MEDICAL WAIVER

Exception to Policy (ETP) Checklist

- All ETPs are approved on a case by case basis. Every situation is unique and Squadron Officer School (SOS) carefully reviews each package.

- ETPs are not required for Profiles or Exemptions due to pregnancy or 12-month post-partum deferment period; however, an ETP will be required if pregnant/post-partum member has another duty limiting condition.

- If you are unable to attend SOS at a later date after your medical profile expires, this should be made explicitly clear in your ETP with supporting evidence.

- All ETPs MUST be signed by your Wing Commander (WG/CC) or equivalent and forwarded from their org/exec (CCE) account, etc. You MAY NOT send your own ETP.

- All ETPs MUST be mailed to the SOS Student services at sos.od.studentservices@us.af.mil NO LATER THAN 10 duty days PRIOR to class start. Please allow 1-2 duty days for ETP processing.

- You MUST use the e-mail staff summary sheet (SSS) template in this document to ensure SOS has all the necessary information to make an informed decision (DOR, Promotion Board date, etc).

- Your myFITNESS individual fitness tracker printout MUST include your entire PT test history - from 2nd Lt to your most current test.

- ALWAYS check the status of your ETP. Do NOT assume that you are cleared to proceed to SOS without confirming your ETP is approved. You are authorized to contact SOS Student Services directly regarding your ETP package. SOS Student Services: DSN 493-3231, email sos.od.studentservices@us.af.mil.
MEMORANDUM FOR SOS/CC

FROM: XYZ FW/CC

SUBJECT: Medical Profile ETP for Capt FIRST LAST

1. Insert a brief explanation of the reason you are requesting an exception to policy. If you are unable to attend SOS at a later date after you medical profile expires, this should be made **explicitly** clear and **should include supporting evidence.**

   **Example:**

   1. Capt Doe is currently on a medical profile and due to a substantial recovery period, this is Capt Doe’s last look for SOS before becoming ineligible to attend. I request an exception to policy for Capt Doe to attend SOS Class 13X.

   2. If there are any questions or comments please contact Lt Col Jake Doe, 82 FS/CC (must be members SQ/CC or equivalent), DSN: XXX-XXXX.

   ![Signature]

   Jane Doe, Brigadier General Commander

2 Attachments:
1. Capt Doe’s AF FORM 469
2. Capt Doe’s Fitness Assessment
DUTY LIMITING CONDITION REPORT

Name (Last, First M): [Redacted]

RANK: [Redacted]

SSAN: [Redacted]

MAJCOM / INSTALLATION: [Redacted]

Squadron / Unit Of Assignment: [Redacted]

Duty Telephone: [Redacted]

☐ DSN

☑ Commercial

Squadron E-Mail Address: [Redacted]

HEALTH CARE PROVIDER'S MEDICAL RECOMMENDATION FOR THE SQUADRON COMMANDER

☐ DUTY RESTRICTIONS

☐ MOBILITY RESTRICTIONS

☐ 49 / 81

PHYSICAL LIMITATIONS / RESTRICTIONS (DO NOT include medical condition or diagnosis)

FITNESS RESTRICTION:

No Sit-Ups

FITNESS ASSESSMENT EXEMPTION:

These restrictions were initiated: 10/09/2013 and will expire: 04/09/2014. Therefore, if the member is required to fitness test before the DLC release date, plus 42 days reconditioning period, they will not be able to perform the following fitness test component(s):

- 1.5 mile run
- 1 mile walk
- Push-Ups
- X. Crunches
- AC Measurement

Here is the web site to access your completed 469: https://irmr.afms.mil/irmr/MyIMR.aspx

An exercise prescription may be needed if the fitness restrictions total more than 180 days based on the conditions outlined IAW AFI 10-203, Duty Limiting Conditions, chapter 3.2.1.2.2. The HAWC is automatically notified to review the restrictions to potentially generate an AF Form 422a upon completion of the AF Form 469 if needed. UFPMs and member should allow at least a 7-10 day processing period of profile paperwork, however the member will just need the AF Form 469 for testing purposes. Please contact the HAWC @ [Redacted] for further questions.

IAW AFI 10-203, member is required to report any change in medical condition to the Primary Care Manager

Release Dates: 31 37 81 MR DR FR 04/09/2014

Name and Grade of Health Care Provider: [Redacted]

Signature: [Redacted]

This form has been reviewed by the signatories indicated and verified by PIRM: 10/09/2013

☐ 31 (ILLNESS OR INJURY WILL BE RESOLVED WITHIN 31-365 DAYS)

☐ 37 (MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING IAW AFI 41-210)

Force Health Manager: [Redacted]

Signature: [Redacted]

This form has been reviewed by the signatories indicated and verified by PIRM: 10/10/2013

Profile Officer Review: [Redacted]

Signature: [Redacted]

This form has been reviewed by the signatories indicated and verified by PIRM: 10/11/2013
AF MyFitness Individual Fitness Tracker

Report of Individual Fitness for: CPT [Redacted]
SSN: [Redacted]
Prepared on: 06/05/2013 at 23:24 GMT

Age | Gender | Height | Weight | BMI
--- | --- | --- | --- | ---

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<td>20.00</td>
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<tr>
<td>Push Ups</td>
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<td>9.00</td>
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<tr>
<td>Sit-ups</td>
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Total Points: 97.50
Fitness Level: Excellent

Exemption Type: [Redacted]
Next test due date: 09/20/2013

Remarks:

Individual Fitness Assessment History

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Individual Test History

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E-Mail Staff Summary Sheet (SSS) to SOS Student Services at
sos.od.studentservices@us.af.mil

(Copy and Paste info below into an e-mail)

---------------------------------------------ROUTING:
Wg/CC
SOS/ODT
SOS/OD
SOS/CV
SOS/CC

---------------------------------------------STAFF SUMMARY

AO: RANK First MI last, SQ/Office, DSN XXX-XXXX (THIS SHOULD BE YOUR SQUADRON COMMANDER OR EQUIVALENT). THEY WILL BE REQUIRED TO ANSWER ANY QUESTIONS SOS LEADERSHIP MAY HAVE REGARDING THE INDIVIDUAL’S ETP.

SUSPENSE: DD-MMM-YYYY

1. PURPOSE. To approve an Exception to Policy to allow Capt FIRST LAST to attend SOS Class 13X on profile.

2. BACKGROUND.
   THIS SECTION SHOULD OUTLINE THE INFORMATION ABOVE AS WELL AS ANY AMPLIFYING INFORMATION THAT WOULD AID THE SOC/CC IN FORMULATING A DECISION.

3. Capt XXXX has an AF Form 469 with an expiration date of XXXX. Capt XXXX’s AF FORM 469 limits (list exemption and/or restrictions: running more than 1 mile, pushups, sit-ups, etc.) Capt XXXX commissioned in XXXX, has a DOR to Captain in 20XX, and will meet the O4 promotion board in 20XX.

WING COMMANDER (OR EQUIVALENT) SIGNATURE BLOCK

Tab(s)
1. Capt XXXX’s AF FORM 469
2. Capt XXXX’s Fitness Assessment

Privacy Act of 1974 as amended Applies---This email may contain information which must be protected IAW DoD 5400-11R, AFI 33-332, and AFI 33-119 and is FOR OFFICIAL USE ONLY (FOUO)