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ARMY REGULATION
No. 601-221

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, D.C., 26 March 1968

PERSONNEL PROCUREMENT
MEDICALLY REMEDIAL ENLISTMENT PROGRAM

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1. Purpose. The purpose of this regulation is to—

a. Prescribe eligibility criteria for the enlistment and voluntary induction of individuals who do not meet medical fitness standards due to minor remediable medical conditions.

b. Prescribe policy for retention on active duty of personnel whose remediable condition is discovered or occurs subsequent to entry on active duty.

c. Prescribe the policies and procedures for administration of the Medically Remedial Program.

2. General. *a.* Each year a significant number of applicants for enlistment and volunteers for induction, who are otherwise qualified for Army service, are disqualified medically due to the existence of minor remediable conditions. Additional numbers of personnel are separated shortly after entry into the service when similar minor remediable medical conditions are discovered to exist or occur subsequent to entry on active duty.

b. This program is designed to permit the initial entry of male volunteer applicants and registrants with selected remediable medical conditions; the retention of volunteers whose remediable condition occurs or is discovered during basic training; and the re-entry of prior service volunteers, provided they agree to submit to therapeutic procedures necessary to correct the remediable condition. The provisions of AR 601-210 apply except as modified by provisions of this regulation.

3. Criteria for selection of applicants. *a. Initial entry and re-entry.* Applicants for enlistment/re-

enlistment and volunteer registrants for induction will—

(1) Except for the medical defects listed in (5) below, be otherwise qualified for enlistment/reenlistment/induction.

(2) Volunteer for enlistment/reenlistment/induction.

(3) Sign written agreement (SF 522, Clinical Record—Authorization for Administration of Anesthesia and for Performance of Operations and Other Procedures) (fig. 1) that if accepted they will submit to appropriate therapeutic procedures.

(4) Present special parental consent form (DD Form 373, Consent, Declaration of Parent or Legal Guardian (For the Enlistment of a Minor in the U.S. Armed Forces)) (fig. 2) if applicant is under 18 years of age.

Note. At the time the DD Form 373 is prepared, immediately following the statement "I/We thoroughly understand that I/we have consented to his/her enlistment in the service or component of the U.S. Armed Forces indicated above for the period of" add "and give my/our consent to prescribed therapeutic procedures to correct the remediable condition for which a waiver will be requested."

(5) Have not more than *one* of the following conditions determined by an appropriate medical specialist to be normally correctable to the extent that the applicant will be fit to undertake basic training within approximately 6 weeks after treatment:

(a) Pilonidal cyst or sinus.

(b) Hemorrhoids.

*This regulation supersedes AR 601-221, 25 August 1967, including C 1.

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- (c) Undescended testicle, unilateral.
- (d) Undescended testicle and inguinal hernia, same side.
- (e) Hernia of the abdominal cavity.
- (f) Hydrocele.
- (g) Hydrocele and inguinal hernia, same side.
- (h) Varicocele.
- (i) Orthopedic fixture at site of old fracture.
- (j) Simple goiter.
- (k) Deviated nasal septum.
- (l) External otitis.
- (m) Hyperdactylia (hands and feet).
- (n) Over maximum weight by not more than 20%.
- (o) Under minimum weight by not more than 10%.

b. Retention on active duty of personnel whose remediable condition is discovered or occurs subsequent to entry on active duty. Applicants for retention on active duty will meet the prerequisites listed in *a* above except that medical determination required by *a*(5) above will be the responsibility of the Post Surgeon of the Training Center.

4. Procedures. *a.* Recruiters will fully explain the option to applicants for enlistment/reenlistment and volunteers for induction and their parents, in the case of minors, prior to forwarding the applicant to the AFEEES.

b. Army Recruiters/Career Counselors at the Armed Forces Examining and Entrance Stations (AFEEES) will perform this function for volunteers whose condition is discovered during processing for enlistment or preprocessing for induction.

c. Post reenlistment personnel will counsel those personnel whose condition is discovered or occurs subsequent to entry on active duty.

d. The Chief, Medical Examining Section, AFEEES, will be responsible for administering the medical examination, including arrangements for supplementary medical consultations and tests necessary to determine remediability of conditions listed under paragraph 3a(5), and will determine whether the applicant for enlistment/reenlistment or volunteer for induction is qualified for consideration for waiver for enlistment under this program. Upon determination that a volunteer is qualified, the service concerned will be notified and the AFEEES will furnish appropriate records to the

enlisting service for further counseling concerning enlistment under this program.

