

USAFCENT/SG MEDICAL WAIVER GUIDE

USCENTCOM has designated USAFCENT/SG as the service waiver authority for all AF members deploying or TDY to the USCENTCOM AOR. The USAFCENT/SG office has visibility of what conditions have traditionally done well at specific locations theater-wide and is responsible for maintaining a database for USCENTCOM/SG. While an individual may be denied deployment by the local medical authority or chain of command, authority to approve deployment for members with an ALC, WWQ waiver or who do not meet minimum deployment criteria per AFI 48-123 lies with the USAFCENT/SG. **Per USCENTCOM, unit commanders are not authorized to override the medical deployability determination.**

ALL waiver packages MUST be submitted with the USAFCENT Waiver Guide and Checklist and Narrative Summary (NARSUM), digitally in PDF format.

Send waiver packages by encrypted e-mail to the USAFCENT/SG organizational box: sg.shaw@afcent.af.mil. Use the following naming convention in the subject line of the email: lastname, firstname, last4SSN. **Submit a separate email for each waiver package.**

You are required to submit packages within 10 days of tasking, but no earlier than 120 days prior to date of first movement, I.A.W. AFMAN 41-210, 4.73.3. If the medical waiver request is short notice (less than 10 business days), notify the USAFCENT/SG office at DSN 313-717-7101/6861 or Comm 803-717-7101/6861.

USAFCENT/SG will send notification of approval to the MDG submitting the medical waiver request as well as the AFFOR/SG and gaining Expeditionary Medical Commander. Notification of disapproval will only be sent to the MDG submitting the medical waiver request.

Note: Civilians are required to be medically and dentally qualified for deployment prior to attending Combat Skills Training (CST). **Pre-existing back, neck, and knee/leg injuries should be closely scrutinized when clearing civilians for training.** Training and subsequent deployments will be highly physical. Civilians are expected to walk two miles with body armor (w/plates), helmet, weapons, and combat pack (~50 lbs.) starting day one of CST.

For assistance in preparing this package, please refer to USCENTCOM MOD 14, PPG-TAB A, found on the MEDXS Waiver Management Information page:

<https://www.medxs.af.mil/public/news-waiver-form-updated.html> *

The page also has a download link for the latest update of this USAFCENT Waiver Guide and Checklist (which includes NARSUM template), as well as links to other helpful documents and reference material.

For additional resources, please visit the USAFCENT/SG Clinical Ops Site on the Knowledge Exchange at:

<https://kx.health.mil/kj/kx9/USAFCENTClinicalOps/Pages/home.aspx> *

* The hyperlinks have been disabled, but you may copy and paste the URL into the browser of your choice.

WAIVER PACKAGE REQUIREMENTS CHECKLIST FOR ALL DEPLOYERS

Last Name _____ First _____ MI ____ 4SSN _____
 Gender _____ DOB _____ Component _____ ALC _____ Age _____
 Mil. Rank _____ MAJCOM _____ Submitting MTF _____

	YES	NO
1. Can member run a minimum of 100 yards, lift at least 40 lbs, and wear IBA? If NO to any of these, STOP HERE. Waiver will not be approved. See DoDI 6490.07 and MSD page 64.		
2. PLEASE ENTER THE FOLLOWING DEPLOYMENT INFORMATION:		
a) Duty Location: _____ If Other, enter location: _____ EDD*: _____ Is member <i>currently</i> deployed ? Yes No (IF YES, skip to c, below) Reason for late submission is REQUIRED <i>if</i> EDD is <i>less than 30</i> days out:		
b) Tasking Date: _____ Pre-deployment Training Date: _____		
c) Estimated tour length (days): _____ Is deployment PCS? Yes No Member's AFSC + _____		
d) Anticipated job/duties while deployed: _____		
e) Will duties occur "outside the wire" or involve frequent overnight AOR travel?		
3. For military, is information provided from the Medical Group, NGB/SG, or AFRC/SG rep to include:		
a) HQ AFPC/DPANM FL - 4 (ANG required WWQ waiver dates) NOTE1: Aeromedical summary with WWQ Waiver must be included for ANG medical waiver requests. NOTE2: RILO/WWQ Waiver cannot expire while deployed.		
b) AF Form 469 "Duty Limiting Condition Report"/AF Form 422 Notification of Air Force Member's qualification status" listing ANY/ALL physical limitations.		
4. For Civilians/Contractors, does supporting documentation provided include:		
a) Documentation of medical history (e.g. DD Form 2807-1)?		
b) Specialist/PCM notes indicating current stability, optimal control of condition, AND opinion that civilian can deploy to austere environment for the duration of deployment without immediate medical care available AND with no follow-up (includes labs/imaging) required.		
5. Is member taking ANY behavioral health medications OR being followed for a behavioral health diagnosis? IF YES , complete BH checklist on page 5 AND have BH or treating provider review & sign.		
6. Is member on immunotherapy (allergy shots)? IF YES , provide documentation from the allergist that discontinuing immunotherapy will not negatively impact the member's condition.		
7. Is member aircrew? IF YES , complete and include the current version of form DD 2992, as well as AMS 'Fly waiver' (if applicable).		

