

ALARACT 061/2023

DTG: R 071550Z AUG 23

UNCLAS

SUBJ/ALARACT 061/2023 – ADDITIONAL ARMY GUIDANCE CLARIFYING JUNE 6, 2022, MEMORANDUM REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV)-POSITIVE PERSONNEL WITHIN THE ARMED FORCES

THIS ALARACT MESSAGE HAS BEEN TRANSMITTED BY JSP ON BEHALF OF HQDA, DCS, G-1

1. (U) REFERENCES:

1.A. (U) AR 600-110, IDENTIFICATION, SURVEILLANCE, AND ADMINISTRATION OF PERSONNEL INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

1.B. (U) AR 40-501, STANDARDS OF MEDICAL FITNESS

1.C. (U) DODI 1332.45, RETENTION DETERMINATIONS FOR NON-DEPLOYABLE SERVICE MEMBERS, JULY 30, 2018, INCORPORATING CHANGE 1, EFFECTIVE APRIL 27, 2021

1.D. (U) DODI 6485.01, HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN MILITARY SERVICE MEMBERS, JUNE 7, 2013, INCORPORATING CHANGE 2, EFFECTIVE JUNE 6, 2022

1.E. (U) DODI 6490.07, DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES, FEBRUARY 5, 2010

1.F. (U) SECRETARY OF DEFENSE MEMORANDUM, POLICY REGARDING HUMAN IMMUNODEFICIENCY VIRUS-POSITIVE PERSONNEL WITHIN THE ARMED FORCES, 6 JUNE 2022, AVAILABLE AT [HTTPS://MEDIA.DEFENSE.GOV/2022/JUN/07/2003013398/-1/-1/1/POLICY-REGARDING-HUMAN-IMMUNODEFICIENCY-VIRUS-POSITIVE-PERSONNEL-WITHIN-THE-ARMED-FORCES.PDF](https://media.defense.gov/2022/JUN/07/2003013398/-1/-1/1/POLICY-REGARDING-HUMAN-IMMUNODEFICIENCY-VIRUS-POSITIVE-PERSONNEL-WITHIN-THE-ARMED-FORCES.PDF)

2. (U) THIS MESSAGE APPLIES TO THE REGULAR ARMY, THE UNITED STATES ARMY RESERVE, THE ARMY NATIONAL GUARD, AND THE ARMY NATIONAL GUARD OF THE UNITED STATES.

3. (U) THE PURPOSE OF THIS MESSAGE IS TO INFORM ARMY PERSONNEL OF A CHANGE TO DOD POLICY REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV)-POSITIVE PERSONNEL WITHIN THE ARMED FORCES, TO

PROVIDE NOTICE THAT REFERENCE 1.A WILL BE REVISED TO IMPLEMENT THAT POLICY, AND TO REMIND ARMY PERSONNEL THAT WAIVERS TO THE CURRENT ARMY POLICY ARE AVAILABLE THROUGH THE EXCEPTION TO POLICY (ETP) PROCESS PRESCRIBED IN AR 25–30.

4. (U) BACKGROUND. ON 6 JUNE 2022, THE SECRETARY OF DEFENSE MANDATED THAT PERSONNEL WITHIN THE ARMED FORCES WHO HAVE BEEN IDENTIFIED AS HIV-POSITIVE, ARE ASYMPTOMATIC, AND WHO HAVE A CLINICALLY CONFIRMED UNDETECTABLE VIRAL LOAD WILL HAVE NO RESTRICTIONS APPLIED TO THEIR DEPLOYABILITY OR TO THEIR ABILITY TO COMMISSION WHILE A SERVICE MEMBER SOLELY ON THE BASIS OF THEIR HIV-POSITIVE STATUS (SEE REF 1.F).

5. (U) REFERENCE 1.A PRESCRIBES ARMY POLICY, PROCEDURES, RESPONSIBILITIES, AND STANDARDS GOVERNING IDENTIFICATION, SURVEILLANCE, AND ADMINISTRATION OF ARMY PERSONNEL INFECTED WITH HIV. REFERENCE 1.A IS BEING REVISED TO IMPLEMENT THE NEW DOD POLICY WITHIN THE ARMY.

