

Not Fillable

MEDICAL SUITABILITY CERTIFICATION

(Forward To Member's Commanding Officer)

Supporting Directive MILPERSMAN 1300-318

1. MEMBER NAME (Last, First, MI, Rank/Rate)		2. DATE
3. PRESENT SHIP/STATION	4. UIC	5. IA/GSA LOCATION
RECOMMENDATION OF COMMANDING OFFICER OR DESIGNEE		
6. MEMBER DOES / DOES NOT MEET EXPEDITIONARY SUITABILITY REQUIREMENTS.		
Ensure all waivers have been completed before signing Medical Suitability (see NAVMED 1300/4 part II C).		
7. COMMANDING OFFICER OR DESIGNEE (NAME, RANK)	8. COMMANDING OFFICER OR DESIGNEE (SIGNATURE)	9. DATE
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