COMBAT FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

SECTION 1
Completed by Member

A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.

E. Reason for Referral	~~P~~ositive PARFQ Screening ☐ Yes ☐ No	Injury/Illness ☐ Yes ☐ No

SECTION 2
Completed by Treating Provider OR AMDR

A. CFT Waiver Recommended	800 meter swim (w/fins) ☐ Yes ☐ No	Push-ups (w/20lbs) ☐ Yes ☐ No	Pull-ups (w/20lbs) ☐ Yes ☐ No	1 mile run (w/20lbs) ☐ Yes ☐ No

B. AMDR/Treating Provider Name	C. AMDR/Treating Provider Signature	D. Date

SECTION 3
Completed by Treating Physician and AMDR/AMDR Supervising Physician

BCA Waiver Recommended *(Requires two physician signatures)*

A. Waiver ☐ Yes ☐ No	B. First Physician Signature (AMDR/Treating Physician)	C. Second Physician Signature (AMDR/AMDR Supervisor)

D. Reason IAW OPNAVINST 6110.1 (Series) ☐ Inability to obtain BCA measurement ☐ Medical Treatment/Therapy

SECTION 4
Final Waiver Recommendation, Completed by AMDR Only

A . Member Cleared for full CFA

☐ Yes [*Skip Blocks 4B – 4D.]*

☐ No [*Member is advised that special duty status must be reviewed by appropriate provider.]*

B. CFT Waiver Recommended	C. BCA Waiver Recommended	D. Waiver Expiration Date
☐ Yes [*Specify the CFT event(s) below]* ☐ No ☐ 800 meter swim (w/fins) ☐ Pull-ups (w/20lbs) ☐ Push-ups (w/20lbs) ☐ 1 mile run (w/20lbs)	☐ Yes ☐ No	

E. AMDR Name	F. AMDR Signature	G. Date

SECTION 5
CO/OIC Final Determination Required Prior to Input into PRIMS

CFL Endorsement

A. Number of Waivers in last 4 Years	B. Meets MEB Requirements ☐ Yes ☐ No	C. CFL Name and Signature	D. Date

CO/OIC Final Determination

A. CFT Waiver Approved ☐ Yes ☐ No	B. BCA Waiver Approved ☐ Yes ☐ No	C. CO/OIC Name and Signature	D. Date

PATIENT'S IDENTIFICATION

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
DODID/EDIPI	STATUS	RANK/GRADE
RECORDS MAINTAINED AT		DATE OF BIRTH