6. (U) UNTIL REFERENCE 1.A IS REVISED, ARMY PERSONNEL ARE REMINDED THAT A REQUEST CAN BE MADE FOR AN EXCEPTION TO THE CURRENT ARMY POLICY PRESCRIBED IN REFERENCE 1.A THAT IS CONSISTENT WITH THE CHANGE TO DOD POLICY FOR OVERSEAS ASSIGNMENTS, DEPLOYMENTS, OCONUS TEMPORARY DUTY, OR ACTIVE DUTY ORDERS GREATER THAN 30 DAYS.

7. (U) PER REFERENCE 1.A, ACTIVITIES MAY REQUEST A WAIVER TO THIS REGULATION BY PROVIDING JUSTIFICATION THAT INCLUDES A FULL ANALYSIS OF THE EXPECTED BENEFITS AND MUST INCLUDE FORMAL REVIEW BY THE ACTIVITY'S SENIOR LEGAL OFFICER. ALL WAIVER REQUESTS WILL BE ENDORSED BY THE COMMANDER OR SENIOR LEADER OF THE REQUESTING ACTIVITY AND FORWARDED THROUGH THEIR HIGHER HEADQUARTERS TO THE HEADQUARTERS, DEPARTMENT OF THE ARMY (HQDA), DEPUTY CHIEF OF STAFF (DCS), G–1, FOR FINAL APPROVAL BY THE REGULATION PROPONENT (HEREAFTER REFERRED TO AS "HQDA G–1").

8. (U) THE FOLLOWING ITEMS ARE EXAMPLES OF SUPPORTING DOCUMENTS TO INCLUDE WITH AN ETP REQUEST TO HQDA G–1:

8.A. (U) MEMORANDUM FROM TREATING INFECTIOUS DISEASE PHYSICIAN INCLUDING CURRENT MEDICAL STATUS (IN OTHER WORDS, MEDICALLY STABLE), COMPLIANCE WITH TREATMENT, AND RECENT LABS OF VIRAL LOAD AND CD4 COUNT.

8.B. (U) DD FORM 2870 (MEDICAL RELEASE FORM TO AUTHORIZE REVIEW), AVAILABLE AT

[HTTPS://WWW.ESD.WHS.MIL/PORTALS/54/DOCUMENTS/DD/FORMS/DD/DD2870.PDF.](https://www.esd.whs.mil/portals/54/documents/dd/forms/dd/dd2870.pdf)

8.B.1. (U) BLOCK 6A: OFFICE OF THE SURGEON GENERAL MEDICAL READINESS HEALTH CARE OPERATIONS TEAM.

8.B.2. (U) BLOCK 6B: HQDA, OFFICE OF THE SURGEON GENERAL, 7700 ARLINGTON BOULEVARD, FALLS CHURCH, VA 22042–5142.

8.C. (U) DA FORM 4187 (PERSONNEL ACTION), AVAILABLE AT [HTTPS://ARMYPUBS.ARMY.MIL/PRODUCTMAPS/PUBFORM/DAFORM4001_5000.ASPX.](https://armypubs.army.mil/productmaps/pubform/daform4001_5000.aspx)

8.C.1. (U) DESCRIBE REASON AND POLICY LINE ITEM (RATIONALE), ENDORSED BY COMMANDER.

8.C.2. (U) BLOCK 2: HQDA G–1, 300 ARMY PENTAGON, ROOM 2E446, WASHINGTON, DC 20310–0300.

8.D. (U) ANY OTHER SUBSTANTIATING DOCUMENTS THAT SUPPORT THE REQUEST AND DEMONSTRATE THE BENEFIT TO THE ORGANIZATION (SOLDIER RECORD BRIEF, PERFORMANCE EVALUATIONS, PT TESTS, AND SO FORTH).

9. (U) ALL DEPLOYMENTS AND OCONUS TEMPORARY DUTY ALSO REQUIRE CONSULTATION WITH THE RECEIVING COMBATANT COMMAND (CCMD) SURGEON WITH FINAL APPROVAL BY THE COMBATANT COMMANDER PRIOR TO SUBMITTING THE ETP REQUEST ENCRYPTED TO HQDA G–1 POINTS OF CONTACT (POCS) FOR PROCESSING. IT IS RECOMMENDED THAT SOLDIERS WORK WITH THEIR BRIGADE SURGEON FOR THIS TYPE OF ETP. TO ENSURE AWARENESS OF THE PENDING DEPLOYMENT ETP REQUEST, PLEASE INCLUDE THE POCS LISTED AT PARAGRAPH 12 ON THE CCMD MEDICAL WAIVER SUBMISSION.

