

\_\_\_\_\_  
Date

MEMORANDUM

From: \_\_\_\_\_  
(Medical Treatment Facility)

To: \_\_\_\_\_  
(Command Name)

Subj: HIV TESTING ICO \_\_\_\_\_  
(Member's Name)

1. The above named individual and/or record has been screened with the following information as required:

a. HIV test completed on \_\_\_\_\_ or blood drawn on \_\_\_\_\_.

b. Medical screening for PCS transfer was completed on \_\_\_\_\_.

c. Member is:  QUALIFIED  NOT QUALIFIED  N/A for \_\_\_\_\_ duty.  
(Type of duty)

2. If member NOT qualified:

a. Can treatment be completed prior to transfer?  
 YES  NO

b. Treatment will require a delay in transfer until \_\_\_\_\_.

c. Recommend cancellation of orders?  YES  NO

\_\_\_\_\_  
Medical Representative Signature

\_\_\_\_\_  
Printed Name, Rank, Title

Copy to:  
Servicing Personnel Support Detachment/Personnel Office