

DEPARTMENT OF THE ARMY

**U.S. ARMY MEDICAL DEPARTMENT ACTIVITY**

WEST POINT, NEW YORK 10996

**REPLY TO**

**ATTENTION OF**

MCUD-PA-PA (DATE)

**Memorandum for** Keller Army Community Hospital: ATTN: Medical Fitness Standards Request POC (PAD), 900 Washington Road, West Point NY 10996

SUBJECT: Request for **Medical Fitness Standards Evaluation** (MFSE) IAW AR 40-501

1. The following information MUST be provided for registration and scheduling**:**

* 1. Name**:** (LAST, FIRST M.I)
  2. SSN**:**
  3. DOB**:** (DD/Month/YYYY)
  4. Rank/Grade**:** **e.** Male Female

1. Component: **RA, USAR, ARNG**
2. Status: **Active AGR TPU/Drill** (**ALL** **USAR, ARNG** MUST have LOD on referring issue in order to be seen- OR else you must provide **orders** **during the time of injury**)
3. Unit Name and UIC**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. Duty Station Address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Duty Station POC & Phone #**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. POC E-Mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. POC to CC e-mails (Appointments) to (please write name and e-mail address if different from above POC**:­­­­­­­­­­­­­**)**\_\_\_ SSG Lydia Montiforte- AGR Medical NCO, lydia.montiforte@us.army.mil**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. STATE SURGEON(ARNG) name and address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. TAG (ARNG) name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. RRC (USAR) name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. HRC (USAR) name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Home Address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Home Phone #**:**
3. Duty Phone #**:**
4. Cell Phone # (For MFSE POC Use- IMPORTANT)**:**
5. Most Used Email Address:

THIS E-MAIL ADDRESS MUST BE CHECKED REGULARLY. MOST COMMUNICATION WILL BE DONE THROUGH THE E-MAIL.CIVILIAN E-MAIL IS OKAY.

1. Years of Service**:** **w.** MOS**:**
2. Is the soldier currently having medical treatment for the referred medical issues? Y N
3. The following is a brief description of injury, diagnosis, and why the soldier is being referred for

a Medical Fitness Evaluation.  ***PLEASE LIST ALL THE CONDITIONS IN QUESTION. NO OTHER CONDITIONS WILL BE ADDRESSED DURING THEIR EVALUATION IF THEY HAVE NOT BEEN PREVIOUSLY IDENTIFIED.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Reason for this request:(i.e.: profile re-eval, to determine if patient is Fit for Duty, etc)

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1. What is your relationship to the Soldier being referred? (Commander, Unit Administrator, 1SG etc.)

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**Requester:** By signing below you are confirming that you have read page three of this request. You and your unit agree and will comply with all that is required to generate this Medical Fitness Evaluation request.

You will supply all necessary documentation requested on this form and any additional information requested by Ms. Randazzo at a later date.

You are also confirming that you are aware of the reasons for requests being terminated.

You agree that if you have any questions or issues you will contact Ginny Randazzo (Medical Fitness Standards Evaluation POC at 845-938-0440).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Requester’s Signature)***

Please write clearly:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****Supervisor/Commander Name****) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (****Rank, Unit****)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (****Title****)*

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IN ORDER FOR THIS REQUEST TO BE PROCESSED, PLEASE INCLUDE:

* **Profile**
* **From the Soldier:**
  + All current Health records- to include VA and civilian records
  + ~~LES Leave and Earning Statement (DFAS Form 702) END OF MONTH~~ (will request this later)
  + Pharmacy Records (past 12 months) (ALL- VA, Civilian, military)
  + ~~ACAP Pre-Separation/Transition Counseling Statement (DD from 2648 RA Soldiers/ DD Form 2648-1 RC Soldiers). Contact West Point ACAP Office, Mr. George Barnes, 845-938-0634~~ (will request this later)
* **From the Unit:**
  + Commanders Statement (DA 7652)
  + APFT Card (most recent)
  + Completed Line of Duty Investigation (DA Form 2173), if applicable MUST be INCLUDED.
  + Retirement Orders (if applicable)
  + ERB for enlisted or ORB for Officers (RA only)
  + NCO/OER Evaluation Report (Last 3) (E-5 Above) (If applicable)
* **Additional Documents for Reserve or National Guard Soldier needed from the Unit:** 
  + Personnel Qualification Record (PQR) (DA Form 2A, 2-1)
  + Statement of Service (Retirement Points)
  + Individual Mobilization Orders to include extension orders, attachment, AGR and ADME/CBWTU orders
  + 15 / 20-Year Letter (whichever is applicable, if any)
* The information provided here must be ACCURATE and UP TO DATE. Please check with your service member before submitting this request to make sure you have all contact e-mail and phone numbers correct. (To include spelling)
* Medical Fitness Standards Evaluation request forms come in on a daily basis. They get filed by the date of when they come in and what specialty they need to see. Please understand that your service member’s case might not be seen right away. It could be an estimated wait of up to two months or more before they get an appointment- it all depends. Factors such as scheduling, provider shortages and high demand can stall the process. Please be patient. You can contact me any time to inquire about the status of your cases.
* Please DO NOT ASSUME that the case will be RUSHED because your soldier is pending deployment. You will have to speak with me on a case by case basis before I will authorize a RUSH. Any pattern of repeated requests for a RUSH on cases, will be addressed and will no longer be considered.
* It is the unit’s responsibility to make sure that the Soldier complies with all that we request of him/her. I will CC the POC listed above on all appointments and requests for additional information. ALL referrals out to civilian or VA providers need to be scheduled in a timely manner.
* \*\*\*\*IMPORTANT\*\*\*\*\* I will only make 3 Attempts to initiate contact with the soldier. Should the soldier not respond, or the contact numbers and e-mail not work, the request will be invalidated and you will have to resubmit your request. The service member will then be placed at the back of the line as if the request was brand new.
* I will also only make 3 attempts to follow up with a soldier when additional information is requested. i.e. The Service member has been referred out. I will expect the service member to make the appointment, let me know when the appointment is and tell me afterwards that s/he attended the appointment and it has been completed.
* I will NOT continue to contact a patient if I get no answer after 3 tries- for ANY matter. The unit will be notified and the case will labeled TERMINATED for non-compliance and will be filed.