10. (U) THE ETP PROCESS TAKES AT LEAST 90 DAYS UPON RECEIPT OF THE ETP REQUEST BY HQDA G–1 POCS.

11. (U) REFER TO ATTACHMENT 1 FOR STEP-BY-STEP POWER POINT ON ETP PROCESS.

12. (U) POCS ON BEHALF OF HQDA G–1 ARE AS FOLLOWS:
CARRIE.E.SHULT.CIV@ARMY.MIL, SERENA.K.STAPLES.MIL@ARMY.MIL,
SPENCER.C.MYERS.CIV@ARMY.MIL.

13. (U) THIS ALARACT MESSAGE EXPIRES ON 7 AUGUST 2024.

ATTACHMENT:

1. SUBMITTING EXCEPTION TO POLICY (AR 600-110) REQUEST FOR OCONUS ASSIGNMENTS AND ACTIVE-DUTY ORDERS (ADOS) GREATER THAN 30 DAYS.

Submitting Exception to Policy (AR 600-110) Request for OCONUS Assignments and Active-Duty Orders (ADOS) greater than 30 days.

Note: This presentation was prepared in April 2023 for peer support based on the experience of a Soldier living with HIV. This content has been reviewed by HQDA, G-1.

Introduction

- Last updated on 22 April 2022, restrictions for HIV+ personnel included, but were not limited to:
 - Deployments: Hostile and non-hostile environments.
 - Assignments (WIAS and PCS) overseas for any duration of time
 - Assignments within any table of organization and equipment or modified table of organization and equipment (TOE & MTOE units).
 - Military-sponsored educational programs regardless of length resulting in an additional service obligation (ADSO).
- “In view of significant advances in the diagnosis, treatment, and prevention of Human Immunodeficiency Virus (HIV) [...]. Individuals who have been identified as HIV positive, are asymptomatic, and who have a clinically confirmed undetectable viral load (hereinafter, "**covered personnel**") will have no restrictions applied to their deployability or to their ability to commission while a Service member solely on the basis of their HIV-positive status.”
- As of 13 April 2023, The US Department of the Army has not updated policies in response to the DoD update. As Senior Leaders deliberate to the update of AR 600-110, “Covered Personnel” can submit an Exception to Policy (ETP) IOT PCS outside the contiguous United States (OCONUS), Deploy, or serve on Active-Duty Orders greater than 30 days.

 SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

JUN 06 2022

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

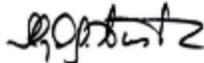
SUBJECT: Policy Regarding Human Immunodeficiency Virus-Positive Personnel Within the Armed Forces

In view of significant advances in the diagnosis, treatment, and prevention of Human Immunodeficiency Virus (HIV), it is necessary to update DoD policy with respect to individuals who have been identified as HIV-positive. Individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load (hereinafter, "covered personnel") will have no restrictions applied to their deployability or to their ability to commission while a Service member solely on the basis of their HIV-positive status. Nor will such individuals be discharged or separated solely on the basis of their HIV-positive status. This definition of "covered personnel" will be added to the affected DoD Instructions.

Accordingly, effective immediately I direct the following actions:

- **Accession:**
 - DoD Instruction 6130.03, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," volume 1, section 5, Disqualifying Conditions, 5.23.b, is revised by adding the following language in boldface: "Presence of human immunodeficiency virus or laboratory evidence of infection for false-positive screening test(s) with ambiguous results by supplemental confirmation test(s) is not, in itself, disqualifying with respect to covered personnel (including Military Service Academy cadets and midshipmen, contracted SROTC cadets and midshipmen, and other participants in in-service commissioning programs) seeking to commission while a Service member). Such covered personnel will be evaluated on a case-by-case basis."
 - DoD Instruction 6485.01, "Human Immunodeficiency Virus (HIV) in Military Service Members," section 3 a., is revised to read: "It is DoD policy to . . . Deny eligibility for Military Service to persons with laboratory evidence of HIV infection (for appointment (other than covered personnel who are seeking to commission while a Service member), enlistment, pre-appointment, or initial entry training for Military Service pursuant to DoDI 6130.03."
- **Retention:** DoD Instruction 6130.03, "Medical Standards for Military Service: Retention," volume 2, section 5.23 b(1), is revised by adding the following language in boldface: "A Service member with laboratory evidence of Human Immunodeficiency Virus infection will