e. The Army Recruiter operating in the capacity of Career Counselor at the AFEEES will prepare necessary requests for waiver for Army applicants. Requests, except those for waiver of over maximum weight and under minimum weight, will be forwarded by the Army Career Counselor to Commanding General, U.S. Army Recruiting Command, ATTN: Surgeon, Hampton, Va. 23369, for processing and forwarding.

f. AFEEES Commanding Officers are authorized to grant waivers for over maximum weight and under minimum weight.

g. CG, USAREC will forward requests for waivers for *non-prior-service* applicants to The Surgeon General, Department of the Army, Washington, D.C. 20315, for final determination of acceptability. Requests for waivers for *prior-service* applicants will be forwarded to the Chief, Enlistment Eligibility Activity, 9700 Page Boulevard, St. Louis, Mo. 63132, for processing and forwarding to The Surgeon General, Department of the Army for final determination of acceptability.

h. Based upon recommendation of The Surgeon General, waiver requests will be approved by—

(1) *Non-prior-service applicants*—Commanding General, U.S. Army Recruiting Command.

(2) *Prior-service applicants*—Chief, Enlistment Eligibility Activity.

i. Army Career Counselors at the AFEEES will, upon return of waiver requests, advise applicants of disapproval actions, and complete enlistment of applicants whose request for waiver received favorable consideration.

j. No options are authorized for enlistments under this program due to the inability to initially make an accurate determination of the time required to complete therapeutic procedures.

k. In-service personnel who are determined to be eligible for separation in accordance with the procedures established by AR 40-3 and who exercise the option to complete the period of service for which enlisted or inducted will be required to—

(1) Complete a written statement that they have been informed that they may submit an application for separation by reason of erroneous enlistment or induction and that they decline to do so and desire to complete the term of service for

which enlisted or inducted (para 54e(3), AR 40-3).

(2) Sign written agreement (SF 522) that they will submit to appropriate therapeutic procedures.

l. The Surgeon General will issue necessary instructions to insure that, subsequent to correction of remediable conditions, personnel are not assigned to training centers for entry into BCT training until they are capable of undergoing the vigorous BCT training.

5. Priorities for medical care. The Surgeon General will be responsible for issuing instructions through medical channels which establish the priorities for medical care which will be utilized subsequent to enlistment for the correction of conditions listed in paragraph 3a(5), i.e., medical facilities of the Army, other services, Public Health Service or Veterans Administration.

6. Funding. a. CG, USAREC will be responsible for budgeting for those additional costs of the program which are associated with the messing, billeting and transportation of Army applicants.

b. The Surgeon General will be responsible for budgeting for the medical examination cost of the program at the AFEES for all services, and those increased costs involved in therapeutic procedures for Army applicants subsequent to enlistment.

7. Reporting requirements (Medically Remedial Enlistment Programs) (RCS DD-M(M) 770). a. CG, USAREC will be responsible for submission of DA Form 3270-R (Medically Remedial Enlistment Program—Part I, AFEES Monthly Report of Medical Processing for Remedial Medical Program) (fig. 3). A separate report is required for each service. Reports will be submitted to the Deputy Chief of Staff for Personnel, ATTN: PD, Department of the Army, Washington, D.C. 20310, 3 full working days prior to the 15th calendar day subsequent to the last day of the month covered by the report. A copy of this report will be forwarded direct to The Surgeon General, ATTN: MEDAS-S, Washington, D.C. 20315. DA Form 3270-R (image size 7 x 9 $\frac{5}{8}$ inches) will be reproduced locally on 8 x 10 $\frac{1}{2}$ -inch paper.

b. CG, USAREC will be responsible for submission of DA Form 3270-1-R (Medically Remedial Enlistment Program—Part II, USAREC Monthly Feeder Report of Waivers Processed for

Remedial Medical Program) (fig 4). Reports will be submitted to The Surgeon General, ATTN: MEDAS-S, Washington, D.C. 20315, by the fifth working day subsequent to the last day of the month covered by the report. DA Form 3270-1-R (image size 7 x 9 $\frac{5}{8}$ inches) will be reproduced locally on 8 x 10 $\frac{1}{2}$ -inch paper.

c. The Surgeon General will be responsible for the collection and reporting of the following items of information on a monthly basis:

(1) Therapeutic procedure involved.

