

**EXCEPTIONAL FAMILY MEMBERSHIP PROGRAM (EFMP)  
MEDICAL CLEARANCE STATEMENT**

EFMP is a mandatory military program based on AR 608-75 that works to insure that family members of active duty soldiers are not sent to an area where appropriate health care may not be available. In order to accomplish this we need to be aware of any medical problems your patient may have or have had in the past. If a condition exists for this patient then we require further information about the condition to be provided on DD Form 2792. Please review the below criteria for enrollment, enrollment identification list (see attachment) and then provide the requested information. Thank you or your assistance to this family. If you should have questions, you may reach us by phone at (910) 907-EFMP (3367).

**Enrollment Criteria for the Exceptional Family Membership Program (EFMP)**

- I. In general, any patient with serious or chronic medical conditions, physical disabilities, emotional problems, adaptive equipment needs, special education services, or require intensive follow-up or support should be enrolled. In addition, any patient who requires care above the level of a Family Practitioner or a General Medical Officer or specialist follow-up should be enrolled. Examples: asthma, cerebral palsy, IDDM, epilepsy, high-risk newborns, depression, sickle cell disease, etc.
- II. **All patients with RAD or Asthma** within the last 5 years must be enrolled regardless of severity. Asthma is one of the many conditions, which may look innocent enough in a patient who is currently stable, and only requiring treatment on an "as needed" basis; however a change in the patient's environment may make a major change in their condition and the type of medical facility needed to prevent life threatening circumstances.
- III. All individuals with **any psychiatric or psychological conditions** who have been treated with either medications or therapy within **the last 5 years** must be enrolled.
- IV. All children with **behavioral problems** such as Attention Deficit Hyperactivity Disorder, Autism/ PDD, or Oppositional Defiant Disorder who have been treated with either medication or counseling within the last 5 years should be enrolled.
- V. All children eligible for **special education** under Public Law 94-142 need to be enrolled. This is any child with an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP.)

**Family Statement**

I have read the criteria and certify that this family member does not meet any of the enrollment criteria.  
\_\_\_\_\_ Patient, Sponsor, or Guardian signature

**Physician Statement**

\_\_\_\_\_ is a patient of mine and was last seen by me on \_\_\_\_\_  
(Patient's Name) (Date)

I have reviewed the criteria for EFMP enrollment and certify that to the best of my knowledge this patient **does/does not (circle one)** meet criteria for enrollment.

If enrollment criteria are met, list the condition(s): \_\_\_\_\_.

\_\_\_\_\_  
Physician's name printed

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address