



Medical Expeditionary System User Account Request and Information System Authorization Access Request Form

MEDICAL INFORMATION SYSTEM
ACCESS REQUESTED:

Document Library

Helpdesk

Medical Waivers

MEDXS Reporting

FIRST NAME, MI :

LAST NAME :

GRADE/RANK :

DATE OF BIRTH :

HIPAA DATE :"

SERVICE BRANCH :

WORKING QUARTERS
LOCATION :

MAJCOM/COCOM :

PHONE :

ACCESSIBLE EMAIL :

*Or use the "Mirror"
Reason for Requesting Account :

TODAY'S DATE :

REASON FOR
REQUESTING
ACCOUNT:

You are accessing a U.S. Government (USG) information system (IS) that is provided for USG-authorized use only. By

using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications occurring on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and/or seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I will undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it.

By signing below, I understand and agree to the above restrictions.

MEDXS Staff
USE ONLY: