**DEPARTMENT OF DEFENSE**

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**MEDICAL EVALUATION BOARD & FITNESS FOR DUTY CLEARANCE**

**DATE:**

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**MEMORANDUM FOR:**

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**FROM:**

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**SUBJECT:**

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**1. SERVICE MEMBER IDENTIFICATION**

| **Full Name (Last, First, Middle)** | **Rank / Pay Grade** | **Branch of Service** |
|---|---|---|
| | | |
| **DoD ID / SSN** | **Unit / Command** | **MOS / AFSC / Rating** |
| | | |

**2. MEDICAL EVALUATION & DUTY STATUS**

The above-named Service Member was medically evaluated on _____. Following a comprehensive medical review of the member's condition, the following disposition is directed:

☐ **Fit for Duty:** Returned to full, unrestricted active military duty, effective _____.

☐ **Fit for Duty with Restrictions:** Returned to duty with the following temporary limitations, effective _____ until _____.

**3. SPECIFIC LIMITATIONS & WORK RESTRICTIONS (IF APPLICABLE)**

| |
|---|
| |

**4. MEDICAL OFFICER AUTHORIZATION & CERTIFICATION**

I certify that the findings herein represent my professional medical judgment and comply with service branch medical readiness standards.

Medical Provider Signature

**Name:** _____

**Title/Credentials:** _____

**Stamp/NPI:** _____

Date

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**5. COMMAND ACKNOWLEDGEMENT**

I acknowledge receipt of this medical clearance disposition and have updated the member's administrative and duty status accordingly.

Commanding Officer / Authorized Representative

**Name/Rank:** _____

**Title:** _____

Date