

**MEDICAL EXAMINATION FOR SEPARATION  
STATEMENT OF OPTION**

Proponent of this form is ATZK-AG

I understand that I am not required to undergo a medical examination for separation from active duty. If I elect not to undergo a separation examination, I also understand that my medical records will be reviewed by a physician at the appropriate medical treatment facility; and if the review indicates that an examination should be accomplished, I will be scheduled for examination based on the results of the review.

I (        do) I (        do not) desire a separation medical examination.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name, Rank, SSN)

\_\_\_\_\_  
(Unit of Assignment)

NOTE: Medical examinations will be scheduled in time to assure completion of the examination as follows:

- a. Voluntary: Not earlier than 4 months nor later than 1 month prior to anticipated date of separation.
- b. Required: Not later than 72 hours prior to anticipated date of separation.

1. Medical records \_\_\_\_\_ have been  
Name, Rank, SSN

reviewed under provisions of AR 40-501. Determination has been made that medical examination for separation  
(is) (is not) required.

2. Medical examination has been \_\_\_\_\_