



UNITED STATES MARINE CORPS
 WOUNDED WARRIOR BATTALION-EAST
 PSC BOX 20008
 CAMP LEJEUNE, NORTH CAROLINA 28542-0008

IN REPLY REFER TO:
 7200
 OIC

MEMORANDUM

From: (Attending Physician/Surgeon)
 To: Officer in Charge, Marine Detachment _____

Subj: COMPETENT MEDICAL AUTHORITY CERTIFICATION FOR REQUEST FOR NON-MEDICAL ATTENDANT ORDERS

1. Marine's Information

Rank	LName	FName	MI	SSN
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2. Request Non-Medical Attendant orders for the below named family member to assist with the recovery of the above named Marine who is receiving outpatient treatment at _____ for rehabilitation.

LName	FName	MI	SSN
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3. If the Marine is able to independently perform activities of daily living (ADL), no non-medical assistance is required. Assistance is needed if one or more ADLs are checked. Which of the following functions cannot be INDEPENDENTLY performed by the Marine?

- Bathing Dressing Toileting Eating Continence
- Transfer Other _____

4. Provide Marine's diagnosis, prognosis, and the projected duration of the Non-Medical Attendant:

- a. Diagnosis: _____
- b. Prognosis: _____
- c. Duration of Non-Medical Attendant: ____ Days ____ Weeks ____ Months

5. Member requires more than one Non-Medical Attendant: Yes No

If yes, provide justification: _____

6. Casualty Status: VSI SI NSI

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7. The point of contact for this Memorandum is Rank FName MI. LName at (xxx) xxx-xxxx.

Printed Physician's Name/Rank

Physician's Signature

Phone Number

* Letter must be signed by a physician.

* The request and recommendation for more than one NMA shall be submitted to the WWR Headquarters (S-1) in writing, signed by the attending physician/surgeon, and the military medical facility commander, clearly outlining the necessity of the NMAs.