Request for BUMED PAO Clearance for Publication or Presentation

Author(s) complete this section:

Date: _____

List author(s), command/work place and rank/grade/title:
Title of Work:
Relevance of manuscript or presentation to operational medicine/Navy medicine:
Summary of media sensitive subject matter:

Local Public Affairs Officer completes this section:

Date: _____

☐ The local public affairs officer has reviewed the manuscript/presentation and requests a BUMED PA review and approval.

PAO Name: _____

Contact Information

Telephone: _____

E-mail Address: _____

☐ Presentation

Date: _____

Audience: _____

Location: _____

☐ Yes ☐ No Will media be attending the presentation:

Request for BUMED PAO Clearance for Publication or Presentation (Cont'd)

☐ Journal Article

Publication Date: _____

Audience: _____

Publication Title: _____

☐ Book/Book Chapter

Publication Date: _____

Title: _____

Publisher: _____

☐ Other

Explain

Synopsis in layman's terms

Background:
Results:
Conclusions:
Sensitive areas/media interest:

BUMED Public Affairs completes this section:

☐ BUMED Public Affairs has approved for submission/presentation Date: _____

☐ BUMED Public Affairs has forwarded for higher review Date: _____

☐ BUMED Public Affairs has received higher review Date: _____

☐ BUMED Public Affairs has notified sender Date: _____