

Military Enlistment Health Standard Waiver

Personal Information

Full Name:

Date of Birth:

SSN (Last 4 digits):

Enlistment Details

Branch of Service:

Recruiter Name:

Health Condition Information

Describe the Medical Condition for Which Waiver is Sought:

Was the condition previously disqualifying?

Physician Statement (if applicable)

Physician Name:

Physician's Statement:

Applicant Certification

☐ I hereby certify that the information provided is true and accurate to the best of my knowledge.

Submit Waiver Request