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**MEDICAL EXAMINATION FOR CERTAIN GEOGRAPHICAL AREAS**

(For use of this form, see AR 40-501; the proponent is the Office of The Surgeon General)

DATE

SOLDIER'S LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE &amp; SSN (Type or print)

ORGANIZATION

COUNTRY ASSIGNED

**DEPENDENTS**

NAME	RELATIONSHIP	AGE

Based upon a review of available medical records and the results of examination as necessary, the following recommendations are submitted:

- Soldier is medically qualified to undertake proposed assignment.  
 Soldier is not medically qualified to undertake proposed assignment.  
 Dependents listed above  are  are not medically qualified to accompany soldier.

REMARKS:

*(Continue on reverse side if necessary)*

MEDICAL TREATMENT FACILITY

TYPED OR PRINTED NAME OF EXAMINING PHYSICIAN

SIGNATURE OF EXAMINING PHYSICIAN