

MEDICAL SUFFICIENCY MEMORANDUM

Place on Letter Head

DATE

MEMORANDUM FOR

FROM: Office Symbol

SUBJECT: Military Medical Sufficiency Statement (MSS) for Applicant's Name.

1. This memorandum is in support of the request for dependency determination for name, sponsor's SSN or DoD Identity Number. After reviewing his/her medical records, it was determined that his/her medical condition existed prior to his/her 21st/23rd birthday.

2. The following information applies to the members of the Army, Navy, and U.S. Coast Guard and is submitted in accordance with service regulatory guidance, AR 40-400, Patient Administration, Navy Regulation NAVMEDCOMINST 6320.3B, Coast Guard, U.S. Coast Guard Pay Manual, COMDTINST M7220.29 (Series), Chapter 3. **Exception:** See Attachment 15 for Air Force Medical Sufficiency Statement. Marine Corps, U.S. Public Health Services, and the National Oceanic & Atmospheric Administration (NOAA) Medical Sufficiency Statements, contact the respective DEERS Service Project Offices directly as listed in Chapter 25 for Service unique application form.

- a. Diagnosis:
- b. Brief summary of patient's condition.
- c. Describe level of incapacitation. State whether the condition is permanent or temporary. If the condition is temporary, state the anticipated time period that the condition might be resolved.
- d. Onset of condition. If not congenital, at what age and date was the condition diagnosed?
- e. State Activities of Daily Living (ADLs) that the child requires assistance with or cannot do at all.
- f. State whether or not patient is capable of self-support.

SIGNATURE BLOCK
MTF Administrator

Enclosure

Medical Summary
Medical Summary
(Completed by a Physician)

Note: This medical summary is in support of the request for dependency determination.

- a. Patient identification (name, sponsor's SSN, age, sex, and relationship to sponsor)
- b. Diagnosis:
- c. Summary of medical condition include the following information:
 - (1) Whether the condition is a permanent or temporary disability. If condition is temporary, state anticipated time period that the condition might be resolved.
 - (2) Level of incapacitation due to medical condition. Indicate patient's ability for self-support.
 - (3) State Activities of Daily Living (ADLs) that the child requires assistance with or cannot do at all.
 - (4) Onset of condition. If not congenital, at what age and date was condition diagnosed?

Physician's Signature
Physician's Title
Address
Telephone