

REQUEST FOR MEDICAL EVALUATION FOR WEIGHT CONTROL PROGRAM

For use of this form, see AR 600-9

(Office Symbol)

(Date)

MEMORANDUM FOR Commander, MEDDAC

SUBJECT: Request for Medical Evaluation for Weight Control Program

1. _____ exceeds the weight for height table by _____ pounds and exceeds the body fat standards by _____ percent.

2. Request that a medical evaluation be conducted in view of the following:

- Soldier's profile.
- Pregnancy.
- Unit Commander's special request.
- Initiation of separation action (failure to make satisfactory progress in a Weight Control Program.)
- Within 6 months of ETS.

Commander's Typed Name, Grade, Branch

(Office Symbol)

(Date)

Commander, MEDDAC

FOR Commander, _____

1. In accordance with AR 600-9, _____ has been examined and found to be fit for participation in a Weight Control/Physical Exercise Program.

2. The cause of the overweight condition is is not due to a medical condition.

3. The following action(s) is are recommended:

- Initiation or continuation in a weight reduction program.
- Medical treatment for pathological medical disorder (refer RC Soldiers to their personal physician for evaluation at their own expense).
- Refer Soldier for nutrition education counseling in accordance with AR 600-9 (para 3-1b(1)).

Commander's Typed Name, Grade, Branch