* Estimated Departure Date (leaving permanent station, **or actual** departed date if already deployed.)

+ MIL *only*

USAFCENT Medical Waiver Narrative Summary
 To be completed by a provider familiar with the individual's care.
 This must be completed for ALL medical waiver packages.

Primary Condition Requiring Waiver

		Diagnosis Date * _____
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Secondary Condition Requiring Waiver

		Diagnosis Date * _____
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* - These (and all *other*) dates **must** include day and month; if **not** known, please provide an approximation (1 mmm yyyy).

Vitals	Lipids	HIV
Blood Pressure _____	Cholesterol _____	Date of <i>most recent</i> NEGATIVE
Heart Rate _____	HDL _____	HIV test result _____
Respiratory Rate _____	LDL _____	<i>(Note: Date must ultimately be <u>no more</u> than 120 days prior to EDD. If outside that window, you may <i>submit</i> form, but retest and send update to WAO)</i>
BMI _____	Trig _____	
Vitals Date _____	Lipids Date _____	

Framingham Score _____

IF member/civilian has ANY specialist referral(s),
 is specialty care ***ongoing?*** or **completed?**

HPI: All current medical conditions. Summary must include date of onset, treatment modalities, specialty care, and frequency of follow-up.

PMH: Co morbid conditions and all past medical conditions (Behavioral health, profiles, etc., to include the month and year of diagnosis).

Physical Examination: Required for all waivers.

List ALL Active / Current medications (**MUST** include *dose, route & frequency*).

Allergies

RILO / FL4 Date and Comment

Additional Information: most recent radiology and/or lab studies; diagnostic & current polysomnogram (PSG); PFTs; EKG; sub-specialist or MEB narratives/or comments; any other reports.

BEHAVIORAL HEALTH USCENTCOM DEPLOYMENT/PCS CLEARANCE CHECKLIST:

1	Psychotic or bipolar-spectrum disorders. If YES, STOP HERE. Waiver will <i>not</i> be approved as these conditions are <i>strictly disqualifying</i> .	Yes No If NO, continue
2	Behavioral health-related hospitalization within the last 12 months.	Yes No
3	Suicidal Ideation or Suicide Attempt within the last 12 months.	Yes No
4	Referral to or enrollment in substance abuse program (inpatient, outpatient, or service-specific substance abuse program) within the last 12 months.	Yes No
5	<u>Use of antipsychotics OR anticonvulsants OR antimanics</u> (bipolar) for stabilization of DSM-IV-TR or DSM-5 diagnoses.	Yes No
6	Benzodiazepines: newly prescribed OR chronic use.	Yes No
7	CII Stimulants: to include treatment of ADHD/ADD (Ritalin, Concerta, Adderall, Dexedrine, FocalinXR, Vyvanse, etc.)	Yes No
8	Chronic insomnia that requires use of sedative hypnotics/amnestics, benzodiazepines, or antipsychotics <u>for</u> greater than 3 months (include recommended frequency of use).	Yes No
9	Use of 3 or more psychotropic medications (antidepressants, anticonvulsants, antipsychotics or benzodiazepines) for stabilization.	Yes No
10	History of TBI/mTBI of any severity (check YES if diagnosis made in BH clinic; requires local pre-deployment evaluation by a <u>MEDICAL</u> provider; reference Section 7.A.14.).	Yes No
11	Any DSM-5 diagnosed behavioral health disorder which impairs social and/or occupational performance due to personality disorders, residual symptoms, or medication side effects.	Yes No
12	Behavioral health condition that requires recurring behavioral health appointments or consultation greater than once/quarter per Tab A, 1.E.3.	Yes No
13	Behavioral health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment (give extra consideration to PTSD due to AOR mission).	Yes No
14	Behavioral health disorders with fewer than 3 months of demonstrated stability from the last change in treatment regimen (medication either new, discontinued, or dose changed; OR change in diagnosis/treatment modality).	Yes No

Behavioral Health Narrative and Recommendation

Behavioral Health or Treating Provider Signature _____

Preparer's/ Reviewer's Summation

To be completed for all waivers and electronically signed by the medical reviewer

	YES	NO
Does member's medical history indicate optimal control of condition? (If <i>no</i> , please explain below.)		

Recommendation by the medical provider as to whether or not the member should deploy.

Provider Name _____ Contact Number _____

Provider's Signature _____

Waiver package prepared by _____ Date _____

Preparer's e-mail _____ DSN _____

SGH/SGP Reviewer _____ Date _____

Reviewer's e-mail _____ Comm _____ DSN _____

Reviewer's Signature _____

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