

PROTECTED A WHEN COMPLETED
CAFMPI 03/09, Enhanced Access Health Care Services

Annex A – Authorization for Enhanced Access Medical Services

AUTHORIZATION FOR ENHANCED ACCESS MEDICAL SERVICES

1. Demographics

Name: _____

Rank: _____

S/N: _____

Unit: _____

2. Request being made for enhanced access medical services based on:

☐ Clinical grounds; or

☐ Operational grounds.

Medical Officer

Date

☐ Verification of Medical Employment Limitations (MELs) → / / / / / /
V CV H G O A Date Recommended

Additional details:

☐ Verification of standard access wait times: _____ wks/months

Base/Wing Surgeon

Date

3. For cases of clinical urgency only:

I hereby confirm that I have reviewed this request and

- ☐ authorize enhanced access medical services for this member for clinical reasons; or
- ☐ do not authorize enhanced access medical services for this member, as the member does not meet the criteria for these services, clinically.

Regional Surgeon

Date

4. For cases of operational urgency only:

I hereby confirm that I have reviewed this request and

- ☐ authorize enhanced access medical services due to fact that the member's medical limitations prevent the member from fulfilling his/her operational duties, the member is required for an imminent deployment, and cannot be reasonably replaced; or
- ☐ authorize enhanced access medical services due to the fact that the member's medical limitations prevent the member from fulfilling his/her operational duties and the member fills a mission-critical role within the Unit. An extended absence from full duties would have a negative impact on necessary in-country operations. Other members of the Unit are not able to fulfill the role on behalf of the injured/ill member without putting Unit operations at risk; or
- ☐ do not authorize enhanced access medical services, as the member does not meet the criteria for these services, operationally.

Additional details: Additional Details:

Commanding Officer

Date

5. I hereby confirm that I have reviewed this request and

☐ authorize enhanced access medical services for operational reasons; or

☐ do not authorize enhanced access medical services for operational reasons.

Area/Wing/Form Commander

Date