The Secretaries of the Military Departments will report to the Under Secretary of Defense for Personnel and Readiness on a semi-annual basis beginning six months from the date of this memorandum: (1) the number of HIV-positive Service members in their respective Services who have been separated; and (2) the number of HIV-positive individuals, who are asymptomatic with a clinically confirmed undetectable viral load, and who have been refused accession.



Example Documents for ETP Packet for OCONUS Assignments and ADOS Orders greater than 30 days

1. DA Form 4187
2. Letter of Suitability
3. DD Form 2870
4. Theater Commander Medical Waiver Form- Signed
5. Exception to Policy Request Memorandum
6. Commander Endorsement Memorandum
7. Additional Supporting Documents
 1. Soldier Record Brief
 2. Army Combat Fitness Test

DA Form 4187

DA Form 4187

The 4187 documents the current/losing commander's endorsement for the request. While (s)he is the highest signature authority, the "to" block is still labeled DCS G-1, and the first required document in the packet.

1. THRU (Include ZIP Code) Brigade or higher Command Address block	2. TO (Include ZIP Code) DCS, G-1 300 ARMY Pentagon, Room 2E446 Washington, DC 20310-0300	3. FROM (Include ZIP Code) Paste from block 1.
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In block 7 the change is from CONUS to OCONUS or to Active-Duty Status greater than 30 days effective 0900 hours on your proposed report date.

SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from <u>CONUS</u> to		
<u>OCONUS</u>	effective <u>900</u> hours,	<u>15 October</u> <u>2023</u>

Section III – Block 8, mark “other” specifying “for OCONUS PCS, Deployment, or ADOS Orders greater than 30 days.” Blocks 9 and 10 leave blank.

DA Form 4187

- Remember, the request is a “need to know, basis.” it is suggested the packet (including the 4187 should go through the chain of command by hand or encrypted e-mail, from Commander to Commander.
- Close out the 4187 with the current/losing commander’s recommendation.
- If you reside at a Brigade or higher, your 4187 will have less signatures as in the example

15. NAME OF INDIVIDUAL		16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY		a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY		a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY		a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY		a. TO Commander Unit City, State ZIP	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle) [Commander Name]		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION Commander		h. SIGNATURE	
i. COMMENTS			

DA FORM 4187, MAY 2014 Page 2 of 2

Letter of Suitability

Letter of Suitability

- Letter of Suitability is a memorandum from the Soldier's Infectious Disease Physician endorsing an ability to adhere to antiretroviral therapy. Supporting data in this document are the results of the Soldier's last lab draw. It is important the memorandum states the following:
 - Date of draw (within the last 6 months)
 - CD4 Count/%
 - HIV Viral Load
 - Antiretroviral Regimen

DEPARTMENT OF THE ARMY
UNIT NAME
UNIT ADDRESS
UNIT CITY OR STATE

ABCD-EFG 08 December 2022

MEMORANDUM FOR G 3/7 Medical Readiness Health Care Operations Team and HQDA, Office of The Surgeon general 7700 Arlington Blvd, Falls Church, VA 22042 5142

SUBJECT: Memo form treating Infectious Diseases Physician

1. The following Soldier is treated for HIV by the WBAMC Infectious Disease Clinic.
 - a. Last, First MI -
 - b. Rank -
 - c. DoD ID -
2. The following data supports that the Soldier is medically stable. The Soldier endorses 100% adherence to antiretroviral therapy.
 - a. Date -
 - b. CD4 Count/% -
 - c. HIV Viral Load -
 - d. ANTIRETROVIRAL REGIMEN -
3. Point of Contact for this memorandum is (ID [Physician name] at [### - ### - ####] or email

William Williams, MD
Infectious Disease Service
Walter Reed Army Medical Center

DD 2870

DD 2870

- The DD 2870 authorizes the disclosure of medical or dental information to HQDA in order to determine your eligibility for ETP approval. Utilize the template below to complete. Sign and date in blocks 11 and 13.

