

DD MMM YY

From: Title, Command <someone with direct professional knowledge of student>  
To: Course Director, Military Tropical Medicine, Naval Medical Leader & Professional  
Development Command, Bethesda, MD  
Subj: MILITARY TROPICAL MEDICINE RECOMMENDATION ICO RANK FIRST  
NAME LAST NAME

1. Rank First Name Last Name complies with current physical readiness and body fat standards and meets requirements for course attendance.
2. Rank Last Name is strongly recommended for the Military Tropical Medicine Course because <insert professional recommendation for attendance>.

F. M. LAST NAME