



Extension Waiver Rule Q Checklist

(Physical examination. The Soldier does not have a current periodic health assessment.)

Reference: NGR 600-200

Name: _____ **Rank:** _____ **MSC/ Unit:** _____

Select Duty Status: M-DAY TECH AGR

Submit the following documents through chain of command to the State processing authority via IPPS-A

- ☐ Memorandum from the unit commander through command channels
 - Attachment 27
- ☐ DA Form 4187 dated [December 2022](#) (with all required signatures)
 - Attachment 21
- ☐ Last three evaluations
- ☐ Retirement Accounting Statement (DA Form 5016)
- ☐ All previous approved waivers
- ☐ Individual Medical Readiness (IMR)
- ☐ Copy of Soldier's Talent Management Profile from IPPS-A

Ensure the following information is inputted in the CRM case:

Provider Group: NGGA G-1 TRANSITIONS

Description: Extension Waiver, MSC name, Rank Last Name, First Name

Example: Extension Waiver, 78th ATC, SGT Smith, John

*Packets must be reviewed and validated at all levels prior to routing the request to G-1