



DEPARTMENT OF THE AIR FORCE

F E WARREN AFB

CHEYENNE, WY

Date: \_\_\_\_\_

MEMORANDUM FOR: Medical Treatment Facility

FROM: FSS/FS

SUBJECT: Medical Clearance

1. \_\_\_\_\_ has been selected for relocation to \_\_\_\_\_. Responsible gaining MAJCOM/SG is \_\_\_\_\_. The member has a projected departure date of \_\_\_\_\_ with an RNLTD of \_\_\_\_\_. Member's projected AFSC is \_\_\_\_\_.

2. Please take action to ensure member is administered the required Human Immunodeficiency Virus (HIV) test and is medically cleared to proceed on PCS. Return endorsed memorandum upon final clearance.

\_\_\_\_\_  
*Signed*  
FSS/FS

1st Ind, Medical Treatment Facility

Date: \_\_\_\_\_

TO: FSS/FS

- ( ) Member is qualified to proceed on PCS.
- ( ) Member is not qualified to proceed on PCS. Please take immediate action to cancel or delay the assignment. The following information provided to support the request for assignment cancellation or delay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name, Grade of MTF Representative)