

Prospective Naval Special Warfare Officer Medical Disclaimer

I, the undersigned, hereby confirm that I have completed the following medical documentation and examinations as required for participation in the SOAS (Special Operations Assessment and Selection) program:

1. **DD Form 2807-1** - Report of Medical History
2. **DD Form 2808** - Report of Medical Examination
3. **Chest X-ray** (PA and lateral)
4. **Electrocardiogram (EKG)**

I understand that while the signature of a Dive Medical Officer Stamped “PQ for Diving Duty” is preferred at this stage, it is not required to attend SOAS. However, I acknowledge that this signature **IS REQUIRED** for final accession into Naval Special Warfare (NSW).

I acknowledge all the above-mentioned documents **MUST** be presented to the medical personnel upon check-in to the SOAS program.

FAILURE TO PRESENT THESE DOCUMENTS WILL RESULT IN MY IMMEDIATE REMOVAL FROM THE SOAS PROGRAM ASSESSMENT AND SELECTION.

For further details, refer to the Manual of the Medical Department (MANMED 15-105) regarding the specifics related to Special Operations Duty.

_____ (Sign)

_____ (Print)