(2) Noneffective days resulting from therapeutic procedures.

(3) Cost of therapeutic procedures.

Medical activities will forward DA Form 3235-R (Summary Information on Medically Remedial Enlistment Program) (fig 5) to The Surgeon General, ATTN: MEDAS-S, Washington, D.C. 20315, by the fifth working day subsequent to the last day of the month covered by the report. DA Form 3235-R (image size 9 $\frac{9}{10}$ x 7 inches) will be reproduced locally on 10 $\frac{1}{2}$ x 8-inch paper.

d. The Surgeon General will be responsible for consolidation of the foregoing items of information with the USAREC feeder report (b above) and submission of DA Form 3270-2-R (Medically Remedial Enlistment Program—Part III, Consolidated Report—TSGO) (fig 6), a consolidated report of waivers processed and analysis of medical experience subsequent to enlistment. The report will be forwarded to Deputy Chief of Staff for Personnel, ATTN: Procurement Division, Department of the Army, Washington, D.C. 20310. Due date in DCSPER is 3 full working days prior to the 15th calendar day subsequent to the close of the reporting period. DA Form 3270-2-R (image size 12 x 7 inches) will be reproduced locally on 13 x 8-inch paper.

e. Post Surgeons of the training centers will submit DA Form 3270-3-R (Medically Remedial Enlistment Program—Part IV, Retention Under the Provisions of AR 40-3) (fig 7), a monthly report of personnel retained on active duty under the provisions of AR 40-3. Report will be submitted to The Surgeon General, ATTN: MEDAS-S, Washington, D.C. 20315, by the fifth working day subsequent to the last day of the month covered by the report. Copies of the report will be mailed direct to the Deputy Chief of Personnel, ATTN:

Procurement Division Department of the Army, Washington, D.C. 20310 and CG, United States Army Recruiting Command, ATTN: RCCM-P, Hampton, Virginia. 23369. DA Form 3270-3-R (image size 7 x 9 $\frac{3}{8}$ inches) will be reproduced locally on 8 x 10 $\frac{1}{2}$ -inch paper.

8. Identification of Army applicants enlisted under the Medically Remediable Enlistment Program. Accessions procedures are as follows:

a. Personnel enlisted, reenlisted, inducted or retained under this option will be identified by entering "AR 601-221 PPNJM" in item 14 (Enlistment Authority) of DD Form 4.

b. One additional copy of DD Form 4 will be prepared for each individual enlisted, reenlisted, inducted or retained under this option. The individual's social security account number and AQB standard score for each aptitude area will be entered under item 37, and a copy of the individual's "Statement of Law Violations" (para 55b (PART II, para d), AR 601-210) will be attached to the DD Form 4. These actions are required to complete accession data requirements of the program. This additional copy of the DD Form 4 for individuals enlisted, reenlisted, inducted or retained during the month will be retained by the AFEES and Training Centers until the first day of the following month, at which time they will be forwarded by registered air mail to The Adjutant

General, ATTN: AGRZ-SD, Department of the Army, Washington, D.C. 20310.

9. Separation procedures. *a. Prior to entry into normal BCT training cycle.* Personnel who refuse to undergo surgical treatment, or to cooperate in a prescribed course of treatment, or fail to gain or lose weight at a regular rate, without medical reason therefor, may be separated under provisions of paragraph 5-3, AR 635-200. Personnel who, after undergoing prescribed medical procedures, still fail, in the opinion of medical authorities, to meet the Retention Physical Fitness Standards in chapter 3, AR 40-501 or cannot perform full duty requirements or who have not responded to a degree justifying a waiver will be separated for physical disability EPTS under the provisions of AR 635-40, SPN 278 (or SPN 274 if the unfitness results from misconduct, willful neglect, or was aggravated during an unauthorized absence). Instances of failure to meet Retention Physical Standards for conditions other than the original unfitting condition will be processed under the applicable portion of AR 635-40.

b. Subsequent to correction of remediable condition and entry into the normal BCT training cycle. Personnel initially enlisted, reenlisted, inducted or retained under this program will be separated under separation programs provided in the AR 635-series.

