

MEDICAL ABEYANCE REQUEST CHECKLIST

Reference: Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series) (Allow a processing time of 30 days for Abeyance Requests)	
CHECK BLOCK <input checked="" type="checkbox"/>	<p>The below checklist provides a listing of documents required for medical abeyance requests. (Requests will not be evaluated unless "ALL" appropriate documentation is included)</p>
	<p>1. MEMO FROM COMMAND:</p> <p>A memo from the Command requesting an abeyance that includes the following:</p> <ul style="list-style-type: none">(1) the member's name,(2) employee identification number (EMPLID)(3) current weight and body fat measurements(4) reason for the abeyance(5) Command point of contact / phone number(6) Command Unit Health Promotion Coordinator (UHPC) / phone number(7) Member's servicing SPO point of contact / phone number(8) Member's servicing Medical point of contact / phone number
	<p>2. SIGNED COPY OF THE AUTHORIZATION FOR MEDICAL INFORMATION:</p> <p>A signed copy of the Authorization for Disclosure of Medical or Dental Information form (DD 2870) granting PSC-PSD-FS permission to review medical information.</p>
	<p>3. COPY OF ALL ADMINISTRATIVE REMARKS PERTAINING TO WEIGHT HISTORY:</p> <p>Copy of "ALL" Administrative Remarks related to the member's current weight probation, past weight probations, abeyances, and tobacco cessation programs.</p>
	<p>4. COPY OF SF-600:</p> <p>A copy of the form signed by the Commanding Officer and Medical Officer/Reviewing Physician.</p>
	<p>5. MEDICAL DOCUMENTATION:</p> <p>Include "Any" documentation from medical / specialty physicians related to the abeyance request including all current medication being taken and dosage.</p>
<p>E-mail weight abeyance requests packages to:</p> <p><i>ARL-PF-CGPSC-PSDFS-WEIGHT</i></p> <p>For questions or assistance regarding abeyance packages contact: YNCM Allen Monreau 202-795-6635</p>	