

ATTACHMENT 7
Request for Medical Information

Date _____

MEMORANDUM FOR : **434th Aerospace Medicine Squadron**

FROM:

SUBJECT: Request for Medical Information

Service Member Name and Last four SS:

1. 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.

2. COMPLETE MEDICAL HISTORY OF THE CONDITION.

3. DIAGNOSIS (Include ICD 10 Code)

4. TREATMENT PLAN.

5. LIMITATIONS (Include social and industrial impairments [S&I] for psychiatric conditions. If no limitations, state so.)

Check specific military-related activities the member **CANNOT** perform.

- ____ Run 1.5 Mile
- ____ Abdominal Crunches
- ____ Max. effort 100 yard run
- ____ Push-ups
- ____ High Impact Activities

- ___ Bend, crawl, stoop, climb
- ___ Stand \geq 12 hrs.
- ___ Walk 2 kilometers/1.25 mi
- ___ Carry, drag, lift, push, & pull \geq 40lbs

ANTICIPATED RELEASE DATE _____

6. RECOMMENDATION OF THE PATIENT’S ABILITY TO PERFORM DUTIES IN A STRESSFUL AND PHYSICALLY DEMANDING ENVIRONMENT.

7. CONFIRMATORY DATA: Please attach all clinical/treatment notes, results of any imaging studies, laboratory, additional testing, consultations or other data which substantiates the information on this form regarding the diagnosis or limitations. **DO NOT** submit letters, patient handouts, or memos.

 Physician’s Name and Title (Type or Print) Signature Date