

Minimum Medical Requirements and Criteria

Soldiers Rank/Name

REQUIREMENTS:

1 and 2 must be YES; 3 and 4 must be NO to proceed to Criteria	<u>YES</u>	<u>NO</u>
1) Does the soldier have an approved LOD?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the Soldier's medical condition manageable within a 6 month time frame?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the Soldier require Convalescence Leave?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the Soldier being treated for or currently have a behavioral health diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA:

Must have at least 2 NO responses for approval	<u>YES</u>	<u>NO</u>
1) Has the soldier been released from a WTU/CBWTU in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is there an indication or confirmation of drug or alcohol abuse or misuse?	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the soldier receiving or been rated for disability compensation?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has the soldier shown a history of noncompliance to medical evaluations or treatment in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>