: Request for Medical Evaluation/Medical Information

I medically evaluated \_\_\_\_\_ on \_\_\_\_\_ and my medical findings are as follows:

**1. COMPLETE MEDICAL HISTORY OF CONDITION:**

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**2. DIAGNOSIS:**

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**3. TREATMENT PLAN:**

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**4. RESTRICTIONS/LIMITATIONS:**

Check and specify military related activities the member CANNOT (EXEMPT) perform.

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|--|--|
| <input type="checkbox"/> Abdominal Circumference                   | <input type="checkbox"/> Stand 12hrs or more                         |
| <input type="checkbox"/> 1.5 mile run                              | <input type="checkbox"/> No lifting ____ lbs                         |
| <input type="checkbox"/> 2.0 kilometer walk                        | <input type="checkbox"/> Repetitive high impact activities           |
| <input type="checkbox"/> 20m high-aerobic multi-shuttle run (HAMR) | <input type="checkbox"/> Repetitive low impact activities            |
| <input type="checkbox"/> Sit-ups                                   | <input type="checkbox"/> Repetitive upper extremity activity         |
| <input type="checkbox"/> Cross-leg reverse crunch                  | <input type="checkbox"/> Repetitive bending or twisting of the torso |
| <input type="checkbox"/> Forearm plank                             | <input type="checkbox"/> Repetitive bending at the knee              |
| <input type="checkbox"/> Push-ups                                  | <input type="checkbox"/> Pushing or pulling ____ lbs                 |
| <input type="checkbox"/> Hand release push-ups (HRPU)              | <input type="checkbox"/> 100 yard run                                |

**5. ANTICIPATED RELEASE DATE AND ANY OTHER RESTRICTIONS:**

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PRIVACY ACT STATEMENT. Authority: Title 10, U.S.C., Sections 10204 and 10205, and E. O. 9397. Principle Purpose: To maintain essential records of Air Force Reservists, and identify specific personal capabilities. Routine Uses: Disclosure may be made to any Department of Defense component or, upon request, to other Federal, state, or local agencies in pursuit of their official duties and may be used for other lawful purposes including law enforcement and litigation. Disclosure: MANDATORY. Failure to respond could cause incorrect priority for recall in the event of national mobilization and is a violation of Federal law.

**6. RECOMMENDATIONS OF THE PATIENT'S ABILITY TO PERFORM DUTIES IN A STRESSFUL AND PHYSICALLY DEMANDING ENVIRONMENT.**

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7. **CONFIRMATORY DATA:** Please attach all clinical/treatment notes, results of any imaging studies, laboratory, additional testing, consultations or other data which substantiate the information on this document regarding the diagnosis or limitations.

8. **ANY OTHER SIGNIFICANT CHANGE IN THE MEMBER'S MEDICAL STATUS:**  
(to include hospitalization, or significant increase in medication dosage should be annotated)

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Physician's Name and Title and Signature

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Date