Summer Training

Medical Excusal Recommendation

Alpha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nature of Injury (TO BE COMPLETED BY MIDN):
2. Summer Training Schedule (TO BE COMPLETED BY SUMMER TRAINING DUTY OFFICER):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Block: | Block 0 | Block 1 | Block 2 | Block 3 |
| Dates: |  |  |  |  |
| Activity |  |  |  |  |
| Participation  (Medical Provider) | Full Limited None | Full Limited None | Full Limited None | Full Limited None |

Full - available for any training for the block

Limited - available for some trainings with limitations identified in the excusal remarks.

None - leave or maybe summer school, comments in excusal remarks

\* Participation section assists in rescheduling training.

1. Excusal Remarks:

If MIDN is to remain in Bancroft Hall, he/she is able to participate in Watch rotations per applicable light duty chit.

Authorized: YES NO

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

BMO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

1. Midshipman Acknowledgement:
2. I certify that I fully understand my condition and the recommended course of treatment and that I should return immediately, regardless of the expiration date of this chit, to the Medical or Dental clinic if my condition does not improve or changes unexpectedly.
3. I will provide the Summer Training Office (STO) with the original and the Naval Academy Summer Programs (NASP) Office and my Company Officer with a copy of this chit within one business day of BMO approval.
4. I understand that my summer training schedule may be rescheduled based on these recommendations and expiration date. If this excusal changes because of a follow-up medical evaluation, I will provide a new chit to the STO, the NASP office, and my Company Officer.

Midshipman Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. Contact/Leave Phone Number (cell phone preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Company Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. Summer Training Duty Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_