



DEFENSE HEALTH AGENCY
FOX ARMY HEALTH CENTER
4100 GOSS ROAD
REDSTONE ARSENAL, AL 35809

DATE: _____

MEMORANDUM FOR RECORD

SUBJECT: _____
Patient Name DOD ID Number

1. _____ is a Reservist/National Guard servicemember presenting for one of the following:

_____ Physical Health Assessment (PHA) _____ Part I _____ Part II

_____ Flight Physical

_____ Individual Medical Readiness (Hearing, Immunizations, Profile, etc.)

_____ Other: _____

2. I, _____, certify the servicemember is in an adequate military status to receive the requested service. (i.e., ADT, inactive duty period, active order, etc.) Please attach supporting documentation.

3. If you have any questions or concern, please contact the undersigned at

Point of Contact Phone Number

Commanding Officer/Appointed Representative