



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR 18 FSS/FSMCS
UNIT 5134 BOX 30
APO AP 96368-5134

FROM: Certifying Physician (Name: _____)
Address: _____

SUBJECT: Medical Certification for Dependents Accompanying DOD Civilians to an
Overseas Duty Station

1. Sponsor's Name: _____, SSN# _____

Patient's Name: _____

2. Please indicate in the blocks the medical status of patient.

_____ This patient is free from any chronic or recurring illness/disease that would necessitate prolonged hospitalization or treatment.

_____ This patient has a medical condition or chronic or recurring illness/disease that would Prolonged hospitalization or treatment.

3. Remarks: (medication, dialysis, etc.)

Signature of Examining Physician

Date