ACTIVE DUTY FOR MEDICAL CARE APPLICATION

For use of this form, see AR 600-77; the proponent agency is DCS, G-1.

PART I - SOLDIER DEMOGRAPHIC INFORMATION

For initial entry request for Active Duty for medical care, complete Parts I, II, and III.

1. NAME *(Last, First, Middle Initial)*	2. UNIT	
3. RANK	4. ORDER TYPE ☐ MRP2 ☐ ADME ☐ MRP ☐ OTHER *(Specify):* _____	5. DATE *(YYYYMMDD)*

PART II - REQUIRED DOCUMENTS

Annotate "Yes" as each document is completed and attached or "N/A" if it does not apply.	First Line Leader	Soldier
1. Unit cover letter.	☐ Yes ☐ N/A	☐ Yes ☐ N/A
2. Completed DA Form 4187 (must be signed by Soldier).	☐ Yes ☐ N/A	☐ Yes ☐ N/A
3. Documentation supporting duty status at time of illness or injury - as applicable (i.e., Mobilization orders and amendments, unit sign-in roster, annual training order, or DD Form 214).	☐ Yes ☐ N/A	☐ Yes ☐ N/A
4. Current DA Form 3349, completed by military medical authority.	☐ Yes ☐ N/A	☐ Yes ☐ N/A
5. Completed DA Form 2173 (line of duty (LOD)) investigation for RC (USAR or ARNG): *Not required for Soldiers on orders for more than 30 days.*	☐ Yes ☐ N/A	☐ Yes ☐ N/A
6. Medical provider's statement (verify memo includes the following): a. Current diagnosis/diagnoses. b. Anticipated length of care. c. Medical provider's full name, grade, phone, email address, and other contact information. d. Current ICD code(s) for each diagnosis or condition. e. Management plan: detailed treatment plan for each diagnosis, care options, estimated duration, and end date. f. Prognosis for recovery/return to duty. g. Other medical documentation to substantiate the medical condition.	☐ Yes ☐ N/A	☐ Yes ☐ N/A
7. Soldier pending or undergoing any Uniform Code of Military Justice (UCMJ) or adverse administrative actions?	☐ Yes ☐ No	☐ Yes ☐ No
8. Will the Soldier's ETS/MRD expire during this active duty period? If yes, please obtain appropriate documentation to extend prior to submitting packet.	☐ Yes ☐ No	☐ Yes ☐ No
9. For Active Duty for Medical Care to return to active duty: *Note: Active Duty for Medical Care applications are considered in order to place wounded, ill, or injured Soldiers on active duty for medical care and/or to obtain a complete medical evaluation following release from a qualified duty status. Documentation describing the individual Soldier's situation must be provided by the Soldier's unit commander, and command surgeon or civilian primary care provider for inclusion in the ADME/MRP2 order request packet.* ☐ DD Form 214 ☐ DD Form 2795, DD Form 2796, DD Form 2900 (When available, to be supplied by the Soldier.)	☐ Yes ☐ N/A	☐ Yes ☐ N/A

PART III - FOR THE SOLDIER'S UNIT COMMANDER

Annotate "Yes" as each document is completed and attached or "No" if it does not apply.	Commander or Representative
1. Has the Soldier participated in any military medical care programs? ORDER TYPE ☐ MRP2 ☐ ADME ☐ MRP ☐ OTHER *(Specify):* _____	☐ Yes ☐ No
2. Is the Soldier currently on any type of active duty orders? TYPE OF ORDERS: _____ ORDER END DATE:	☐ Yes ☐ No
3. Is the Soldier currently receiving Incapacitation (INCAP) Pay?	☐ Yes ☐ No
4. Has the Soldier previously appealed, resubmitted or requested an exception to a WTU program?	☐ Yes ☐ No

Commander or Representative

NAME	RANK	PHONE	DOD EMAIL ADDRESS
UNIT ADDRESS AND UIC		JOB TITLE	SIGNATURE

PART IV - SOLDIER - (RC) MEDICAL PROVIDER'S STATEMENT FOR EXTENSION REQUEST

For Warrior Transition Unit (WTU) extensions, complete Parts IV and V.

SOLDIER NAME		MODS ID #	The Deputy Commander of Clinical Services, _____ (location), has reviewed Soldier's prognosis and plan of care. Soldier will need an extension to complete WTU process. Specific plan of care is indicated on page two.
CURRENT ORDER #	PROGRAM	EXPIRATION DATE	

Physical Profile (PULHES) from DA Form 3349	P -	U -	L -	H -	E -	S -

PART V - EXTEND SOLDIER ON ACTIVE DUTY FOR MEDICAL CARE WTU BASED ON THE PLAN OF CARE/PROGNOSIS/TIMELINE AS INDICATED BELOW:

Once "Yes" is selected, proceed to the below signatures.	DATE	PROFILIING AUTHORITY
1. Soldier has approved permanent physical profile and meets retention standards, Soldier needs an extension to start the REFRAD process.		☐ Yes ☐ No
2. Soldier has approved permanent physical profile, doesn't meet retention standards, and will be referred to MEB on or about		☐ Yes ☐ No
3. Soldier is currently in the MEB and will most likely be referred to the PEB on or about		☐ Yes ☐ No
4. Soldier is currently in PEB and an ETS/MRD extension to complete the PEB.		☐ Yes ☐ No
5. Soldier does not have approved permanent physical profile but will most likely meet retention standards. REFRAD process will begin on or about		☐ Yes ☐ No
6. Soldier does not have approved permanent physical profile and will most likely not meet retention standards. Will refer to the MEB on or about		☐ Yes ☐ No
7. Soldier diagnosed with another service connected or service aggravated condition and needs additional medical treatment. Diagnosis: _____.		☐ Yes ☐ No

PROFILING AUTHORITY	DOD EMAIL ADDRESS	DATE	SIGNATURE
DEPUTY COMMANDER CLINICAL SERVICES	DOD EMAIL ADDRESS	DATE	SIGNATURE
WTU COMMANDER	DOD EMAIL ADDRESS	DATE	SIGNATURE

PART VI - REMARKS