

# 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**