

07 Jan 10

MEMORANDUM

From: MIDN 1/C Gaynor, Battalion Executive Officer  
To: MIDN 1/C Seglem, Battalion Commanding Officer

Subj: MEDICAL WAIVER POLICY FOR WINTER 2010 SEMESTER

Encl: (1) Event Medical Waiver Request Form

1. The purpose of this memo is to describe the procedures to obtain a medical waiver if an individual cannot participate in a mandatory Battalion (Bn) event due to illness, injury or any other medical condition.

2. Medical Waiver Procedures:

- a. See a doctor or medical professional for diagnosis (no self diagnosis).
- b. Get a medical document that indicates:
  1. **Your diagnosis** (what is wrong with you)
  2. **What your limitations are** (bed rest, limited activity, refrain from specific activity). For example - if you have a broken finger - you can still run. Request the doctor to give you exercises to enable a speedy recovery.
  3. **How long your condition and limitations will last** or at least have the date you were seen and when your follow-up date is (x-ray, lab test, etc).
- c. **Make three copies of the original!** Bring the original to Ms. Mannery for your health record; bring a copy to the AMOI, so your injury/illness can be recorded in the Unit Medical Logbook; attach a copy to any waiver you submit through the Battalion for your illness/injury; keep a copy for your own records. (Ask politely for Ms. Mannery to make three copies for you if you do not have access to a copy machine.)
- d. Inform your Chain of Command (Squad Leader, Platoon Sergeant, etc...) by submitting a the Medical Wavier Request at enclosure (1). You are not excused from PT or Lab by a doctor! You must still show up unless you are SIQ (Sick in Quarters) and participate in the activities that are allowed by the doctor or be sent home after muster is taken by your Company Commander. Either way, it is YOUR responsibility to inform your Battalion Chain of Command so you are not recorded as UA. Inform your advisor as a courtesy as well.

3. If time does not permit the above procedures to be taken, students are still required to show up to the Bn event. Company Commanders will authorize relieving an individual if the illness/injury absolutely requires bed rest or if they are seriously contagious. Otherwise the individual will attend without participating in exercises. The Bn XO will authorize relieving Bn Staff members.

4. If an injury occurs which prevents the above procedures from being

followed and you cannot attend the Bn event, every effort must be made to contact your Chain of Command to notify them of the situation. Proof must be furnished to the AMOI and your Company Commander within 24 hours after the missed event unless their condition prevents them from doing so. In such a case, a courtesy email will be sent if possible. When able, members shall submit their medical waiver and the appropriate doctor's note to verify their condition as soon as possible.

5. Company Commanders will inform the Physical Training Instructor (PTI) and the Bn XO of all approved medical waivers to include the affected person's name, medical condition, and event missed or modification of the physical training plan allowed.

6. The PTI will maintain a spreadsheet of those persons with a medical waiver and are on light duty and their corresponding condition. Personnel on light duty status (multiple events waived) will be included in the weekly operations report, sent to Bn OPS and Bn Safety Officer.

Very respectfully,

C. G. GAYNOR

NAVAL RESERVE OFFICERS TRAINING CORPS UNIT  
UNIVERSITY OF MICHIGAN  
ANN ARBOR, MICHIGAN 48109

**MIDSHIPMAN/MARINE/OFFICER CANDIDATE**  
**MEDICAL WAIVER REQUEST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company/platoon/squad: \_\_\_\_\_

Requested for: 1. Drill: \_\_\_\_\_  
2. Battalion PT: \_\_\_\_\_  
3. Other Activity: \_\_\_\_\_

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your limitations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long will your condition last?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial:**

PLT CDR: Recommended: \_\_\_\_\_ Not Recommended: \_\_\_\_\_

Reason (if NOT recommended):

\_\_\_\_\_

Co CDR: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Bn XO: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Reason for disapproval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original to Student

Copy to: ADMIN

Copy to: AMOI