

MEMORANDUM

FROM: OFFICER IN CHARGE, PERSONNEL SUPPORT DETACHMENT_____

TO: _____BRANCH MEDICAL CLINIC

SUBJ: **REENLISTMENT ELLIGIBILITY, PHYSICAL EXAM QUALIFICATION**

ICO:_____

SSN:_____-_____-_____, BRANCH/CLASS:___USN___USNR

MEDICAL:

- 1. REQUEST VERIFICATION OF SUBJECT MEMBER HAS HAD A COMPLETE PHYSICAL EXAMINATION PERFORMED IN THE LAST FIVE YEARS.

MEDICAL ENDORSEMENT:

- 1. A PHYSICAL EXAMINATION ON SUBJECT MEMBER WAS CONDUCTED ON_____WITH THE FOLLOWING RESULTS:
 - (___): IS QUALIFIED FOR REENLISTMENT
 - (___): NOT QUALIFIED FOR REENLISTMENT

- 2. THE ABOVE NAME HAS HAD AN HIV TEST PERFORMED WITHIN THE LAST_____MONTHS.

SIGNATURE OF EXAMINING OFFICER _____
DATE