

<b>MEDICAL CERTIFICATE FOR CONDITIONAL RESERVE STATUS AND REGULAR APPOINTMENT</b>	<input type="checkbox"/>	CONDITIONAL RESERVE STATUS	DATE FORWARDED
	<input type="checkbox"/>	REGULAR APPOINTMENT	

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 835; EO 9397

**PRINCIPAL PURPOSE(S):** This form provides necessary information to substantiate medical qualifications for appointment in the Regular Air Force or offering of Conditional Reserve Status.

**ROUTINE USES:** NONE

**DISCLOSURE IS VOLUNTARY:** If information is not provided, no further action will be taken.

THRU	TO	FROM
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**I. SELECTEE/APPLICANT DATA AND CERTIFICATION**

NAME (Last, First, Middle Initial)	CORPS (i.e., MC)	GRADE	SSN
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YES	NO	STATEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	THERE HAS BEEN A CHANGE IN MY GENERAL HEALTH SINCE MY LAST PHYSICAL EXAMINATION
<input type="checkbox"/>	<input type="checkbox"/>	I AM CURRENTLY PHYSICALLY QUALIFIED FOR GENERAL SERVICE
<input type="checkbox"/>	<input type="checkbox"/>	I AM SERVING IN LIMITED ASSIGNMENT STATUS
<input type="checkbox"/>	<input type="checkbox"/>	I AM SERVING UNDER A MEDICAL RESTRICTION

CERTIFICATION

**I CERTIFY THE ABOVE STATEMENTS ARE TRUE**

DATE SIGNED	SIGNATURE OF SELECTEE/APPLICANT
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**II. MEDICAL FACILITY DATA AND CERTIFICATION (To be completed when selectee/applicant is qualified for worldwide duty.)**

CERTIFICATION

I certify that I have reviewed the medical records of selectee/applicant named in Part I of this form and certify that he/she is qualified for worldwide service according to AFI 48-123.

TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
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DATE SIGNED	NAME AND ADDRESS OF MEDICAL FACILITY
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**III. MEDICAL FACILITY DATA AND STATEMENT (To be completed when a medical examination is required.)**

STATEMENT

I certify that I have reviewed the medical records of selectee/applicant named in Part I of this form and have determined that prior to medical certification for Conditional Reserve Status/Regular appointment, a medical examination will be required.

TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
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DATE SIGNED	NAME AND ADDRESS OF MEDICAL FACILITY
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).