Standard Form 523
Rev. June 1961
Bureau of the Budget
Circular A-43 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE: 1961 O-500992

CLINICAL RECORD	AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES
------------------------	--

NAME OF MEDICAL FACILITY _____

DATE _____

1. I hereby consent to the performance upon myself or
(name of patient) _____

of _____

(State nature of operation or procedure as: "an operation to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient _____

When patient is incompetent to affix signature:

Signature of person
authorized to consent for patient _____

Address _____

Authority to consent _____

WITNESS: Signature _____

Address _____

City and State _____

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. _____

WARD NO. _____

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 523
523-104

Figure 1.

UNITED STATES ARMED FORCES CONSENT, DECLARATION OF PARENT OR LEGAL GUARDIAN (FOR THE ENLISTMENT OF A MINOR IN THE U.S. ARMED FORCES)			
LAST NAME - FIRST NAME - MIDDLE NAME OF APPLICANT FOR ENLISTMENT		DATE	
		DAY	MONTH YEAR
PLACE OF APPLICATION FOR ENLISTMENT		SERVICE OR COMPONENT FOR WHICH CONSENT IS GIVEN	
NAME OF PARENT(S) OR LEGAL GUARDIAN SIGNING CONSENT		RELATIONSHIP (Father, Mother, Legal Guardian)	
ADDRESS (Number and street or RFD, City or Town)	COUNTY	STATE (Include ZIP Code)	
ADDRESS OF OTHER PARENT IF SEPARATED (Number and street or RFD, City or Town)	COUNTY	STATE (Include ZIP Code)	
PLACE OF BIRTH OF APPLICANT (City or Town and State)		DATE OF BIRTH	
		DAY	MONTH YEAR
<p>I/WE CERTIFY THAT THE ABOVE APPLICANT HAS NO OTHER LEGAL GUARDIAN THAN ME/US, AND I/WE HEREBY CONSENT TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE ARMED FORCES AS INDICATED ABOVE, SUBJECT TO ALL THE REQUIREMENTS AND LAWFUL COMMANDS OF THE OFFICERS WHO MAY, FROM TIME TO TIME, BE PLACED OVER HIM/HER; AND I/WE CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME/US CONCERNING ASSIGNMENT TO DUTY OR PROMOTION DURING HIS/HER ENLISTMENT AS AN INDUCEMENT TO ME/US TO SIGN THIS CONSENT; AND I/WE RELINQUISH ALL CLAIM TO HIS/HER SERVICE AND TO ANY WAGES OR COMPENSATION FOR SUCH SERVICE.</p> <p>I/WE CERTIFY THAT THE APPLICANT'S BIRTH DATE AS SHOWN ON THIS FORM IS CORRECT.</p> <p>I/WE THOROUGHLY UNDERSTAND THAT I/WE HAVE CONSENTED TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE U.S. ARMED FORCES INDICATED ABOVE FOR THE PERIOD OF _____ and give my/our consent to prescribed therapeutic procedures to correct the remediable condition for SIGNATURES OF: _____ which a waiver will be requested.</p>			
_____ WITNESSING OFFICIAL		_____ PARENT OR LEGAL GUARDIAN	
_____ RECRUITING OFFICER OR RECRUITER		_____ OTHER PARENT (If required)	
UNDERSTANDING, STATEMENT OF PARENT OR LEGAL GUARDIAN (For the enlistment of a minor in a six-month program)			
<p>I/WE UNDERSTAND THAT THE ABOVE APPLICANT FOR ENLISTMENT IN A RESERVE COMPONENT OF AN ARMED FORCE AND IN A SPECIAL ENLISTMENT PROGRAM PURSUANT TO THE PROVISIONS OF SECTION 262 OF THE ARMED FORCES RESERVE ACT OF 1952, AS AMENDED, MUST PERFORM SIX (6) MONTHS OF ACTIVE DUTY FOR TRAINING, AND MUST SERVE THE REMAINDER OF HIS SPECIAL ENLISTMENT AS A MEMBER OF THE READY RESERVE OF THE ARMED FORCE IN WHICH ENLISTED, UNLESS SOONER TRANSFERRED TO THE STANDBY RESERVE BY A SCREENING PROCESS. I/WE FURTHER UNDERSTAND THAT DURING HIS SERVICE AS A MEMBER OF THE READY RESERVE HE MAY BE REQUIRED TO ATTEND NOT LESS THAN FORTY-EIGHT (48) SCHEDULED DRILLS OR TRAINING PERIODS AND NOT MORE THAN SEVENTEEN (17) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY, OR MAY BE REQUIRED TO PERFORM THIRTY (30) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY IN LIEU THEREOF WHEN AUTHORIZED; THAT FAILURE TO PERFORM REQUIRED TRAINING IN ANY YEAR CAN RESULT IN HIS BEING ORDERED TO PERFORM ADDITIONAL ACTIVE DUTY FOR TRAINING FOR FORTY-FIVE (45) DAYS FOR THAT YEAR OR BEING REPORTED TO SELECTIVE SERVICE AUTHORITIES FOR IMMEDIATE INDUCTION FOR A PERIOD OF TWO YEARS INTO THE ARMED FORCE OF WHICH SUCH RESERVE COMPONENT IS A PART.</p> <p>SIGNATURES OF: _____ <i>NOTE: Underscored parts not applicable to enlistments in the Army National Guard.</i></p>			
_____ WITNESSING OFFICIAL		_____ PARENT OR LEGAL GUARDIAN	
_____ RECRUITING OFFICER OR RECRUITER		_____ OTHER PARENT (If required)	

