



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

Date: _____

MEMORANDUM FOR RECORD

SUBJECT: Civilian Provider Documentation Template

I saw _____ on _____ (date). **He / She** has been diagnosed with: _____

My treatment plan includes: _____

Prognosis is: _____

Prescribed medications for this condition are: _____

Patient is restricted from: 1.5 mile timed run 2 km timed walk 1 min. timed push-ups
 1 min. timed sit-ups **ADDT'L** restrictions: _____

Restrictions are recommended until: _____ (date).

Patient **CAN / CANNOT** run 100 yards while wearing approximately 40lbs of gear.

Patient **CAN / CANNOT** perform duties in hot and cold environments.

Patient **CAN / CANNOT** perform Air Force duties for at least 12 hours per day.

Patient **CAN / CANNOT** subsist on field rations for up to 179 days.

Patient **CAN / CANNOT** perform duties/live in field conditions.

Signature of health care provider

Printed/Stamped name of provider
to include: credentials and specialty

Address and phone for provider

UHM Initials