4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) [First issue of treatment - date of expected submission of packet]		5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
SECTION II - DISCLOSURE			
6. I AUTHORIZE Enter Your Military Treatment Facility <i>(Name of Facility/TRICARE Health Plan)</i>		TO RELEASE MY PATIENT INFORMATION TO:	
a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION OTSG Medical Readiness Health Care Operations Team		b. ADDRESS (Street, City, State and ZIP Code) HQDA, Office of the Surgeon General 7700 Arlington Blvd, Falls Church, VA 22042-5142	
c. TELEPHONE (Include Area Code)		d. FAX (Include Area Code)	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)			
<input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL		<input checked="" type="checkbox"/> OTHER (Specify) Permanent Change of duty Station to [Insert OCONUS Duty Station]	
<input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL			
8. INFORMATION TO BE RELEASED All infectious disease encounters and lab results.			
9. AUTHORIZATION START DATE (YYYYMMDD) [Packet submission date]		10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) [block 9 +1 year] <input type="checkbox"/> ACTION COMPLETED	

Medical Waiver

Theater Medical Deployability Waiver

- Some Theater command surgeon generals require waivers to document whether care is possible at your new duty station. For example, USARPAC requires the following document to be filled out. Although it is meant for deploying, the information provided can substitute until proper paperwork is developed.
- Each Combatant Command will have their own Medical Waiver form. Please request form from Surgeon's Office or contact HQDA G-1 POC.
- Block 13 will be your report date.
- Block 14 is the number of days your assignment is. If it is a two-year assignment, the entry will state 730. ETPs are only valid for 365 days. A request for extension must be submitted 6 months prior to proposed extension.
- Block 15 is the gaining country.

1. PATIENT NAME (Last, First, MI)			2. DOB (DD-MMM-YYYY)		3. DOD ID OR SSN (IF DOD ID not available)		
4. AGE	5. SEX Male	6. RANK/GRADE	7. SERVICE BRANCH CODE A- Army	8. COMPONENT CODE R - Regular	9. MOS/AOC/SKILL IDENTIFIER/JOB DESCRIPTION		
10. HOME STATION			11. UNIT			12. UIC	
13. DEPLOYMENT DATE (DD-MMM-YYYY)		14. DEPLOYMENT DURATION (DAYS)		15. DESTINATION (COUNTRY)			

Theater Medical Deployability Waiver

- Block 23 can remain as “see attachments.”
- Block 24, 25, 26, and 27 are filled out by your ID Physician
- Block 28 – 31 are filled out by the gaining Surgeon General

24. DEPLOYABILITY DETERMINATION MEDICALLY DEPLOYABLE ▾	25. CMA NAME (Last, First, MI, Rank/Grade, Position) Current ID Physician	26. CMA SIGNATURE [Redacted]	27. DATE (DD-MMM-YYYY) [Redacted]
FOR DESIGNATED WAIVER AUTHORITY USE ONLY			
28. WAIVER DECISION APPROVED ▾	29. WAIVER AUTHORITY NAME (Last, First, MI, Rank/Grade, Position) Combatant Command Surgeon's Signature	30. WAIVER AUTHORITY SIGNATURE [Redacted]	31. DATE (DD-MMM-YYYY) [Redacted]
32. COMMENTS (OPTIONAL) (Limited to 320 characters) [Redacted]			
<small>CU: When filled in, this document contains Personally Identifiable Information and Protected Health Information protected by the Privacy Act of 1974 and Army Regulations AR 25-22 and 40-66. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession or disclosure of protected health information may result in personal liability or civil and federal criminal penalties.</small>			

Soldier ETP Request Memorandum

Soldier ETP Request Memorandum

- This memorandum is a personal letter to the approval authorities. An example is provided below. This memorandum can explain the reasonings why your ETP should be approved. For example, why are you the best person for the job?