DD FORM 373
1 AUG 56

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Figure 2.

VERIFICATION OF DATE AND PLACE OF BIRTH OF APPLICANT (For use by recruiting office)				
LAST NAME - FIRST NAME - MIDDLE NAME	PLACE OF BIRTH (City or Town and State)	DATE OF BIRTH		
		DAY	MONTH	YEAR
HOW VERIFIED				
REMARKS				
SIGNATURE OF RECRUITER				

U.S. GOVERNMENT PRINTING OFFICE: 1962 O-527408

Figure 2—Continued.

MEDICALLY REMEDIAL ENLISTMENT PROGRAM PART I - AFEES MONTHLY REPORT OF MEDICAL PROCESSING FOR REMEDIAL MEDICAL PROGRAM (AR 601-221)		REPORTS CONTROL SYMBOL DD-M(M) 770	
		SERVICE	MONTH AND YEAR
TO: (Complete address, including ZIP Code)		FROM: (Complete address, including ZIP Code)	
CONDITION a	REJECTIONS b	APPLICANTS c	QUALIFIED d
1. Pilonidal cyst or sinus			
2. Hemorrhoids			
3. Undescended testicles, unilateral			
4. Undescended testicle and inguinal hernia, same side			
5. Hernia of the abdominal cavity			
6. Hydrocele			
7. Hydrocele and inguinal hernia, same side			
8. Varicocele			
9. Orthopedic fixture at site of old fracture			
10. Simple goiter			
11. Deviated nasal septum			
12. External otitis			
13. Hyperdactylia (Hands and feet)			
14. Over maximum weight by not more than 20%			
15. Under minimum weight by not more than 10%			
TOTAL			
REMARKS			
<p style="text-align: center;">INSTRUCTIONS FOR PREPARING REPORT</p> <p>Column b - Enter the number of applicant rejections by medically disqualifying condition.</p> <p>Column c - Enter the number of applicants for the Remedial Medical Program obtained from those reported as disqualified in column b.</p> <p>Column d - Enter the number of applicants reported in column c who were considered qualified for waiver by the Chief, Medical Examining Section AFEES.</p>			

DA Form 3270-R, 1 Feb 68

Previous edition of this form is obsolete.

Figure 3.

MEDICALLY REMEDIAL ENLISTMENT PROGRAM PART II - USAREC MONTHLY FEEDER REPORT OF WAIVERS PROCESSED FOR REMEDIAL MEDICAL PROGRAM (AR 601-221)		REPORTS CONTROL SYMBOL DD-M(M) 770 MONTH AND YEAR		
TO: (Complete address, including ZIP Code)		FROM: (Complete address, including ZIP Code)		
CONDITION a	NUMBER OF REQUESTS b	APPROVED c	DISAPPROVED d	IN PROCESS e
1. Pilonidal cyst or sinus				
2. Hemorrhoids				
3. Undescended testicle, unilateral				
4. Undescended testicle and inguinal hernia, same side				
5. Hernia of the abdominal cavity				
6. Hydrocele				
7. Hydrocele and inguinal hernia, same side				
8. Varicocele				
9. Orthopedic fixture at site of old fracture				
10. Simple goiter				
11. Deviated nasal septum				
12. External otitis				
13. Hyperdactylia (Hands and feet)				
14. Over maximum weight by not more than 20%				
15. Under minimum weight by not more than 10%				
TOTAL				
REMARKS				
<p style="text-align: center;">INSTRUCTIONS FOR PREPARING REPORT</p> <p>Column b - Enter number of requests for waiver for remediable defects received from AFES and forwarded to The Surgeon General.</p> <p>Column c - Enter number of requests for waiver approved upon recommendation of The Surgeon General.</p>				

DA Form 3270-1-R, 1 Feb 68

Previous edition of this form is obsolete.

