



DEPARTMENT OF THE NAVY

UNITED STATES NAVAL ACADEMY

121 BLAKE ROAD

ANNAPOLIS, MARYLAND 21402-5000

COMDTMIDNINST 6000.1C

20 May 1992

COMDTMIDN INSTRUCTION 6000.1C

From: Commandant of Midshipmen

Subj: MEDICAL EXCUSE AUTHORIZATION FORM (NDW-USNA-COMDT-6320/20
Rev 3-85)

Ref: (a) CSORM Section 2 (MidRegs)

Encl: (1) Subject Form

1. Purpose. To provide guidelines for the preparation of the Medical Excuse Authorization Form by Medical and Dental Department personnel.

2. Cancellation. COMDTMIDNINST 6000.1B.

3. Background. The Medical Excuse Authorization Form is designed to identify midshipmen who temporarily cannot participate in their academic classes, physical training classes, physical fitness testing, and/or athletic competition because of medical illness or physical limitation. The form is designed for short term departure from the midshipman's regular activities while receiving treatment on an outpatient basis. It is not intended for use when midshipmen are treated in an inpatient status. This form may be prepared by credentialed health care providers, dental officers, nurse corps officers or by hospital corpsmen.

4. Action

a. The Medical Excuse Authorization Form (enclosure (1)) will be issued when medically indicated. In determining the expiration date of the excused form, the time frame should allow for the illness/physical limitation to progress satisfactorily so that the midshipman can return to full activity, or, if necessary, for a return visit to evaluate the progress and course of treatment. Prudence should be exercised in determining the time frame. It is essential to the training of midshipmen that "loss of time" be kept to a minimum.

b. Only appropriate Medical or Dental Department personnel will complete blocks 1 through 5 as well as the expiration date and officer signature blocks of the Medical Excuse Authorization Form. Midshipmen will complete block 6 and Company Commanders and Company Officers will complete block 7. Midshipmen shall not fill in, add to or alter any information in the aforementioned blocks. To do so constitutes a violation of Midshipmen Regulations, and if filled in or erased with the intent to deceive, is a violation of the Brigade Honor Concept.

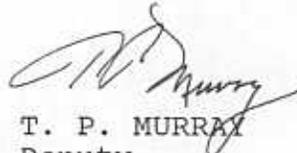
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- R) c. Credential health care providers and dental officers are not limited in their determination as to how long midshipmen should be excused from their activities, however Sick in Room may only be issued for 72 hours before re-evaluation is required.
- R) A) d. Nurse Corps Officers and hospital corpsmen may admit midshipmen to the excused list for "Sick in Room" for no more than twenty-four hours and may recommend no more than three day excusal from the physical activities listed in blocks 3, and 4. Midshipmen who have been assigned to Sick in Room or excused from physical activities by hospital corpsmen shall be seen by a credentialed health care provider or dental officer, as appropriate prior to any extension on the Excused List either for Sick in Room or for excusal from physical activities.
- R) D) e. Reference (a) delineates the procedure for the distribution of this form and instructions for midshipmen placed on Sick in Room status or on the Excused List.
- R) f. The Medical and Dental Departments copies of the Medical Excuse Authorization shall be kept on file for one year, and then destroyed.


T. P. MURRAY
Deputy

Distribution:
C-2

MEDICAL EXCUSE AUTHORIZATION

Name: _____

Class: _____

Company: _____

Ailment (common name): _____

Return to Clinic: _____

Disposition (Fill in expiration time and date)

1. SICK-IN-ROOM WITH CLASS OPTION until: _____

2. SICK-IN-ROOM until: _____

3. RECOMMEND that this Midn be excused from:

a. ___ All activities EXCEPT class

b. ___ Formations

c. ___ Drill

d. ___ Seamanship Aloft

e. ___ 4/C Chopping/Bracing

f. ___ Watch

g. ___ PEP/Intramurals

h. ___ Swimming

i. ___ Other (specify): _____

j. ___ All PE Tests

k. ___ 1.5 Mile Run Test

l. ___ Swimming Test

m. ___ Applied Strength Test

n. ___ Wrestling/Grappling Test

o. ___ Obstacle Course Test

p. ___ Gymnastics Test

q. ___ Boxing Test

r. ___ Fencing Test

Expires Time/Date: _____

Expires Time/Date: _____

FOR MEDICAL USE ONLY

Injury occurred during:

___ Varsity

___ Intramural/Club

___ Instructional

___ Other

Sport: _____

Excusal from a PE test is not authority to miss PE Class

4. RECOMMEND the following uniform or grooming modifications: Expires: _____

5. Medical/Dental Officer Remarks:

MO/DO Signature: _____

Date: _____

6. Midshipman Acknowledgement: I certify that I fully understand my medical/dental condition and the recommended course of treatment and that I should return immediately, no matter what the expiration date of this chit, to the Medical or Dental Clinic if my condition does not improve or for whatever reason I feel it necessary, I will comply with Article 8.15 of MIDNREGS.

Midshipman Signature: _____

Date: _____

Phone Ext. _____

(Midn sign prior to departing clinic)

7. Company Commander ___ Company Officer: ___ Approved ___ Approved except for: _____

The following privileges are authorized: ___ Class Option

Liberty ___ Town ___ Yard ___ Recreational ___ Weekend

Other (specify): _____

Company Officer Signature: _____

Date: _____

Notify medical of any changes to their recommendations.

Distribution: (1) Midshipman (original), (2) Medical Records, (3) Company Officer, (4) Marking Office (delivered by Midn for waivers)