

Military Medical Waiver Application

Applicant Information

Full Name:

Date of Birth:

Social Security Number:

Branch of Service:

Rank:

Medical Condition

Medical Diagnosis:

Current Treatment:

Attending Physician:

Date Diagnosed:

Reason for Waiver Request:

Supporting Documents

Upload Medical Records:

Choose File

No file selected

Applicant Signature

Signature:

Date:

Submit Application