Figure 4.

SUMMARY INFORMATION ON MEDICALLY REMEDIAL ENLISTMENT PROGRAM (AR 601-221)					YEAR AND MONTH		REPORTS CONTROL SYMBOL DD-M(M) 770			
TO: (Complete address, including ZIP Code)					FROM: (Reporting facility - complete address, including ZIP Code)					
TYPE OF CONDITION a	NUMBER OF CASES									
	REMAINING FROM PRE- CEDING MONTH b	ADMITTED DURING CURRENT MONTH		REMAINING AT END OF MONTH e	NONEFFECTIVE DAYS DURING CURRENT MONTH f	DISPOSED BY TYPE				
		NEW	TRANSFERS			d	g	h	i	j
1. Pilonidal cyst or sinus										
2. Hemorrhoids										
3. Undescended testicle, unilateral										
4. Undescended testicle and inguinal hernia, same side										
5. Hernia of the abdominal cavity										
6. Hydrocele										
7. Hydrocele and inguinal hernia, same side										
8. Varicocele										
9. Orthopedic fixture at side of old fracture										
10. Simple goiter										
11. Deviated nasal septum										
12. External otitis										
13. Hyperdactylia (Hands and feet)										
14. Over maximum weight by not more than 20%										
15. Under minimum weight by not more than 10%										
A copy of the clinical record cover sheet for each case disposed of during the report period will be attached to this summary sheet. (This copy is in addition to the monthly submission of individual medical records of completed cases as required by AR 40-400.)										
USE REVERSE SIDE FOR REMARKS.										

DA Form 3235-R, 1 Feb 68

Previous editions of this form are obsolete.

Figure 5.

MEDICALLY BENEFICIAL MEDICINE PROGRAM PART III - CONSOLIDATED REPORT - TSGO (AR 601-221)					DEPARTMENT				REPORTS CONTROL SYMBOL DD-M(M) 770				
TO: (Complete address, including ZIP Code)					FROM: (Complete address, including ZIP Code)					MONTH AND YEAR			
CONDITION a	REQUESTS FOR WAIVER				CASES COMPLETED								
	REQUESTED b	APPROVED c	DIS- APPROVED d	IN PROCESS e	TO FULL DUTY 1/			SEPARATED 2/					
					WITHOUT THERAPY f	WITH THERAPY 3/ g	NON- EFFECTIVE DAYS h	COST i	CASES j	NON- EFFECTIVE DAYS k	COST l		
1. Pilonidal cyst or sinus													
2. Hemorrhoids													
3. Undescended testicle, unilateral													
4. Undescended testicle and inguinal hernia, same side													
5. Hernia of the abdominal cavity													
6. Hydrocele													
7. Hydrocele and inguinal hernia, same side													
8. Varicocele													
9. Orthopedic fixture at site of old fracture													
10. Simple goiter													
11. Deviated nasal septum													
12. External otitis													
13. Hyperdactylia (hands and feet)													
14. Over maximum weight by not more than 20%													
15. Under minimum weight by not more than 10%													
TOTAL													
1/ Discharged to full duty or, in the case of weight, attaining standards of medical fitness. 2/ Separated for medical reasons without attaining full duty status. 3/ Includes special diet and weight reduction program.					REMARKS								

DA Form 3270-2-R, 1 Feb 68

Previous edition of this form is obsolete.

Figure 6.

26 March 1968

AR 601-221

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements to Deputy Chief of Staff for Personnel, ATTN: DCSPER-PD, Department of the Army, Washington, D.C. 20310.

By Order of the Secretary of the Army:

HAROLD K. JOHNSON,
*General, United States Army,
Chief of Staff.*

Official:

KENNETH G. WICKHAM,
*Major General, United States Army,
The Adjutant General.*

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