DEPARTMENT OF THE ARMY
GARRISON NAME
UNIT
UNIT ADDRESS

ABCD-EFG 07 April 2023

MEMORANDUM FOR RECORD

SUBJECT: Request for Exception to Policy of Army Regulation 600-110

1. References:

- a. Army Regulation 600-110
- b. ETP G1 Guidance dated 01 DEC 2021
- c. Under Secretary of Defense Memorandum for Assistant Secretary of the Army for Manpower and Reserve Affairs
- d. Secretary of Defense Memorandum for Senior Pentagon Leadership Policy regarding Human Immunodeficiency Virus Positive Personnel within the Armed Forces

2. The purpose of this memorandum is to request an approval for an exception not policy (ETP) in accordance with (IAW) Army Regulation 600-110, as it pertains to special population personnel receiving orders outside the contiguous united states (OCONUS). I have met all the requirements from the hiring

Commander ETP Endorsement Memorandum

Commander ETP Endorsement

- This memorandum from your current/losing command simply states the support (s)he has for this ETP. Intent is to show that during your time at the unit, you have shown zero signs of an inability to work because of your condition.

MEMORANDUM FOR RECORD

SUBJECT: Exception to Policy (ETP) to PCS OCONUS, PVT Billy, Bob T [Last 4]

1. I endorse PVT Billy Bob's request to PCS to [Insert Duty Station] [insert proposed report date]. PVT Bob is an excellent clerk and has performed well here at the [Insert current command]. His medical condition is stable and appropriately monitored. PVT Bob's condition has not been an impediment to his work and I support his ability to succeed at the USFK.

2. Point of contact for this action is the undersigned at command.r.bossman.mil@army.mil or 555 555-5555.

COMMAND R. BOSSMAN
COL, IN
Commander

Additional Supporting Documents

Additional Supporting Documents

- Lastly, you would want to attach any supporting documents. This can include, but may not require, an ACFT, Evaluations (maybe the last 3). With intentions to show your health, and value to the Army.

ARMY COMBAT FITNESS TEST SCORECARD				
For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.				
NOTE: To convert raw scores to scaled scores, refer to the ACFT event score conversion tables posted to the Army at https://www.army.mil/actf .				
Body Composition Testing will NOT be conducted on the same day as the ACFT. To avoid illness and injury, height at least 7 days before or at least 7 days after the ACFT when feasible.				
PRIVACY ACT STATEMENT				
AUTHORITY: 10 USC 7013, Department of the Army; 10 USC 671, Members not to be assigned outside six years of commissioned service or found not qualified for promotion to first lieutenant or major.				
PRINCIPAL PURPOSE: The Army Combat Fitness Test (ACFT) assesses a Soldier's combat fitness capability. System of Records Notice 0005, Defense Training Records, https://www.federalregister.gov .				
ROUTINE USES: There is no specific routine uses anticipated for this form; however, it may be subject to specified in the purpose statement above.				
DISCLOSURE: Voluntary. However, failure to provide identifying information may prevent ability to remain in the Army.				
TEST ONE				
DATE (YYYYMMDD)	MOS	PAY GRADE	AGE	DATE OF BIRTH
20230415	LOG	O4	35	
BODY COMPOSITION DATE:		BODY COMPOSITION		
HEIGHT (inches)	WEIGHT	BODY FAT		HEIGHT
67	190 lbs. <input checked="" type="checkbox"/> GO <input type="checkbox"/> NOGO	% <input checked="" type="checkbox"/> GO <input type="checkbox"/> NOGO		
3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))				
1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS	1ST ATTEMPT
<input checked="" type="checkbox"/> 270	<input type="checkbox"/>			<input type="checkbox"/>
STANDING POWER THROW (distance thrown - check longest (meters - centimeters))				
1ST THROW	2ND THROW	POINTS	GRADER INITIALS	1ST THROW
<input checked="" type="checkbox"/> 11.7	<input type="checkbox"/> 10.9			<input type="checkbox"/>
HAND-RELEASE PUSH-UP (number of correctly performed repetitions)				
REPETITIONS	POINTS	GRADER INITIALS	REPETITIONS	
35				
SPRINT - DRAG - CARRY (overall event time (minutes - seconds))				
TIME	POINTS	GRADER INITIALS	TIME	
1:45				
PLANK (maintain proper straight line position (minutes - seconds))				
TIME	POINTS	GRADER INITIALS	TIME	
2:15				
2 - MILE RUN (overall event time (minutes - seconds))				
TIME	POINTS	GRADER INITIALS	TIME	
17:20				
5K ROW / 1K SWIM / 12K BIKE / 2.5M WALK (circle or use the drop down list) (overall time to reach required distance (minutes - seconds))				
5K ROW / 1K SWIM / 12K BIKE / 2.5M WALK	POINTS (60/0)	GRADER INITIALS		
<input type="checkbox"/>				

