ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) **PREVIOUS EDITIONS ARE OBSOLETE** **SUPPORTING DIRECTIVE MILPERSMAN 1070-320**

SHIP OR STATION:

NROTC UNIT

SUBJECT:	☒ PERMANENT ☐ TEMPORARY
Elective Surgery Acknowledgment	AUTHORITY *(IF PERMANENT)*: NSTC Great Lakes

I am aware that prior to undergoing elective surgery I am required to inform my Chain of Command of my intentions, so I can be counseled regarding the impact this decision may have on commissioning and participation in the NROTC program. I understand that if I have an unexpected outcome or complications from an elective procedure which result in me being medically disenrolled, unable to commission or fulfill active enlisted service, I will be held liable for repayment of all scholarship and stipend costs.

If I have any of the following elective surgeries performed while a midshipman: bariatric surgery, other weight loss surgeries, Nuss bar or other hardware for cosmetic correction of pectus excavatum, or placement of intra-ocular contact lenses, I will be medically disenrolled and responsible for payment of the entirety of my scholarship and stipend costs.

I understand that many elective surgeries may result in Medical Leave of Absence (MLOA) until the recovery period is complete and I either 1) meet the physical standards or 2) meet the criteria for a waiver of the physical standards for continuation in the NROTC program.

I am also aware that some elective surgeries (e.g. LASIK/PRK) require a significant wait time before I can be reviewed for a potential waiver of the medical standards, and that my timing in getting such a procedure may cause a delay in my required training evolutions and/or planned commissioning date.

MIDSHIPMAN SIGNATURE	DATE	WITNESS SIGNATURE	DATE

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:	DATE:	SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):	SOCIAL SECURITY NUMBER:	BRANCH AND CLASS:

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