



DEPARTMENT OF THE NAVY
COMMANDANT OF MIDSHIPMEN
UNITED STATES NAVAL ACADEMY
101 BUCHANAN ROAD
ANNAPOLIS, MARYLAND 21402-5100

COMDTMIDNINST 6000.1C CH-1

04 JAN 2007

COMDTMIDNINST 6000.1C CHANGE TRANSMITTAL 1

Subj: MEDICAL EXCUSE AUTHORIZATION FORM (NDW-USNA-COMDT 6320/20
Rev 9-06)

Encl: (1) Subject Form

1. Purpose. To transmit change 1 to the basic instruction.

2. Action

a. Change paragraph 4.b. to read: Only appropriate Medical or Dental Department personnel will complete the Medical Excuse Authorization Form. Midshipmen will sign the acknowledgement and Company Officer/SEL's will endorse the form. Midshipmen shall not fill in, add to or alter any information. 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.

b. Change paragraph 4.c. to read: Credentialed vice Credential.

c. Delete paragraph 4.d.

d. Change paragraph 4.f. to read: The Company Officer copies of the Medical Excuse Authorization shall be kept on file for one year, and then destroyed.

e. Replace enclosure (1).


D. J. SINNETT
Acting

Distribution:
C-1 (Electronically)

Date: _____

MEDICAL EXCUSE AUTHORIZATION

Name:	Company:
Alpha:	Company Officer:
SSN (last four):	Brigade Medical Phone: (410) 293-1758

Diagnosis (common name): _____

Disposition (Fill in expiration time and date):

 Sick-In-Quarters until: _____

 Sick-In-Quarters with Class Option until: _____

Recommended MIDN be excused from:

- | | |
|--|---|
| <input type="checkbox"/> All activities EXCEPT class | <input type="checkbox"/> Physical Readiness Test |
| <input type="checkbox"/> Formations | <input type="checkbox"/> Run |
| <input type="checkbox"/> Drill/Marching/Parade | <input type="checkbox"/> Push-ups |
| <input type="checkbox"/> 4/C Chopping | <input type="checkbox"/> Curl-ups |
| <input type="checkbox"/> Running | <input type="checkbox"/> Watch |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Lifting more than _____ |
| <input type="checkbox"/> Combat, Contact or Collision Sports | <input type="checkbox"/> Standing longer than _____ |
| <input type="checkbox"/> Other (specify): | |

Expires: _____

Recommended MIDN may perform:

- Running unrestricted at own pace and endurance (circle one)
- Cycling unrestricted at own pace and endurance (circle one)
- Swimming unrestricted at own pace and endurance (circle one)
- Pool Exercise Program
- Non-impact Aerobic Exercise (examples: elliptical trainer, stair step, exer-cycle)
- Medically directed or ATC supervised training
- Other (specify):

Other activity recommendations:

- Use elevator (avoid stairs)
- Crutches
- Cot/Rack on floor
- Apply ice _____ times per day
- Elevate Foot Leg Hand Arm (circle one)

Recommended uniform and grooming modifications:

- White Works / Camouflage Utilities
- Soft / Tennis shoes
- No Shave
- Protective eyewear / sunglasses
- Orthopedic shoe / boot
- Splint / Cast / Sling
- No Cover
- Other (specify):

Midshipman acknowledgement: I certify that I fully understand my medical/dental condition and the recommended course of treatment. I understand that I should return immediately, no matter what the expiration date of this chit, to the Medical or Dental Clinic if I worsen in any way, or if my condition fails to improve. I will comply with Article 8.15 of MIDNREGS.

MIDN signature: _____

Health Care Provider signature and stamp (stamp all copies): _____

Company Officer / Company SEL signature: _____ Date: _____
(Please notify Medical if any concerns with these recommendations)

Distribution: (1) MIDN (2) Company Officer (3) Marking Office (4) Medical