
(Date)

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SP, Fort Knox,
KY 40121-2725

SUBJECT: Results of Medical Examination

The results of a commissioning/aviation physical are furnished for the following individual:

a. _____
(Rank) (Print or Type Last Name, First Name, MI)

b. _____
(Unit, Company, Duty Station)

c. Physical initiated on: _____
(Date)

d. Physical completed on: _____
(Date)

e. If Flight Physical, date approved from USAAMC: _____ Stamped: _____
(1W, 1A)

- f. Individual is Fully Qualified IAW AR 40-501, Chapter 2 (Chap 2&4 for flight physicals only) Medical Standards for Appointment and is medically adaptable to the military environment without the necessity of geographical area limitations.
- is NOT Fully Qualified IAW AR 40-501, Chapter 2. RECOMMEND WAIVER.
- is NOT Fully Qualified IAW AR 40-501, Chapter 2.

(Physician's Signature)

(Physician's Stamp)

(Provide full name, title and phone number)