From: Commanding Officer, NROTC Unit, \_\_\_\_\_ University

To: Officer Candidate, \_\_\_\_\_\_\_ USN,

Subj: NOTIFICATION OF INITIATION OF BUMED REVIEW FOR CONTINUATION

Ref: (a) CNSTCINST 1533.2 (ROD)

1. In accordance with reference (a) you are hereby notified that I am initiating a Naval Bureau of Medicine and Surgery (BUMED) review of your medical qualification for continuing in the MECEP program and for commissioning, due to \_\_\_\_\_\_\_ (ie: depression, shoulder instability, recurrent orthopedic injuries interfering with participation in unit training).

2. You have 30 days from the receipt of this letter to provide me with copies of medical records pertaining to evaluation and treatment for \_\_\_\_\_\_\_\_. You do not have to wait until the end of the 30 day period to submit your documentation. I highly recommend that you submit the documentation as it comes into your possession to allow for BUMED to efficiently process and potentially request additional or follow-up information to best evaluate your physical qualification. If your records cannot be released to you or to the ROTC unit, you may request that your treating provider fax the records to the physician reviewer for the Navy Bureau of Medicine and Surgery, at 571-316-1527, attention Dr. Minarcik. You need alert the NROTC unit if (and when) your provider is faxing records.

3. I strongly urge you to provide a signed release of information authorization to your treating providers, so that medical professionals from BUMED may contact your care providers. This will allow medical experts to have a professional discussion on your behalf and may prevent unnecessary return visits or re-evaluations.

4. You will be expected to continue to meet \_\_\_\_\_\_(sample: fill in what is appropriate, such as all academic requirements, fitness requirements, BCA requirements) of the MECEP program.

5. Once your documentation is received, BUMED will make a recommendation regarding your physical qualification to remain in the MECEP program leading to a commission. After the medical information is received and reviewed by BUMED, one of the following may occur; you may be waived to continue in the MECEP program, they may request further evaluations following a period of treatment to determine fitness for continuation in a program leading to a commission, you may be recommended to go on MLOA while undergoing further treatment, or you may be recommended for referral to the PEB.

Midshipman Signature block

ACKNOLWEDGMENT OF REQUEST FOR BUMED REVIEW OF MEDICAL RECORDS

\_\_\_\_\_ 1. I have received and have read the notification to seek BUMED review.

\_\_\_\_\_\_2a. I plan to request release of medical records and/or pursue further evaluations or treatment during this 30 day notification window.

\_\_\_\_\_\_2b. I have already provided applicable records pertaining to this condition and have no further records to send or further treatment planned.

\_\_\_\_\_\_2c. Please proceed with BUMED review prior to the end of 30 day notification period.

\_\_\_\_\_\_3a. There are no past or current medical records pertaining to this condition, and I do not have any further medical appointments or treatment planned.

\_\_\_\_\_\_3b. Please proceed with BUMED review prior to the end of 30 day notification period.

\_\_\_\_\_\_4a. I have additional medical records but am not planning to release my past or current medical records for BUMED review.

\_\_\_\_\_\_4b. Please proceed with BUMED review prior to the end of 30 day notification period.

Please read and initial block (1) and appropriate blocks (2)-(4).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)