OFFICER EVALUATION REPORT SUPPORT FORM				
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.				
PART I - ADMINISTRATIVE (Rated Officer)				
a. NAME (Last, First, Middle Initial)	b. SSN (or DOD ID No.)	c. GRADE/RANK	d. DATE OF RATING PERIOD	
GILLIARD, GILL Y.	987654321	CPT	2021	
e. UNIT	f. UIC CODE			
307th FSB	W6			
OFFICER EVALUATION REPORT SUPPORT FORM				
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.				
PART I - ADMINISTRATIVE (Rated Officer)				
a. NAME (Last, First, Middle Initial)	b. SSN (or DOD ID No.)	c. GRADE/RANK	d. DATE OF RATING PERIOD	
GILLIARD, GILL Y.	987654321	CPT	2021	
e. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND	h. UIC CODE			
307th FSB, 82ND ABN, FORT BRAGG, NC, FORSCOM	W6			
i. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)				
j. RATED OFFICER'S PHONE NUMBER				
k. RATED OFFICER'S ADDRESS (Street, City, State, ZIP Code)				
l. RATED OFFICER'S HOME PHONE NUMBER				
m. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
n. RATED OFFICER'S HOME PHONE NUMBER				
o. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
p. RATED OFFICER'S HOME PHONE NUMBER				
q. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
r. RATED OFFICER'S HOME PHONE NUMBER				
s. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
t. RATED OFFICER'S HOME PHONE NUMBER				
u. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
v. RATED OFFICER'S HOME PHONE NUMBER				
w. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
x. RATED OFFICER'S HOME PHONE NUMBER				
y. RATED OFFICER'S HOME ADDRESS (Street, City, State, ZIP Code)				
z. RATED OFFICER'S HOME PHONE NUMBER				
PART II - AUTHENTICATION				
a1. NAME OF RATER (Last, First, Middle Initial)	a2. SSN (or DOD ID No.)	a3. RANK	a4. DATE OF RATING PERIOD	
WILLIAMS, WILL B	123456789	MAJ		
b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)	b2. SSN (or DOD ID No.)	b3. RANK	b4. DATE OF RATING PERIOD	
ALEXUS, ALEX L.	111111111	COL		
c1. NAME OF SENIOR RATER (Last, First, Middle Initial)	c2. SSN (or DOD ID No.)	c3. RANK	c4. DATE OF RATING PERIOD	
ALEXUS, ALEX L.	111111111	COL		
d1. INDIVIDUAL TO PERFORM SUPPLEMENTARY REVIEW (Last, First, Middle Initial) - (IF REQUIRED)	d2. RANK	d3. DATE OF RATING PERIOD	d4. DATE OF RATING PERIOD	
82nd ABN	IN	RA		
PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION				
MANDATORY RATER/RATED OFFICER INITIAL FACE-TO-FACE COUNSELING ON DUTIES, RESPONSIBILITIES, AND RATING PERIOD TOOK PLACE ON (DATE): 20230411 RATED OFFICER INITIALS: [Signature] RATER INITIALS: [Signature]				
RATED OFFICER ACCESS TO SUPPORT FORMS PRIOR TO INITIAL COUNSELING: RATER (Date): [Signature]				
RATER (RATED OFFICER FOLLOW UP) FACE-TO-FACE COUNSELING: [Signature]				

General Information

- Understand, things may change, and requirements may change as the regulation is being developed.
- Timeline of 90 days starts AFTER completed packet is submitted to HQDA G1 Medical Readiness Team.
- Please refer to your Public Health Nurse and the point of contacts on behalf of HQDA G1 for any questions on completing your packet at:
carrie.e.shult.civ@army.mil; serena.k.staples.mil@army.mil;
spencer.c.myers.civ@army.mil